



The All-Payer Claims Database (APCD) Advisory Group Regular Meeting

NOTICE OF MEETING AND AGENDA

Date: **Thursday, February 5, 2015**

Time: **9:00 a.m. to 11:00 a.m.**

Location: Hilton Hartford, Hartford Commons (room)
315 Trumbull Street, Hartford, CT 06103

Conference: (877) 716-3135
Participant Code: 23333608

Directions: <http://www3.hilton.com/en/hotels/connecticut/hilton-hartford-HFDHHEF/maps-directions/index.html>

- I. Call to Order and Introductions
- II. Public Comment
- III. Approval of November 13, 2014 Meeting Minutes
- IV. CEO / ED Updates
- V. Overview of the APCD Implementation
 1. Project Management
 2. Data Collection - Carriers On-Boarding
 3. Data Management Infrastructure
 4. Consumer Research & Communication
 5. Web Design
 6. Test Environment build for AHCT
 7. Data Analytics & Reporting
- VI. Status of Subcommittees
- VII. Next Steps

VIII. Future Meetings

IX. Adjournment

Public comment of the agenda is limited to two minutes per person and is not to exceed the first 15 minutes of each meeting. A sign-in sheet will be provided.

Access Health CT is pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Christen Orticari at (860) 241-8444.

Meeting materials will become available at: www.ct.gov/hix following each meeting.

For further information concerning this meeting, please contact Christen Orticari at (860) 241-8444 or Christen.Orticari@ct.gov.



All Payer Claims Database Advisory Group Meeting
Draft Meeting Minutes

Date: Thursday, November 13, 2014
Time: 9:00 a.m. – 11:00 a.m. EST
Location: Legislative Office Building, Room 1D

Members Present

James Wadleigh (Acting Chair), Tamim Ahmed, Robert Aseltine, Mary Ellen Breault for Thomas Leonardi (phone), Roderick Bremby (phone), Barbara Parks Wolf for Ben Barnes, Matthew Katz, James Iacobellis, Kimberly Martone for Jewel Mullen, Michael Michaud for Patricia Rehmer, Dean Myshrall for Mark Raymond, Jean Rexford, Robert Scalettar (phone), Robert Tessier, Mary Taylor, Victoria Veltri, Victor Villagra (phone), Joshua Wojcik for Kevin Lembo

Members Absent

Mary Alice Lee

Other Participants

Demian Fontanella, Mark Schaefer, James Harrison, Robert Blundo, Matthew Salner, Christen Orticari

I. Call to Order and Introductions

James Wadleigh, Acting CEO of Access Health CT (AHCT) and APCD Advisory Group Chair, called the meeting to order at 9:00 a.m. Members introduced themselves.

II. Public Comment

There was no public comment.

III. Approval of June 12 and July 10, 2014 Meeting Minutes

Jean Rexford moved approval of the June 12 and July 10, 2014 meeting minutes. Robert Tessier seconded the motion.

Motion passed unanimously without abstention.

IV. CEO/ ED Updates

Mr. Wadleigh introduced Tamim Ahmed to announce AHCT's contract with Onpoint Health Data (OHD) for the provision of APCD data management and analytical services. The partnership was publically announced on November 11 and the full press release is available [online](#). Mr. Ahmed reported that staff initiated a brand strategy planning process by engaging a design company for logo development support and applying to patent the words 'Access Health CT Analytics.'

V. Introduce APCD Data Analytics Vendor

Mr. Ahmed provided an overview of the APCD data and analytics vendor contractor, Onpoint Health Data (OHD), an organization founded in 1976 as an independent non-profit company, with a national profile of experience in health care information systems, data management and analytics. He reported on the RFP and contracting process leading to contract completion, provided a brief background history of the company, and explained key points of their agreed on partnership. Robert Blundo reported contract components essential to APCD implementation and the contractor role in each, including building out the managed environment and analytics functionality, data collection and integration, and web reporting services. Mr. Blundo added that initial reporting goals were to showcase the potential of the data in the APCD, and subsequent reports would provide more granular information. Online report releases were contingent on verification of accurate, actionable data. Based on past states' experience, data sets increased in reliability and validity and became more

actionable as users continuously worked to improve data accuracy. Members asked to be engaged in web reporting development phases.

