



## The All Payer Claims Database Advisory Group Regular Meeting

### NOTICE OF MEETING AND AGENDA

Date: **Thursday, November 13, 2014**  
Time: **9:00 a.m. to 11:00 a.m.**  
Location: Legislative Office Building, Room 1D  
300 Capitol Avenue, Hartford, CT 06103  
Conference: (877) 716-3135  
Participant Code: 23333608  
Directions: <http://www.cga.ct.gov/olm/directions2.asp>

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- I. Call to Order and Introductions
- II. Public Comment
- III. Approval of June 12 and July 10, 2014, Meeting Minutes
- IV. CEO / ED Updates
- V. Overview of the APCD Data & Analytics Vendor Contract
- VI. Introduce APCD Data & Analytics Vendor
- VII. 2<sup>nd</sup> Circuit Court Decision
- VIII. Medicaid Data Status
- IX. APCD Website & Newsletter
- X. Status of Subcommittees
- XI. Next Steps
- XII. Future Meetings
- XIII. Adjournment

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Public comment of the agenda is limited to two minutes per person and is not to exceed the first 15 minutes of each meeting. A sign-in sheet will be provided.

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Access Health CT is pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Christen Orticari at (860) 241-8444.

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Meeting materials will become available at: [www.ct.gov/hix](http://www.ct.gov/hix) following each meeting.

For further information concerning this meeting, please contact Christen Orticari at (860) 241-8444 or [Christen.Orticari@ct.gov](mailto:Christen.Orticari@ct.gov).



Connecticut's Health Insurance Marketplace

Special Meeting of the All Payer Claims Database Advisory Group  
**Draft Meeting Minutes**

**Date:** Thursday, June 12, 2014  
**Time:** 9:10 a.m. – 11:00 a.m. EST  
**Location:** Legislative Office Building, Room 1E

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**Members Present**

Robert Aseltine, Robert Tessier, Mary Ellen Breault, Kimberly Martone for Jewel Mullen, Jean Rexford, Matthew Katz, Robert Scalettar, James Iacobellis, Victor Villagra (phone), Mary Taylor, Vicki Veltri, Michael Michaud for Patricia Rehmer, Barbara Parks Wolf for Ben Barnes, Joshua Wojcik for Kevin Lembo

**Members Absent**

Kevin Counihan, Roderick Bremby, Anne Melissa Dowling for Thomas Leonardi, Mary Alice Lee, Dean Myshrall, Thomas Woodruff

**Other Participants**

Phyllis Hyman, Virginia Lamb, Tamim Ahmed, Robert Blundo, Matthew Salner, Christen Orticari

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**I. Call to Order and Introductions**

Tamim Ahmed called the meeting to order at 9:10 a.m. and members introduced themselves.

**II. Public Comment**

There was no public comment.

**III. Approval of April 10<sup>th</sup>, 2014 Meeting Minutes**

Mary Taylor requested the removal of the sentence fragment under Section X on Next Steps, which included her name. Matthew Katz suggested formatting changes and asked that his motion, during the Section VII on Legal Issues Concerning Various Aspects of the APCD, be further clarified. Acceptance of the minutes was tabled until the next meeting.

**IV. CEO/ ED Updates**

Mr. Ahmed provided an overview of the procurement process for a data management vendor and explained work continued on the contract. Virginia Lamb stated that information from the contract's statement of work could be shared with members in the future. Mr. Ahmed reported that various data privacy and security issues were being addressed in the Data Privacy and Security Subcommittee, and commented that the denied claims use cases and dental data intake processes were in consideration by the Policy and Procedure Enhancement Subcommittee. Mr. Ahmed said that AHA was in discussions regarding partnership on the State Innovation Model (SIM) grant. Mr. Ahmed briefed the group on the security audit of the data management vendor.

**V. DSS**

Mr. Ahmed introduced Phyllis Hyman, an attorney for the Department of Social Services (DSS), and stated that at the last Advisory Group meeting, members expressed interest in learning more about DSS plans to submit Medicaid data to the APCD.

Ms. Hyman summarized state and federal laws regarding submission of Medicaid data. She said that the APCD enabling legislation (CGS Section 38a-1091) did not require the reporting of Medicaid data to the APCD. Ms. Hyman also cited federal Medicaid regulations (42 CFR 431.300 to 431.307, inclusive) which allowed Medicaid data disclosure for purposes directly related to Medicaid plan administration. Members discussed whether the proposed uses of APCD data would meet the definition of “plan administration” under these regulations. Vicki Veltri mentioned that other state APCDs incorporate Medicaid data. **Mr. Katz made a motion to formally request that DSS provide a written explanation, by the next APCD Advisory Group meeting, of whether it is possible to submit Medicaid data to the APCD, and that DSS work with the APCD Advisory Group to justify this data submission with regard to the federal regulations concerning Medicaid plan administration. Ms. Veltri seconded the motion.** Dr. Scalettar proposed an amendment which would require AHA staff to work with DSS to research the submission of Medicaid data to other state APCDs. Mr. Katz said that the amendment was not friendly, because it was the responsibility of DSS to make a decision on this matter. Dr. Scalettar withdrew his amendment. Mr. Ahmed called for a vote on Mr. Katz’s motion. **Motion was passed unanimously without abstention.**

