



**Jeannette B. DeJesús**  
SPECIAL ADVISOR TO THE GOVERNOR  
OFFICE OF HEALTH REFORM & INNOVATION  
STATE OF CONNECTICUT

**Statewide Multi-Payer Data Initiative**

Thursday, February 2, 2012

Meeting Minutes

---

**Attendees:** Olga Armah (for Kim Martone), Robert Aseltine, Mary Ellen Breault, Roderick Bremby, Jeannette DeJesús, Laurie Graham, Sue Hoben, Jewel Mullen, Bobbi Schmidt, Vicki Veltri

**Attendees by Phone:** Dave Harrington (for Tia Cintron)

**Absent:** Ben Barnes, Deb Heinrich, Kevin Lembo, Tom Leonardi, Mark Schaefer, Tom Woodruff

---

Jeannette DeJesús opened the meeting by welcoming all attendees.

Minutes from the January 12, 2012 meeting were approved with no changes.

### **Introduction**

Ms. DeJesús thanked the work group for their contribution over the last six to seven months and reminded participants of the work group purpose. Since the last meeting January 12, 2012 the Office of Health Reform and Innovation completed a comprehensive review of other states' laws establishing All-Payer Claims Databases (APCD) and have prepared information for the benefit of the work group to garner their feedback for legislation to establish a Connecticut APCD. We will be submitting legislation for consideration in the upcoming session and are looking for input as we finalize our draft. Ms. DeJesus will be meeting with legislators to discuss our proposed legislation in February and throughout the session. Ms. DeJesús talked about the importance of the APCD to the Health Insurance Exchange. Work group members were encouraged to call the Office of Health Reform & Innovation should they have any questions or comments about the legislation.

### **Presentation**

Bobbi Schmidt and Laurie Graham presented slides concerning the components of the legislation for establishing an APCD. We reviewed legislation from various other states to develop recommendations on how to address various aspects of enabling legislation in Connecticut. Mrs. Schmidt reviewed a slide depicting common elements of APCD enabling laws.

Mrs. Schmidt discussed that some states include an APCD Advisory Board, which we recommend for Connecticut. The APCD Advisory Board would provide input on a broad range of program management issues on an on-going basis. The Advisory Board would take the place of this work group, but current members of this work group would continue to serve on the Advisory Board and additional members may be added as needed.

Mrs. Schmidt addressed ongoing APCD administration through an “owning entity”. Mr. Bremby requested clarification of the terms “owning entity” and where the data would be “housed” as these can mean different things. The work group discussed using the term “APCD administrator” to reduce confusion. There are pros and cons to placing an APCD within a state agency vs. within a non-profit entity. It is essential to gather the work group’s input to carefully consider the options available. It is recommended that initial planning and implementation will remain within the purview of the Office of Health Reform and Innovation and later shift to an entity that is determined to be the permanent administrator.

Initial APCD funding will hopefully become available through the next federal Exchange Grant. The Office of Health Reform and Innovation, in consultation with the APCD Council, has identified a consultant to help the work group develop a budget. The Office has a rough idea of the cost to establish and maintain an APCD based on other states’ data, but we need a more detailed analysis. Funding for ongoing maintenance will also need to be addressed through work group discussion.

Laurie Graham discussed various types of entities that could potentially be subject to a reporting mandate under the APCD enabling legislation. Ms. Graham explained the types of data to be collected from reporting entities. She also discussed the potential inclusion of TPAs for self-funded plans and Medicare and/or Medicaid data, as available, in order to establish the most comprehensive database possible. It was recommended that the reporting mandate be broadly applicable. The recommendation of the Office is that the legislation should address our intent to make APCD data available to Insurers, Employers, Providers, Consumers, the Exchange, state agencies, researchers and others, compliant with HIPAA as well as other applicable federal and state laws. Disclosure policies can be addressed as part of the rule-making process with input from the Advisory Board and other stakeholders.

Sue Hoben commented that the goals, objectives and purposes of the APCD are important, and we will be asking the Work group to assist us in accomplishing various tasks. Regarding vendor selection, Ms. Hoben suggested that the goal shouldn’t be to require a vendor to develop a system that can meet all possible needs in Phase I. Rather, she recommended that the goal should be to analyze variations between vendor solutions and to determine what data requirements will be met in later phases or by other data sources, e.g., treatment standards for comparison, medical vs. claim data, etc. She discussed the interview process we will use to get essential feedback from a broad range of stakeholders, including state policy-makers and those with public health interests, insurers including Medicaid, Employers, Providers, Consumers and Researchers.

Mrs. Schmidt discussed privacy and the need to conform to HIPAA and applicable state and federal laws. It was recommended that SSNs be included in data collection along with a well-designed process to safeguard this information. Robert Aseltine asked whether this pertained to the collection or reporting side. Mrs. Schmidt answered that privacy policies would need to be determined for both data collection and release.

The work group discussed submission of Medicaid data. Commissioner Bremby noted that there are restrictions on the release of Medicaid data. It can only be used for improvement of the Medicaid program. Mr. Bremby discussed the potential implications of housing the APCD within DSS. He reminded the work group of DSS' current storage and analytic capacities and the work group made inquiries regarding the possible use of Medicaid Agency funding to achieve long-term sustainability of the APCD. In particular, CMS match-funding available through the Exchange can be applied to building architecture for a Medicaid databases. Integrated database architecture aligned with the Medicaid system could protect the state from future spending associated with high-cost interfaces and data captured through the APCD could support the efforts of the Medicaid ASO.

The work group discussed program administration in other states, in particular, the use of vendors, versus state agencies, and quasi-public agencies to accomplish data collection, release and management. The Office of Health Reform and Innovation reported that in some states are managing their systems within an existing state agency with internal resources. The work group briefly discussed alternative administrative options including the use of vendors.

## **Discussion**

Mrs. Schmidt requested feedback from the work group on the presentation and asked the group whether they were comfortable with the recommendations presented by the Office.

Ms. Veltri thanked the Office for putting the recommendations together and asked about adding additional membership to the group, including designating the Healthcare Advocate as a member. Mr. Bremby suggested the addition of the State CIO, Mark Raymond.

Ms. DeJesus thanked the group for its leadership and encouraged them to continue to drive the design of the APCD structure.

Mr. Bremby asked that the group bring together people to talk about use cases to leverage what knowledge and infrastructure currently exists, for example the UCONN health data.

Ms. Mullen commented on the impact of housing information in a state agency like DPH or DOI and the importance of giving careful consideration to where the data base should be administered. Ms. DeJesus confirmed that this was discussed a bit earlier in the meeting and the group shares Ms. Mullen's views that this is an issue that deserves careful consideration.

Ms. DeJesus mentioned that the office is putting together draft legislation based on the recommendations resulting from our review and discussion. The Office, in collaboration with the Work group, will continue to build and follow plans to keep this group moving and will add others to the group as we progress. Once the Office has drafted legislation, it will be submitted to the Legislature for consideration.

Ms. Veltri asked for clarification of the Multi-Payer vs. All- Payer Claims Data Base name. Mrs. Schmidt responded that the work group was originally established to develop a plan for a Statewide Multi-Payer Database Initiative. During these last months, the Office presented recommendations and the Work Group agreed that we should move forward with the establishment of an All-Payer Claims Data Base. The enabling legislation will call for the creation an All-Payer Claims Database, and that is the term we will use going forward.

Sue Hoben presented slides that outlined a strategy to interview key stakeholders who we expect will use the APCD that will help guide the work group in its recommendations.

**Next Steps:**

- File proposed legislation
- Need to work on the budget for Exchange Grant
- Use case process

**Public Comments:**

None