James Harrison, President/CEO at Onpoint Health Data, presented Onpoint's structure, history, background, profile of experience, and planned collaboration with AHCT and partners, including The Atom Group and Communicate Health. The mission at Onpoint was focused on reliable data and analytic services and vision on leading the APCD market as an industry leader backed by 35 years of experience. Victoria Veltri asked about their previous work in other states with Medicaid data. Mr. Harrison referenced involvement with Medicare and Medicaid integration services in Minnesota. Kim Martone recommended that OHD, AHA and the Department of Public Health (DPH) meet to discuss data sharing plans and address statutory and regulatory issue areas.

VI. 2nd Circuit Court Decision

Ira Goldman reported on a Second Circuit Court of Appeals decision made in February 2014, called Liberty Mutual v. Donegan. In 2011, Vermont sought to collect claims data from Liberty Mutual via Anthem Blue Cross, its third party administrator (TPA), into their All-Payer Claims Database (APCD). In response, Liberty Mutual instructed its TPA not to submit the requested data, and to instead challenge the law by claiming that the Vermont law was pre-empted by the federal statute, ERISA. Liberty Mutual had fewer than 200 people working in Vermont (under the threshold for mandatory reporting), but was subject to mandatory reporting under the law because Blue Cross, its TPA, would have been required to turn over its Liberty Mutual data with other data. The case was brought in the federal district court which found there was no preemption of state law by ERISA. However, in February 2014 the Second Circuit Court of Appeals overturned the decision and found that Liberty Mutual was correct, that the statute attempted to make them "turn over" or report information that they were not required to report because of ERISA's preemption provision, and that therefore they did not have to comply with the Vermont Law. The Second Circuit decision did not affect Medicare, Medicaid or governmental plans, none of which are governed by ERISA, nor did it impact the obligation of insured plans to submit data to the APCD because they come within an ERISA exception for state insurance laws. The impact of the decision is that self-insured private sector employee benefit plans are no longer required to submit data to Vermont's APCD or to other APCDs in Second Circuit states, namely Connecticut and New York. Matthew Katz asked if a summary of the decision and other states' response to the impact of the decision be circulated to members. Mr. Wadleigh asked that further questions be directed to Mr. Goldman, Mr. Ahmed or Matthew Salner.

VII. Medicaid Data Status

At the last APCD Advisory Group meeting, members requested information on Medicaid data collection in other states. Mr. Salner put together and reviewed a resource for members about the 11 states with an operational APCD. Commissioner Roderick Bremby thanked Mr. Salner for providing the Department of Social Services (DSS) the requested information and reported on the Medicaid data status issue to the APCD Advisory Group. DSS staff reviewed relationships between state Medicaid Agencies and the organizations administering APCDs outside of their state's Medicaid agency. In the case of the Colorado APCD, where the APCD resides outside of the state Medicaid organization, there seemed to be a contractual relationship, in which the APCD provided analytical reports to support purposes directly related to Medicaid plan administration. However, based on their review, DSS concluded the use cases were not directly related to Medicaid plan administration, per federal guidelines. Mr. Bremby indicated they would continue to review use cases to determine if there were services which could support the administration of Medicaid programs.

VIII. APCD Website & Newsletter

Christen Orticiari reported on AHA's first steps in planning an online portal and electronic newsletter for internal and external stakeholder information. The resources were developed to accomplish the following main goals: to conceptualize and stand up a functional site wireframe, to categorize and create website content that could be continuously enhanced and added to, and to convey information of interest to APCD stakeholders in an accessible and transparent way. Mr. Katz expressed appreciation for the improved, user-friendly resources. Jean Rexford urged AHA to refrain from a pre-mature website launch.

IX. Status of Subcommittees

Dr. Robert Scalettar reported that the Data Privacy, Confidentiality, and Security Subcommittee last met on June 26, 2014 due to contract negotiations. With the finalization of the contract, the subcommittee planned to resume work.

Mr. Katz stated that the Policy and Procedure Enhancement Subcommittee did not have a meeting scheduled yet; however, a meeting with the vendor would be helpful. He indicated the next meeting would be arranged in the following year.

X. Next Steps

No next steps were discussed at this time.

