

# Multi-Payer Database (MPDB) Update

---

Statewide Multi-Payer Data Initiative Work Group Meeting  
February 2, 2012

# Agenda

---

- Welcome
- Approval of the January 12, 2012 Meeting Minutes
- Possible Options for Enabling Legislation
  - Workgroup Input on Components of the Legislation
- Stakeholder Discussions to Document “Use Cases”
- Next Steps
- Public Comment
- Adjourn

## Background

---

- ❑ Completed a review of existing legislation in other States.
- ❑ Considered prior discussions with the workgroup and APCD Council and other stakeholders.
- ❑ Come up with recommendations for best practices on how we might proceed with legislation that takes into account the unique needs of Connecticut and state of current affairs.

## Components of the legislation for establishing an APCD

---

APCD Advisory Committee

Owning Entity

Funding

Reporting  
Entities

Data Disclosures

Privacy  
(SSNs)

Enforcement

# All-Payer Claims Database (APCD) Advisory Committee

---

## **Advisory Committee**

- The APCD Advisory Committee will be established to provide input and advice on an ongoing basis and replace the MPDB workgroup.
- **Membership**
  - Secretary of OPM, Comptroller, Commissioners Public Health, Social Services, Commissioners Mental Health and Addiction Services, Insurance Commissioner, Representatives of health Insurance companies, Purchasers, Hospitals, Consumer advocates and health care providers.
  - Current members of the workgroup will serve on the advisory committee.
  - Additional members will be appointed as warranted.
- **Authority**
  - Give input on broad range of program management issues.

APCD Owning Entity for establishment and ongoing maintenance of the program.

---

## Owning Entity

- **APCD owning entity**
  - Office of Health Reform and Innovation Temporarily
    - State Agency
    - Non-Profit
- **Authority of owning entity**
  - Establish the time, place, form and manner of reporting data
  - Establish the types of data to be reported
  - Establish protocols for auditing the accuracy of the submitted data.
  - Develop criteria and procedures for the disclosure of data
  - Determine civil penalties
  - Enter into agreements and hire vendors and/or consultants.

# Financial Considerations

---

## **Funding**

- Our hope is initial funding for the development of the APCD will come from the next Health Insurance Exchange grant.
  - Grant request due in March
  - Need to retain consultant to develop budget
  - Present to Exchange Board
- Funding for ongoing maintenance will need to be addressed.

# Reporting Entities

---

## Reporting Entities

- **Subject to mandate**
  - Insurance
  - Fraternal benefit societies
  - Hospital service corporations
  - Medical service corporations
  - Health care centers (HMOs)
  - Pharmacy benefit managers
  - TPAs for Self-Funded plans
  - Other entities that are legally responsible for payment of claims of a healthcare item or service.

# Data Collection

---

## **Data Collection**

- Inclusion of TPAs for Self-Funded plans
- Inclusion of Medicare and/or Medicaid Data

### **Data Disclosures**

#### **Data Access**

- The legislation should clearly address our intent to make APCD data available, subject to State and Federal privacy laws, to:
  - Insurers
  - Employers
  - Providers
  - Purchasers of health care
  - Consumers
  - Connecticut's Health Insurance Exchange
  - State agencies
  - Researchers

#### **Disclosure Policies**

- Can be addressed pursuant to rule making process with input of the advisory committee and other stakeholders.

### **Privacy**

- Conformity to HIPAA and applicable state privacy laws including the prevention of release of protected health information(PHI).
  - **Collect social security numbers**
    - States are increasingly collecting

# Enforcement

---

## **Enforcement**

- **Authority to impose monetary penalties**
  - Civil monetary penalties
  - Imposition of fines based on the severity of the violation.
- Inclusion will require review by Judiciary Committee

## APCD Use Cases

---



The goal of the APCD is to collect and make available data that furthers the health policies expressed in the public act creating the Multi-Payer Data Initiative.

---

### **APCD Purposes**

- Determining the maximum capacity and distribution of existing resources allocated to health care;
- Identifying the demands for health care;
- Allowing health care policymakers to make informed choices;
- Evaluating the effectiveness of intervention programs in improving health outcomes;
- Comparing the costs and effectiveness of various treatment settings and approaches;
- Providing information to consumers and purchasers of health care;
- Improving the quality and affordability of health care and health care coverage;
- Evaluating health disparities, including but not limited to disparities related to race and ethnicity.

Use cases expand on these high level statements of purpose by documenting, at a more specific and concrete level, exactly how the APCD will be used in Connecticut.

---

## **Use Case Objectives**

- ❑ Document data requirements for use in the vendor selection process
- ❑ Understand which requirements will be completely or partially met in Phase I and in later phases
- ❑ Assess the value and benefits achievable in Phase I and later phases
- ❑ Set realistic expectations for the APCD

Over the next several weeks and months we will be conducting stakeholder interviews to understand how decision-making will be supported by the availability of APCD data.

---

### **Use Case Process**

- ❑ Conduct 1-hour interviews, individually or in groups, and with the MPDB Work Group members and other Stakeholders.
- ❑ Document the questions that stakeholders hope to be able to answer to more effectively meet their objectives for health care improvement.
- ❑ Analyze the data requirements represented by those questions to determine when the data will be available in the APCD and/or what additional data may be required.
- ❑ Follow up on open issues and questions.
- ❑ Consolidate the results across stakeholders and interviews as input to the RFP and economic analysis tasks.

We will be asking you about decisions you need to make and questions you would like answered.

---

□ Decisions

- What care coordination or payment models should I implement to reduce cost and improve quality?

- APCD limited datasets may be used to help investigate these questions:

□ Questions

- Do care coordination models for the chronically ill reduce hospitalization? Reduce cost? Improve quality outcomes?
- Do patient-centered medical homes reduce cost? Improve quality outcomes?
- Do episode-based payment models reduce cost? Improve quality outcomes?
- What is the impact on cost and quality of quality incentive payments?
- Are there variations in results across providers? communities? plans?

We will be asking you about decisions you need to make and questions you would like answered.

---

□ Decisions

- What programs or policies do I need to adopt in order to reduce costs by eliminating overutilization of services ?
- APCD limited datasets may be used to help investigate these questions:

□ Questions

- Are there differences in utilization across providers? communities? plans? care coordination and payment models?
- What are the factors associated with the variations in utilization?
- Which services/procedures have the biggest impact on medical costs?