OHS CONNECTICUT Office of Health Strategy

All Payer Claims Database Advisory Group
Regular Meeting Minutes
February 9, 2023

Meeting Date		Meeting Time	Location	
February 9, 2023		1:00 pm – 3:00 pm	Zoom Meeting Recording	
Attendance: Advisory Group Members				
Olga Armah (Chair designee)	R	Dr. Patricia Checko	R	Bernie Inskeep	R
Paul Lombardo	R	François de Brantes	R	Robert Barry, DAS	X
Dr. Robert Aseltine	X	Sandra Czunas	R	Dr. Michaela Dinan	R
Scott Gaul, OPM	R	Michael Girlamo, DHMAS	R	Cassandra Murphy	R
Ted Doolittle, OHA (Adam Prizio)	R	Robert Scalettar, MD	R		
William Halsey, DSS	R	James Iacobellis	X		
Supporting Leadership				
Amy Tibor	R	Sumit Sajnani, HITO	R	Vasi Gournaris, OHS	
Other Participants				
Robert Viens, OnPoint	R	Janice Bourgault, OnPoint	R		

In accordance with current FOIA statutes re: meetings held by solely by electronic means: R = attended remotely, IP = attended in person

	Agenda		
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	**Olga Armah**	**1:03 PM**
	The regularly scheduled meeting of the APCD Advisory Group was held virtually on Thursday, February 9, 2023. Ms. Armah welcomed members and called the meeting to order at 1:03 p.m. A quorum was determined upon roll call.		
2.	**Public Comment**	**Members of Public**	**1:05 PM**
	There was no public comment.		
3.	**Review and Approval of November 10, 2022, Minutes**	**Olga Armah, OHS**	**1:06 PM**
	Ms. Armah requested a motion to approve the November 10, 2022, minutes. A motion was made (de Brantes) and seconded (Checko). There was no discussion. The minutes passed unanimously. Ms. Armah announced that the agenda was adjusted to accommodate the schedule of OnPoint staff.		
4.	**Data Submission Guide (DSG) Update**	**Robert Viens Serna & Janice Bourgault, OnPoint Health Data**	**1:07 PM**

	Ms. Bourgault provided a presentation on the modifications made to the DSG to enable collection of Race, Ethnicity and Language (REL) data, and dental, and denied claims data. Key presentation highlights included:
	
	• CT OHS Community and Clinical Integration Program (CCIP) will be used instead of CDC as a data standard source; Ms. Bourgault described the differences between the two code sets.
	• The recommended approach is to minimize the level of effort for data submitters and includes using existing REL data elements and expanding existing code set to include new code sources.
	• An overview of the following:
	   o the values added to the DSG to enable collection of dental claims, and those fields already present such as designation of dental coverage, deductible and product codes.
	   o modifications made to enable collection of both partially and fully denied claims.
	   o modification made to a pharmacy claims field.		

5.	**Action: Acceptance of Data Submission Guide Changes**	**Olga Armah, OHS**	**1:17 PM**

	Ms. Armah requested a motion to approve the DSG with modifications to enable the collection of dental and denied claims, and race, ethnicity and language data, and to allow reporting of certain pharmacy information. A motion was made (Girlamo) and seconded (Scalettar). Motion passed unanimously. Ms. Inskeep inquired if the DSG would be shared for comment before finalization. Ms. Armah stated that a 30-day public comment period will occur, and time would also be provided for carriers to prepare to report the data in a new format.		
6.	**APCD Data Release Committee (APCD-DRC) Report**	**Dr. Patricia Checko**	**1:20 PM**
	Dr. Checko reported on key APCD-DRC activities and achievements during 2022: • Data released to two external requesters (Yale University and Yale New Haven Health System). Other inquiries received but did not go before the DRC. • The DRC established its first charter. DRC will now assess data requests on equity in accordance with new language added to the charter. • DRC reviewed the overall application process, which included presentations by other state APCD programs including WA, NH, VT, NADHO.		
7.	**APCD-DRC Charter Amendment**	**Olga Armah, OHS**	**1:10 PM**
	Dr. Checko stated that, in accordance with new language added to its charter, the DRC will now assess applications for *potential impact of the release of data on CT residents, including for disparate impact by race, ethnicity, language, sex, gender identify, disability status or other factors.*		
8.	**Acceptance of Amended APCD-DRC Charter**	**Olga Armah, OHS**	**1:12 PM**
	Ms. Armah stated that the DRC charter was previously presented in November at which point Mr. Gaul recommended the inclusion of equity language (as described above). Ms. Armah thanked Mr. Gaul who worked with staff to develop the new language. Ms. Armah requested a motion to accept the amended APCD Data Release Committee charter. A motion was made (Checko) and seconded (Gaul). Motion passed unanimously.		
9.	**Hospitals' Community Benefit Presentation**	**Brent Miller (pre-recorded video) & Olga Armah**	**1:15 PM**

	A pre-recording of Brent Miller's presentation to the Health Information Technology Advisory Council (HITAC) was shared, key highlights included:
	• General background and overview of hospital community benefit program:
	  o *Community benefits* are defined by the Hilltop Institute as the initiatives and activities undertaken by nonprofit hospitals to improve health in the communities that they serve.
	  o *Community benefit program* is defined in CGA PA 22-58 as any voluntary program or activity to promote preventive health care, protect health and safety, improve health equity and reduce health disparities, reduce the cost and economic burden of poor health, and improve the health status for all populations within the geographic service areas of a hospital.
	  o Nonprofit hospitals are relieved of taxes for demonstrating community benefit pursuant with IRS tax law.
	• Examples of community benefit programs.
	• Overview of past and present legislation – OHS was ultimately designated to oversee program requirements. Among other requirements, PA 22-58 §50 requires: 1) hospitals to submit an annual report, 2) OHS to make a community benefit report including stakeholder engagement, 3) APCD data must be made available for hospitals, 4) now extends to for-profit hospitals.
	• Overview of statutory language permitting the release of APCD data to hospitals. The law limits access to data for three purposes only. A hospital must complete a data request application and execute a data use agreement (DUA) with OHS to receive a standard limited data set.
	