XI. Future Meetings

Mr. Ahmed informed members the 2015 APCD Advisory Group regular meeting schedule would be coordinated with the Office of Legislative Management and then circulated to members.

XII. Adjournment

Mr. Wadleigh entertained a motion to adjourn the meeting. Mr. Tessier motioned. Mr. Iacobellis seconded the motion. Motion passed unanimously. The meeting was adjourned at 11:00 a.m.

DRAFT



APCD Advisory Group Regular Meeting

February 5, 2015

Presentation Overview

- Approval of November 13, 2014 Minutes
- CEO / ED Updates
- APCD Implementation
 1. Project Management
 2. Data Collection - Carriers On-Boarding
 3. Data Management Infrastructure
 4. Consumer Research & Communication
 5. Web Design
 6. Test Environment build for AHA
 7. Data Analytics & Reporting
- Status of Subcommittees
- Next Steps
- Future Meetings

CEO / ED Updates

APCD Implementation -

- Significant progress has been made in the APCD implementation applying Agile method
- Infrastructure developments have progressed quite smoothly and on schedule
- Carriers have been on-boarded; no significant concerns were raised
- Phase I Consumer research was conducted primarily via live focus groups research and environmental scan
- Web development will be tied to focus groups' preferences and inputs
- Test environment for Access Health Analytics (AHA) is near completion
- AHA is working with Onpoint is determining web reporting specifications; AHA will seek inputs from Advisory Group
- Continue to receive lot of inquiries from external sources for readiness to use APCD data
- Working with Data Privacy & Security subcommittee to craft a set of Policy & Procedure for data release and use agreement
- AHA is also taking the lead for consumer education and decision support tools development

1. Project Management

Monitoring progress to plan - 164 tasks across 9 service lines

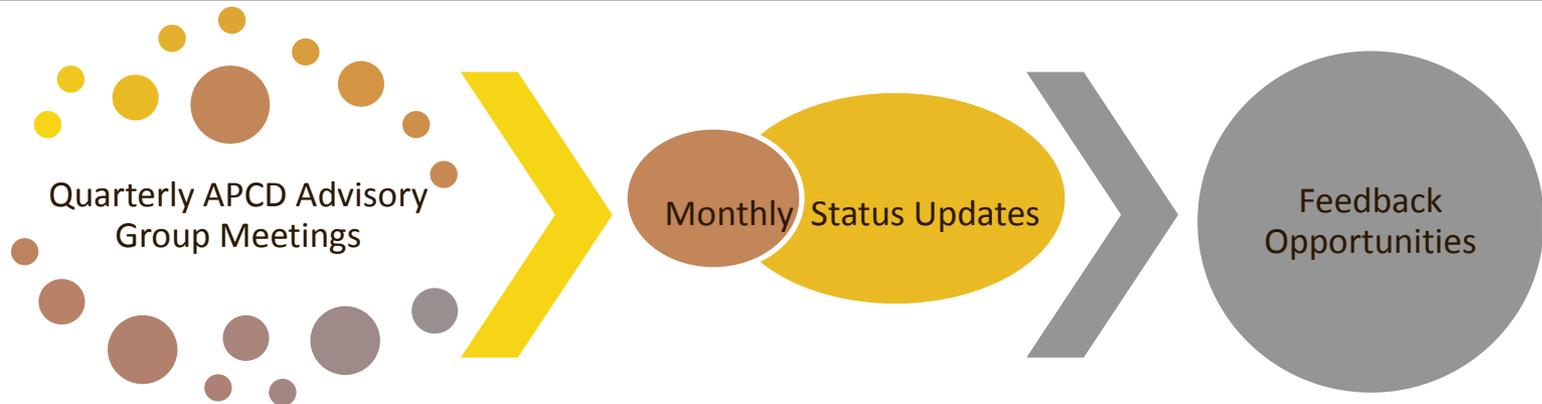
- Integrated Project Planning and review with Onpoint and subs across all service lines
 1. Visibility to the body of work in process, completed and planned
 2. Dependencies both within and across service lines
- Status reporting
 1. Track status on 6 components for each of the 9 service lines: Scope, SOW, Resources, Deliverables, Milestones, Dependency
 2. SDLC delivery phase timeline and percentage complete
 3. Details on: accomplishments, priorities for next week, upcoming milestones, deliverables, dependencies, risks
- Artifact/Document Tracking
 1. What is: due, past due, in review, rejected and approved
 2. Related communication processes with the vendor, i.e., formal rejection / approval / notice of past due of deliverable artifacts

