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OFFICE OF HEALTH REFORM & INNOVATION
STATE OF CONNECTICUT

All-Payer Claims Database Advisory Group
Thursday, May 31, 2012
Meeting Minutes

Members Present: Rob Aseltine, Jeannette DeJesús, Sue Hoben, Dean Myshrall, Bobbi Schmidt, Tom Woodruff,

Members Attending by Phone: Mary Ellen Breault, Vicki Veltri

Members Absent: Ben Barnes, Rod Bremby, Tia Cintron, Jim Iacobellis, Kevin Lembo, Thomas Leonardi, Kim Martone, Jewel Mullen, Pat Rehmer, Mark Schaefer, Bob Tessier

Welcome and Introduction

Jeannette DeJesús called the meeting to order at 10:00 a.m. by welcoming all attendees. Ms. DeJesús introduced Linda Green of Freedman Healthcare who was joining the meeting by phone and also introduced two recently appointed members: Mark Raymond, who has designated Dean Myshrall to represent him, and Commissioner Pat Rehmer. The Advisory Group will also be joined by a representative of the Connecticut State Medical Society. Members in attendance were asked to introduce themselves.

Funding Update.

Ms. DeJesús mentioned that the Office of Health Reform and Innovation (the “Office”) has been pursuing funding for implementation activities through the additional Level I funding request filed by the Health Insurance Exchange. Freedman has been helping to develop a budget which will be included in the Level II grant request, as part of the larger application that will be submitted by the Health Insurance Exchange.

Ms. DeJesús went on to say that the legislation that was proposed by this group was passed. From the time the Multi-Payer Group started meeting a year ago and through the passage of the legislation, there have been many people involved. She especially wanted to thank Bobbi Schmidt for leading this effort, other staff of the Office, and all the members of the Multi-Payer Group which is now called the All-Payer Claims Database Advisory Group. She congratulated everyone for their contributions and stated she feels the state will be in a much better position to understand

important health care issues, having an All Payer Claims Database. Ms. DeJesús thanked our diverse partners without whom we could not have pushed this forward. The meeting was turned over to Bobbi Schmidt to give more detail about the final enabling legislation.

Review of Final Enabling Legislation

First, Ms. Schmidt reviewed the highlights of the final legislation. Under the original proposed bill, the Office was responsible for overseeing the initial planning and implementation of the APCD, but it was contemplated that the permanent administration of the APCD might be shifted to another agency or entity. Under the final bill, responsibility for the APCD remains with the Office.

Secondly, regarding funding, the final bill explicitly states that the establishment of the APCD is contingent on our ability to secure funding from the federal government or other outside sources. The bill also requires the Office to submit a proposed budget for the APCD program to the secretary of OPM by the 15th of June of each year for the fiscal year beginning July 1st of each calendar year. The Secretary of OPM, who has existing regulatory authority in other areas, will have a role in the promulgation of rules for the APCD. The enumerated purpose of the APCD remained essentially the same. As Jeannette mentioned, the final bill replaced the MPDB Work Group with the APCD Advisory Group, consisting of the current work group members and a few additional members.

Discussion of Proposed Regulatory Approach

We've been working with Freedman to develop a framework for the regulations. Under the proposed framework, the following would be reporting entities: Insurers and HMOs, Third Party Administrators, PBMs, State Medicaid FFS, Medicare, and Medicare Supplement insurers. Employee welfare benefit plans will report via third party administrators.

There was a discussion concerning the potential value of obtaining data from student health plans. There was then a discussion about setting a minimum threshold (covered lives) for reporting. Ms. Schmidt mentioned thresholds other states are using, and said we are considering a threshold of 3,000-5,000 lives. We're considering doing a survey regarding the number of lives covered by potential reporting entities to help us set a threshold, but that may be a significant undertaking. There was a discussion of the potential value of doing a survey given the effort that would be involved. Dr. Woodruff suggested we consider collecting Workers Comp data in the APCD. Most states exclude this type of data, and there were comments regarding the difficulty of collecting and mapping workers comp data to health claims data. However, there would be value in being able to better understand utilization across health plans and workers comp. There was general agreement that we won't include workers comp in the first phase of implementation, but this can be a goal in the future.

Under the proposed framework, data that would be submitted by the payers would include data on residents as well as individuals in other states that are covered under a policy issued in Connecticut. We intend to include data elements including eligibility, medical and pharmacy claims, and provider files. Historical as well as year-to-date data would be requested. Ms. Schmidt walked through a timeline that laid out target dates for various activities leading up to regular monthly reporting by payers.

Ms. Veltri suggested that there be a meeting to review the actual proposed regulations, to try to iron out any issues before the regulations are published.

The purpose of the data is to enhance the state's use of health care data from multiple sources to increase efficiency, enhance outcomes and improve understanding of health care expenses in the public and private sectors. There was a discussion about the proposed processes for data release.

Discussion of Proposed Approach for Procurement of Data Management Vendor

We've been working with Freedman on the specs for a data management vendor. We've also engaged our colleagues in the procurement area.

The functions of the APCD Data Manager include: data intake and cleansing, data warehousing, analytics, reports and dataset production, delivery and distribution. Data privacy and security will be maintained by encryption in motion and at rest, secure, and user-specific data submission process, compliance with security infrastructure, SOC-2 audits, HIPAA compliance, user-specific role based permission for access to data. Ms. Schmidt gave a step-by-step description of how security and privacy are protected.

We are working with DAS in preparation of the launch of the RFP process. We have an aggressive schedule. We hope to issue an RFP in the third quarter of this year and to have the contract start early in the 4th quarter. We have a lot to do quickly but we are moving ahead and feel very positively about the assistance we are getting from Freedman and DAS.

Next Steps

To sum up, our next steps are to finalize the draft regulations with the input of both this group and the payers, then kick off the formal regulatory process, draft a data submission guide, develop the data manager RFP and meet the statutory reporting deadline.

Ms. DeJesus thanked Bobbi for the presentation and stated that the presentation was very detailed, but so many of these issues were raised in the legislative process, we thought it was helpful to provide this level of detail at this meeting.

Public Comment

Ms. DeJesús asked for comments. There were none.

Ms. DeJesús thanked everyone for attending and asked if they had any specific questions, to contact Bobbi Schmidt. The meeting adjourned at 10:58 a.m.