	Ms. Armah presented on usage of the APCD in accordance with the mandate, key highlights included:
	• CT hospitals will receive APCD data in accordance with both state and federal mandates which allow certain kinds of data for specific activities. The CT state mandate narrows the purpose for which hospitals can use the data.
	• An overview of the federal mandate, 45 CFR 164.514(e) including the specifications of what can be included in a standard limited data set and the activities or actions that must be taken to protect the data, to ensure that the data continues to be secure.
	• An overview of what is required to be in the DUA between OHS and hospitals, including all provisions.
	
	Ms. Armah stated that as staff continues to finalize the DUA and applications, members are welcome to provide any comments or feedback by email.		

10.	**Strategic Planning Activities**	**Sumit Sajnani, HITO & Olga, Armah, OHS**	**2:00 PM**

Mr. Sajnani presented on APCD strategic planning activities; key highlights included:

- OHS is developing a strategic plan for the APCD.
- Strategic proposals were drafted and shared with members; proposals include shorter term operational initiatives and longer-term strategic objectives, some of which may not be completed in 2023. OHS would like to begin all initiatives in 2023.
- An overview of three high level areas of interest:
  - Increasing the data going into the APCD
  - Improving the quality of the data in the APCD
  - Increasing the utilization of the data in the APCD
- Mr. Sajnani indicated that undertaking the three goals will be extremely time consuming and there will be a long runway; prioritization of the initiatives and staying the course through the process will be important. Mr. Sajnani expressed appreciation for council engagement and patience. Mr. Sajnani welcomed any ideas or input.

Ms. Armah presented on two categories of strategic proposals:
- Data enhancements and utilization:
  - producing and publishing data visualizations with APCD data,
  - enhancing and enriching data, and
  - increasing the external uses of data.
- Operational enhancements:
  - exploring fee structure changes,
  - refining data request application and process,
  - enacting new policies and procedures, and
  - filling vacancies across advisory bodies.

Ms. Armah stated that OHS values council guidance and feedback and encouraged members to review the draft proposals and email any comments to staff. A discussion took place regarding any overlap between the strategic plan and other initiatives.

11.	**APCD Projects**	**Olga Armah, OHS**	**2:20 PM**

Ms. Armah presented a progress update for the following APCD projects and data studies in flight:

Projects:

- <u>APCD Snapshot of Data Available</u> – dashboard created by OnPoint for the OHS website; work is almost completed; hope to publish on OHS website soon.
- <u>Cost Estimator</u> – OHS is required by statute to have a consumer facing tool on its website; phase 1 is going through internal review; phase 2 will include provider information.
- <u>Cost Growth Benchmark</u> – a dashboard is in process utilizing data copied from Amazon Web Services to the State's Azure web cloud.
- <u>Healthcare Costs Forum</u> – several forums held, including in December for identifying cost drivers, a follow up forum held in February, and more recently to identify policies and solutions to help bend the healthcare cost care.

Studies (all OHS-driven):
- <u>Telehealth</u> – extended to end of March – still awaiting results; we'll have them come to this group to share more about this study.
- <u>Behavioral Health Payment Parity</u> – in the data gathering phase.
- <u>Hospitals' Community Benefit</u> – currently writing the DUA and will be presenting the process to the hospitals – we still encourage comments and recommendations about the contents.

12.	**Health Information Technology Advisory Council Update**	**Sumit Sajnani, HITO**	**2:30 PM**

Mr. Sajnani stated that the two key discussions before the HITAC recently included the presentation on Hospitals' Community Benefits and the OHS annual health IT report. The report was successfully submitted to the Connecticut General Assembly on February 1st. Key projects and initiatives of focus within the IT report included the following:
- Status and sustainability of Health Information Exchange (HIE), Connie – Mr. Sajnani provided a high-level progress update on connectivity.
- Race, Ethnicity and Language mandate – OHS developed and delivered an implementation plan, guide, and data standards.

	• Behavioral Health (BH) Provider Engagement – supporting BH providers with connecting to Connie is a priority of HITAC. Information sessions held, and listening sessions convened to better understand opportunities and challenges with connecting to the HIE.		
13.	**APCD Updates**	**Olga Armah, OHS**	**2:37 PM**
	Ms. Armah provided an update on data types and years available in the APCD. The APCD currently has commercial and Medicaid data up to September 2022. Eligibility/enrollment and medical claims data is available for Medicare through 2019 and through 2018 for pharmacy claims.		
14.	**Wrap Up & Adjournment**	**Olga Armah, OHS**	**2:43 PM**
	Ms. Armah reminded members to please provide recommendations on the process and DUA for Hospitals' Community Benefits APCD data release, and for the APCD strategic proposals. Ms. Armah requested a motion to adjourn. A motion was made (Inskeep) and seconded (Girlamo). Motion passed unanimously. Meeting adjourned at 2:43 PM.		

Upcoming Meeting: May 11, 2023

All meeting information and materials can be found at
https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT- Advisory-Council