1. Project Management (cont.)

Monitoring progress to plan - 164 tasks across 9 service lines

- Risk and Issue Tracking
 1. Standard RIAD Log (Risk, Issue, Assumption, Decision) log
 2. Plan mitigation strategies before a risk becomes an issue
- Change Control
 1. Evaluate and track proposed changes to scope or objectives identify, review/assess, approve/reject, amend plans

1. Project Management (cont.)



Quarterly APCD Advisory Group Meetings

- ✓ Presentation contents will comprehensively report on the managed project scope and status, schedule, resources, risk mitigation, and budget

Monthly Status Updates

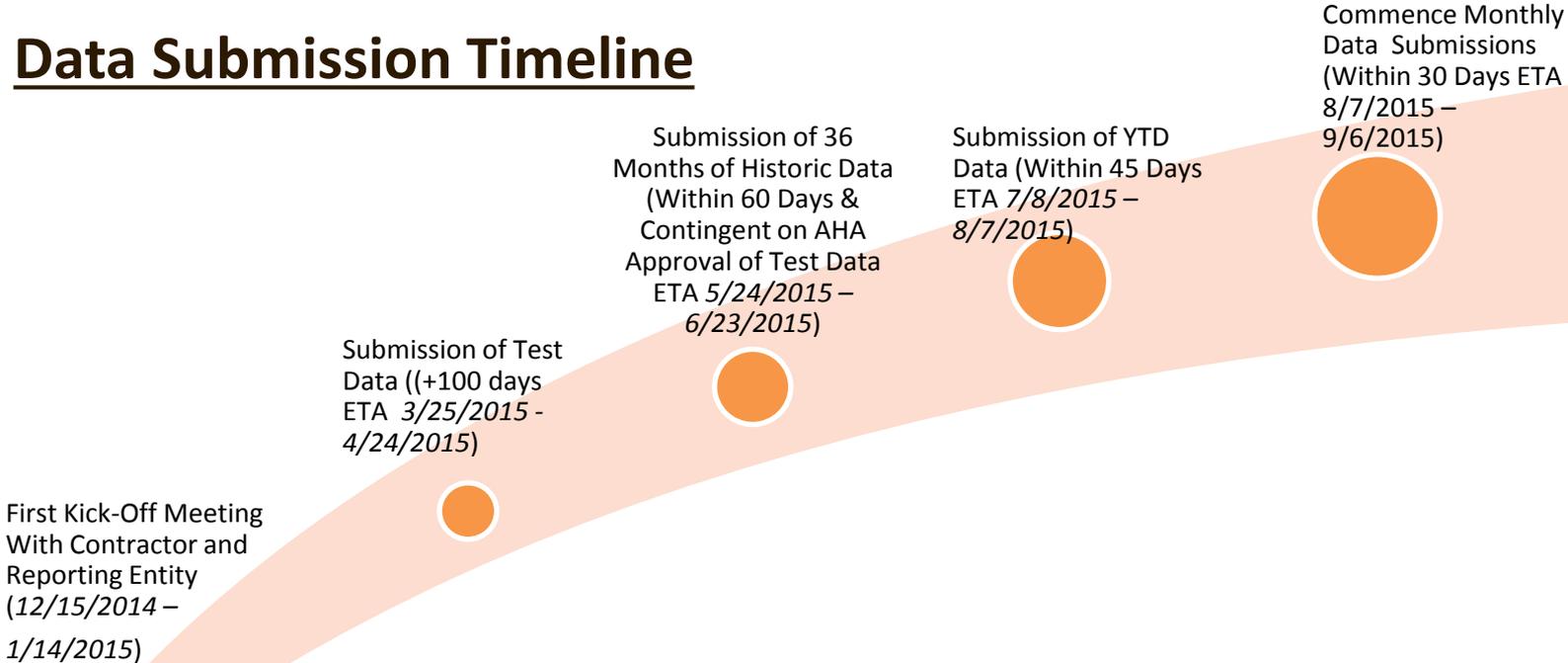
- ✓ Periodic approach to providing key information as it comes into focus. Proposed content sample:
 - System Administration Updates
 - Accomplishments
 - Upcoming Objectives

Feedback Opportunities

- ✓ Focus Group Report, Web Portal Content, Status Updates...

