Healthcare Cabinet Meeting

Prescription Drug Data: What's Included in CT's APCD

September 12, 2017

What is the All Payer Claims Database (APCD)?

Legislative Charge

Public Act 13-247 enabled the Exchange:

(i) Provide healthcare consumers in Connecticut with information concerning the cost and quality of healthcare services; and

(ii) Disclose data to state agencies, insurers, employers, healthcare providers, consumers, researchers and others for purposes/review of health care utilization, costs or quality of healthcare services.

Public Act 15-146 enabled the Exchange:

Within available resources, establish/maintain a consumer web site to assist consumers in making informed decisions concerning their health care and informed choices among health care providers.

Distribution Channels
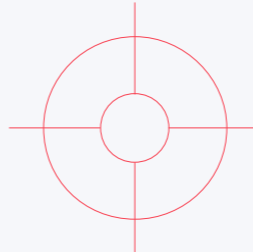
Web   Data Extracts   Reports   Analytic Services

Intended Audience

Consumers

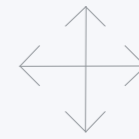State Agencies / Policy Makers   Insurers   Employers

Providers   Other

Which Data Does The APCD Collect?

Payers Required to Submit:

Administrative or billing data generated from paid claims incurred in medical and pharmacy settings. Includes drug claims data administered through medical and pharmacy benefits.

Reporting Requirements
Reporting Entities with more than 3,000 members enrolled must submit

Reporting Format
Claims submitted in standardized format established by APCD

Claims Dates
Claims span CY2012 – CY2017. Data submitted monthly

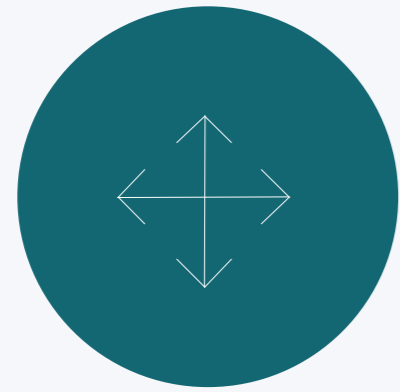### Total Volume*

Pharmacy Claims:

129 million claims

$11.9 billion paid by carriers

42.6 thousand unique drug codes

Medical Claims:

7.2 million claims

$2.03 billion paid by carriers

2.4 thousand unique procedural codes

Entities Reporting Pharmacy Data
- Caremark
- Express Scripts**
- United Health
- Connecticare
- Aetna
- Anthem
- Cigna
- WellCare
- Harvard Pilgrim
- Healthy CT

* Figures do not include Medicare FFS or Medicaid claims
** Express Scripts has not completed full submission of claims to APCD

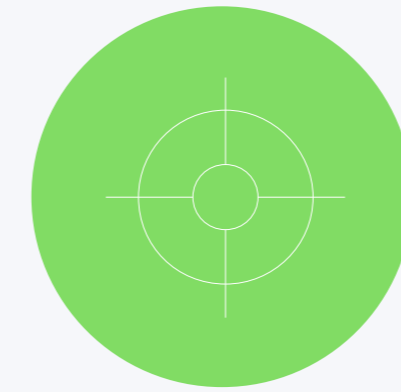# What is Available Within Pharmacy Claims Data?*

DRUG INFORMATION

- ✓ National Drug Code
- ✓ Quantity Dispensed
- ✓ Days' Supply
- ✓ New Prescription or Refill
- ✓ Drug Unit of Measurement
- ✓ Mail-Order Pharmacy Code

FINANCIAL VALUES

- ✓ Charge Amount
- ✓ Paid Amount
- ✓ Copay Amount
- ✓ Coinsurance Amount
- ✓ Deductible Amount
- ✓ Dispensing Fee
- ✓ Ingredient Cost / List Price

CLAIM DATES & TIMES

- ✓ Prescription Written Date
- ✓ Date Prescription Filled
- ✓ First Paid Date
- ✓ Last Paid Date

ANCILLARY

- ✓ Member ID
- ✓ Formulary Code
- ✓ Submitter ID
- ✓ Claim Status Code
- ✓ Pharmacy Provider ID
- ✓ Prescribing Provider ID

*Data contained in Pharmacy Benefit Claims

Data Limitations & Challenges

REBATES & DISCOUNTS
Costs reflect price charged to employer/member, and may not reflect additional discounts, rebates, or other negotiated arrangements.

SUBMITTED CLAIMS
100% out-of-pocket purchases, drug samples, over-the-counter drugs, etc. not included.

PAYER REPRESENTATION
Self-funded ERISA plans and Medicaid not currently included.

ANALYSIS & MEASUREMENT
Qualified analysts/researchers needed. Data enrichment from third party data needed for some use cases.

Example Use Cases From Other States

Utilization and Expense Reporting

APCD data used to support cost and trend reports focused on providing insight on healthcare spending and delivery trends within states. Areas covered include cost growth rates by drug category, cost sharing trends, cost drivers, annual growth outliers, etc.[1,2]

Policy Decision Support

Data and analysis support provided to inform legislative concepts produced by workgroups and policymakers. Example: APCD data used to support definitions of "high cost" prescription drugs.[3]

Adherence, Quality, and Variations

APCD data used to support measurement and understanding of medication adherence, variations in prescribing/use, and impact of adverse events.[4,5]

1) http://www.health.state.mn.us/healthreform/allpayer/RxIssueBrief1Proof20161102.pdf
2) http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/publications/2016-cost-trends-report.pdf
3) http://www.oregon.gov/oha/HPA/ANALYTICS/APAC%20Page%20Docs/APAC-Use-Cases.pdf
4) https://chhs.unh.edu/sites/chhs.unh.edu/files/docs/nhihpp/2009_09_03ADEIssueBrief.pdf
5) http://pediatrics.aappublications.org/content/pediatrics/early/2014/08/06/peds.2013-4250.full.pdf

Sample Summary Reports From CT APCD*

Top 5 Total Pharmacy Spend Drugs

#	DRUG NAME	# of Claims	Median Allowed Amount	Median Out of Pocket Amount
1	HARVONI	1,036	$32,510	$0
2	CRESTOR	37,051	$219	$25
3	HUMIRA PEN	2,387	$3,436	$25
4	ADVAIR DISKUS	24,719	$317	$7
5	COPAXONE	1,196	$5,414	$25

Top 5 Most Utilized Pharmacy Drugs

#	DRUG NAME	# of Claims	Median Allowed Amount	Median Out of Pocket Amount
1	ATORVASTATIN CALCIUM	107,158	$13.4	$2.7
2	LEVOTHYROXINE SODIUM	88,237	$14.9	$3.0
3	LISINOPRIL	70,677	$6.7	$1.2
4	AMLODIPINE BESYLATE	58,285	$6.9	$1.5
5	METFORMIN HCL	52,520	$8.0	$1.2

Illustrative purposes only, pharmacy claims from CY2015 only, outliers not excluded, all dosages included