2. Data Collection

Data Submission Timeline



2. Data Collection (cont.)

Submission Preparation Accomplishments (~50 Days)

Communication

- ✓ Conducted Kick-Off Meeting With Each Submitter
- ✓ Created/Delivered Weekly Submitter Specific Status Report
- ✓ Resolved Open Questions
- ✓ Circulated Community Q&A

Administration

- ✓ Completed Vendor DSG Review and Issued Clarifications
- ✓ Issued DSG Companion Guide
- ✓ Created/Circulated CDM Accounts and Credentials
- ✓ Issued Submitter Codes
- ✓ Shared Data Variance Standards and Waiver Request Process
- ✓ Established Secured Delivery Protocol
- ✓ Prepared CDM to Consume CT Standard Data

Incoming Data Submitters

1.	Aetna
2.	Anthem
3.	Cigna
4.	Connecticare
5.	Harvard Pilgrim
6.	United Health Care
7.	Well Care
8.	CVS Caremark
9.	Express Scripts

2. Data Collection (cont.)

Submission Preparation Upcoming Objectives (~Next 50 Days)

Communication

- Issue Submitter Guidance Bulletins
- Conduct Reoccurring Submission Work Group Meetings
- Communicate Data Quality Testing Plan
- Continue Weekly Status Update and QA Circulation

Administration

- Begin Secure Delivery Functionality and Performance Testing
- Resume Annual Registration
- Collect Threshold Waivers
- Continue CDM Calibration and Performance Testing

2. Data Collection (cont.)

Future Data Collection Objectives (Post 4/24)

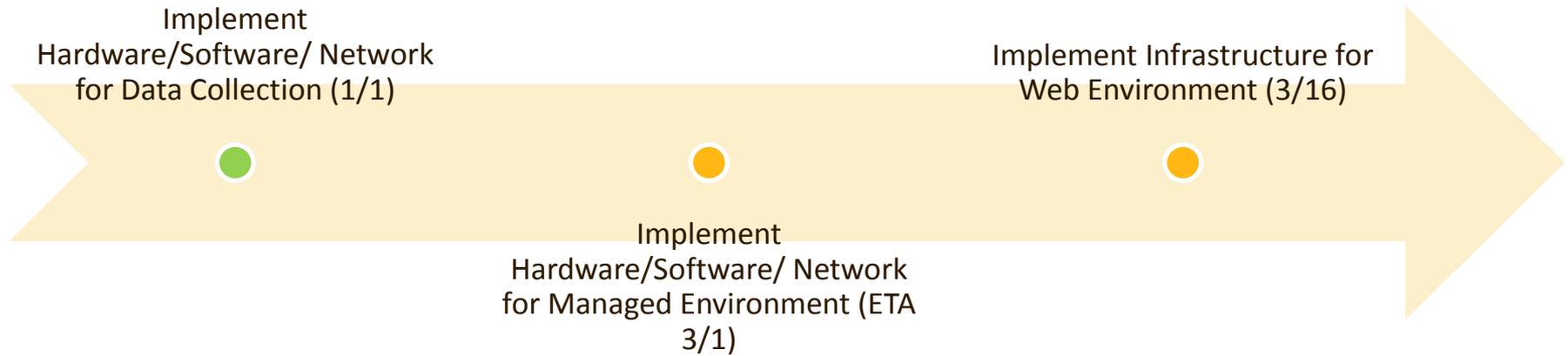
Communication

- Continue Community Based Q&A, bulletins, status report updates, & Work Group Meetings.
- Issue Test Data Issue Resolution and Communication Plan
- Create Test Data Approval Protocol
- Conduct Submitter Feedback Survey

Administration

- CDM Maintenance & Operation
- Provide Submission Reports to Submitters
- Execute Data Integration Plan
- Generate/Analyze Data Quality Assurance Reporting
- Evaluate Process and Performance After Each Collection Milestone

3. Data Management / APCD Infrastructure



Major Accomplishments

- System Architecture Designs Drafted
- Software Procurement Complete
- Hardware Procurement Complete
- CT Specific Servers Delivered & Installed in Data Center

Upcoming Activities:

- Software Installation & Configuration
- User Acceptance Testing
- Production Roll-Out

4. Consumer Research & Communications

Communicate Health (CH), co-vendor for Onpoint, conducted two focus group sessions in the Hartford region.

- Group characteristics were – (a) consumers w/limited (<\$50k) household income and education, (b) consumers with mixed household income and education
- Moderator probed individuals about their options for healthcare services
- Moderator questioned why they chose particular option based on various attributes – quality, costs, logistics, and referral
- Participants were asked if they would consider costs as a decision point for choosing provider or facility
- Participants were asked about their knowledge of quality and how does it factor in their decision process
- Participants were asked to rank 3 items when price shopping for healthcare services, and rank three items when considering quality of health care services
- Participants were shown a lot of reports design from existing APCDs and other private sector costs transparency web sites – to understand how well they connect and understand the information
- Participants want easy information presented; for example, technical concepts like patient severity or standard deviations and too many symbols, were not of interest

5. Web Design

The Atom Group (TAG), co-vendor for Onpoint, will work with Communicate Health (CH), to develop web design.

- Focus group research will be important aspect for designing web page and navigational characteristics
- Web contents will be based on consumers' preference for easy to visualize and reading materials
- Each particular report and view will be subsequently modified based on further interactions via additional focus group to determine user interface (UI) acceptability
- Arrangement of information of the new APCD web site has to be dynamic, conforms to the latest developments in the web technology, and be able to present materials in a way that focuses on consumer's navigation easiness
- Materials must be presented in a way that avoids clutter (i.e., information overload)
- Expect to see the first set of wireframes, concept design, by March
- Simultaneously, TAG/CH will work with Onpoint/AHA to design reports
- While much of the focus groups' research was targeted on costs transparency, we also intend to host various population analytics reports

6. Managed (Test) Environment Build for AHA

- CT's APCD has an additional environment - test platform - to perform the following:
 - Develop new reports for consumers
 - Allow in-depth health services research for internal and external researchers
 - Create 'enclave model' to ensure data security and control
- Test environments will have access to recent copy of APCD data
- Test environment will be accessible via secured portals for various stakeholders based on a pre-approved fee-schedule; this eliminates the need to transfer data
- Test environment can be used for integration of multi-payer data
- Test environment will have Role Based Access Control (RBAC) features which only allows access to data and fields pre-approved for each researcher/analyst
- Besides claims/eligibility data, there will be various value-added tables including 3M's clinical risk and episode groupers, reference tables for Dx/Px codes, admission/ER tables, pharmacy tables, etc.
- Test environment will provide connectivity between AHCT enrollments and APCD claims data for analyses

7. Data Analytics & Reporting

- This component in the implementation plan creates various reports on the web. As part of the contract, we have defined 20 types of reports
- We have first 10 reports at a high level; another 10 reports will be defined later
- We are working with Onpoint in defining specifications of the report; specifications include choice of outcomes, identification or selection logic, pivot variables, population characteristics, choice and attribute of a geographical entity (e.g., county versus city, etc.)
- AHA will seek inputs from Advisory Group on various specifications, e.g., diseases, methodology, class variables, payer type, etc.
- Very complex and/or focused reports can be created on our test environment, bypassing Onpoint's production environment
- As we get test data, we'll understand limitations of the data; this will provide additional guidance regarding feasibility of some reports
- We are also focusing on commercial population; we therefore want to choose and select attributes in clinical, utilization, demographic and financial realms more consistent with such a payer

7. Data Analytics & Reporting (cont.)

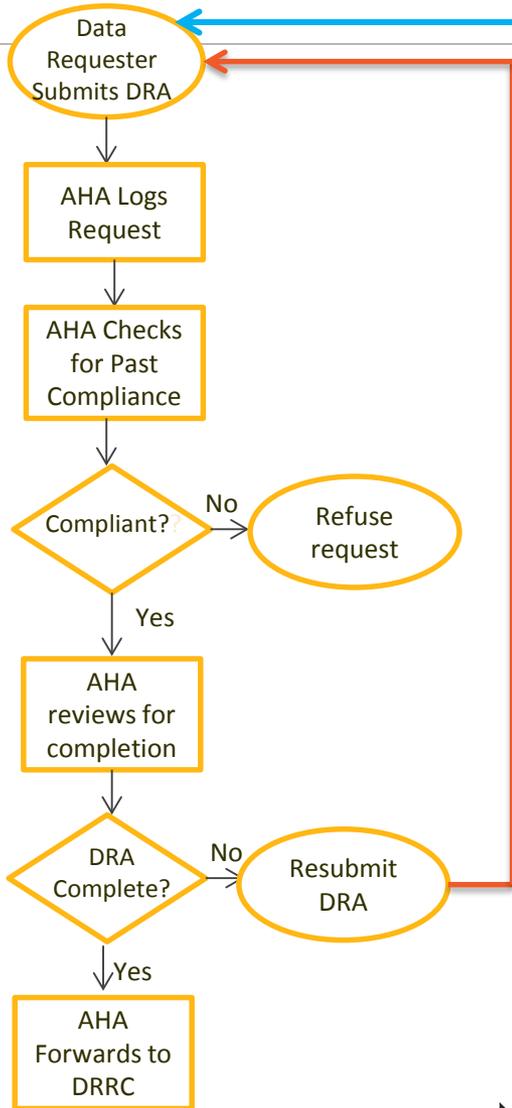
The first 10 reports are -

1. Disease (TBD) prevalence by cities / counties
2. Utilization of services - specialists' services, diagnostic services, generic vs. brand name drugs - by cities / counties
3. Percent (%) of Population by coverage type (TBD) by cities / counties
4. Various population-level reports (TBD) by cities / counties
5. Total Costs of Care profile by cities / counties
6. Costs Transparency for select procedures (TBD) by facilities (inpatient, outpatient and/or stand-alone)
7. 30-day admissions and readmissions by Facilities and/or by conditions (TBD), Preventable 30-day readmissions by Facilities and/or by conditions (TBD)
8. Episode of care for select conditions (TBD) by facilities
9. Density of physicians by specialties (TBD) by cities / counties
10. Costs transparency by provider for various services - office visits, specialists services, treatments

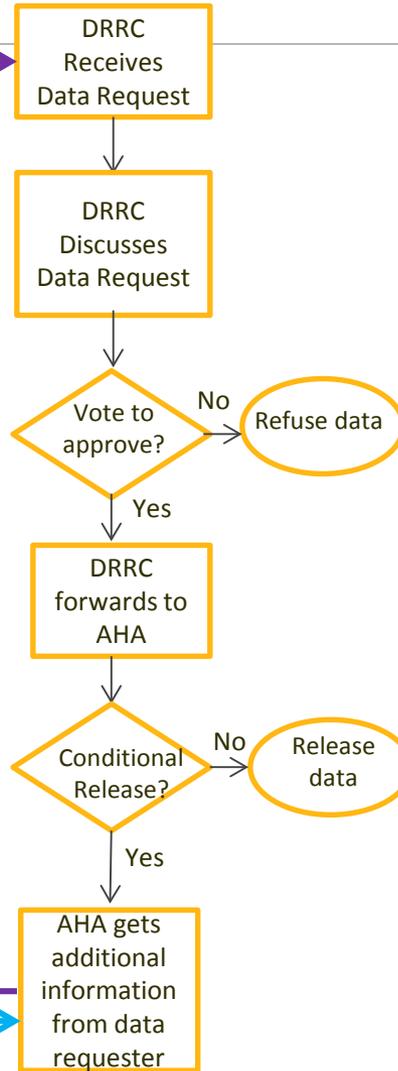
Data Privacy & Security Subcommittee (cont.)

- Data Request Process - create a data request application process for making decisions prior to releasing data to academic, private and public (e.g., state agencies) entities
- Data Release Entity - a committee, Data Review & Release Committee (DRRC), will be created which receives, evaluates and approves data requests
- AHA is currently working with its legal consultants in developing data use agreement (DUA) such that it can enter into enforceable DUA with approved data requestors
- AHCT will charge a cost for developing data extracts and/or performing research on requestors behalf; costs are in the process of being developed
- Releasable Data -
 - Only deidentified data, i.e., 18 safe-harbor identifiers suppressed
 - Claims from facilities (inpatient & outpatient), professionals, pharmacy, provider
 - Includes diagnoses, procedures, drug codes, financials, types and places of services

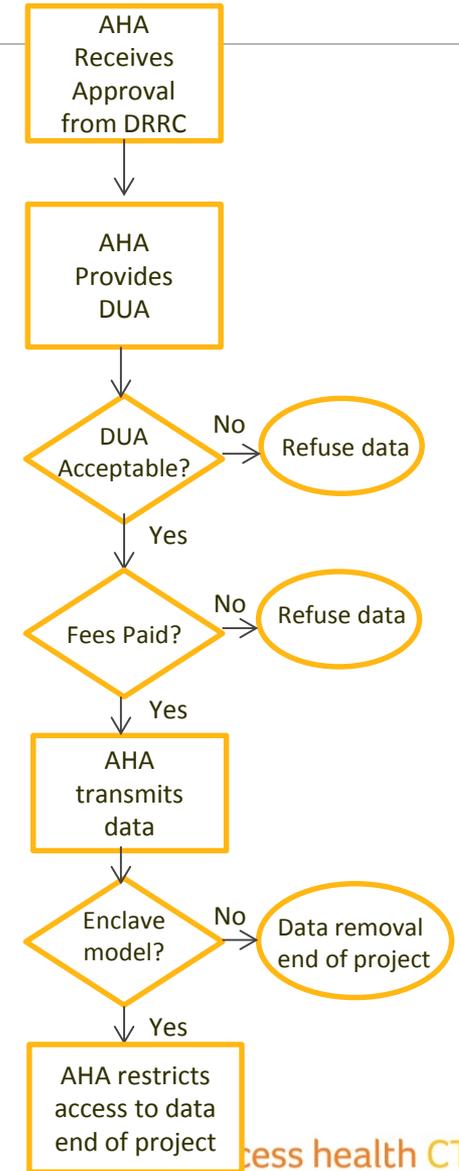
Data Request Application (DRA) Process



Data Review & Release Committee (DRRC) Approval Process



Data Use Agreement (DUA) & Data Release Process



Data Privacy & Security Subcommittee (cont.)

Next Steps:

1. Inputs from Data Security and Subcommittee members have been collected and passed on to the legal counsel
2. AHA is working with legal to formulate a set of Policies and Procedures amendments
3. The potential amendments will be presented to the Data Privacy and Security subcommittee on March 18, 2015
4. Pending approval and/or modifications, the amended Policies and Procedures will be presented to the APCD Advisory Group on May 14, 2015
5. Pending approval by the APCD Advisory Group, the amendments will be presented to AHCT Board for approval, and then posted on the Law Journal and seek public comments
6. Inclusive of public comments, the amendments will need APCD Advisory Group's approval again before being recommended to the AHCT's Board of Directors
7. AHCT Board's approval will be needed before finalizing the new additional Policies and Procedures on data disclosure components. Target 4th Quarter, 2015

Data Privacy & Security Subcommittee (cont.)

Safe Harbor De-identification Variables

Var #	Field Descriptions
1	Names
2	State, or 3-digit zip code if population > 20k
3	Year only, no dates
4	Telephone no.
5	Fax no.
6	Electronic Mail Address
7	Social Security Number
8	Medical Record no.
9	Health Plan Beneficiary no.
10	Account no.
11	Certificate/License no.
12	Vehicle identifiers, serial no., license plate no.
13	Device identifiers and serial no.
14	Web universal resource locators (URLs)
15	Internet protocol (IP) address
16	Biometric identifiers, including finger or voice prints
17	Full face photographic images and any comparable images
18	Any other unique identifying number, characteristic or code

Next Steps

Future Meetings

Access Health Analytics

All Payer Claims Database - 2015 Meetings Schedule

All meetings are held on the second Thursday of each month from 9:00 - 11:00 a.m. EST.
(unless otherwise indicated)

*Session - indicates that the meeting will not be held at the LOB due to Legislative Session.

Date	Venue	Venue
February 5, 2015	9:00 - 11:00 AM	*Session
May 14, 2015	9:00 - 11:00 AM	*Session
August 13, 2015	9:00 - 11:00 AM	LOB
November 12, 2015	9:00 - 11:00 AM	LOB