**VI. Procurement Overview**

Mr. Ahmed reported on the data management vendor procurement. A summary was provided on the Request for Proposals (RFP) review and evaluation process. Out of the five vendors who met the criteria for an internal review, the top three were invited to give oral presentations. One of the three vendors was unable to present at the scheduled time. AHA is working with legal counsel to develop the contract and will begin negotiations with the selected vendor in the near future.

**VII. Update on Proposed Timeline for Data Collection**

Robert Blundo briefed members on the AHA proposal for an updated timeline for data intake. Mr. Blundo reviewed the newly proposed submission timeline for planning purposes following the contract effective date. The proposed revised timeline was contingent on the date of the first kick off meeting with the vendor onboard and all submitters.

**VIII. Status of SIM Project and APCD Collaboration**

Mark Schaefer, director of the SIM Program Management Office, presented an overview of the SIM Initiative and discussed potential opportunities to collaborate with the APCD. Mr. Schaefer described the funding announcement, goals, and timeline for the new four-year SIM grant opportunity. The high level goals targeted triple aim initiatives, which support the creation of a “whole person” centered system with increased access to care and reduced costs. The SIM PMO is presently developing plans to accomplish nine requirements throughout the four year timeframe allotted by CMS.

Mr. Schaefer discussed ways that SIM may be able to collaborate with the APCD to facilitate the accomplishment of operational and data intake requirements. If DSS is unable to share Medicaid data with the APCD, SIM may be able to support the inclusion of this data in through an edge server, which is being procured. Mr. Schaefer said that the APCD could play in integral role in helping SIM to produce claims extracts, and suggested that the SIM test grant funds may be available to support APCD implementation and contribute to sustainability. Ms. Veltri commented that one of the roles of the SIM Initiative is to facilitate and coordinate efforts for improving data access within the state to assist in health care system transformation.

**IX. Update on Focus Group Findings**

Mr. Ahmed reviewed the purpose and findings from focus group research facilitated recently by AHA. Mr. Ahmed reviewed the focus group methodology, summarized factors that appear to influence consumer shopping, provided findings, and discussed next steps. Christen Orticari stated that the purpose of the research was to gather consumer input on consumer decision support tools, and that AHA intended to convene additional focus groups in the future.

**X. Status of Various Subcommittees**

Dr. Scalettar reported that the Data Privacy and Security Subcommittee last met on April 1, and planned to meet on June 26 to discuss aspects of the RFP and the vendor security audit. Mr. Katz said that the Policy and Procedure Enhancement Subcommittee met on May 5 to discuss the potential future submission of denied claims data and dental data. Mr. Katz said that the subcommittee would continue discussing these topics at their meeting on June 27.

**XI. Next Steps**

No next steps were discussed at this time.

**XII. Future Meetings**

Mr. Ahmed announced that the next regular meeting of the APCD Advisory Group would be held on July 10 from 9:00 a.m. until 11:00 a.m. at the Legislative Office Building in room 1D.

**XIII. Adjournment**

**Dr. Scalettar motioned to adjourn the meeting. Mr. Katz seconded the motion. Motion passed unanimously. The meeting was adjourned at 11:00 a.m.**



Connecticut's Health Insurance Marketplace

All Payer Claims Database Advisory Group Meeting  
**Draft Meeting Minutes**

**Date:** Thursday, July 10, 2014  
**Time:** 9:04 a.m. – 10:30 a.m. EST  
**Location:** Legislative Office Building, Room 1E

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**Members Present**

Kevin Counihan (Chair), Tamim Ahmed, Robert Aseltine, Mary Ellen Breault, Roderick Bremby, David Guttchen for Ben Barnes, Matthew Katz, Mary Alice Lee, Kimberly Martone for Jewel Mullen, Katherine McNulty for Patricia Rehmer, Dean Myshrall, Jean Rexford, Mary Taylor, Victoria Veltri, Victor Villagra, Joshua Wojcik for Kevin Lembo

**Members Absent**

Anne Melissa Dowling for Thomas Leonardi, James Iacobellis, Robert Scalettar, Robert Tessier, Thomas Woodruff

**Other Participants**

Robert Blundo, Matthew Salner, Christen Orticari

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**I. Call to Order and Introductions**

Kevin Counihan called the meeting to order at 9:04 a.m.

**II. Public Comment**

A public comment was made by Elizabeth Krause, Vice President of Policy and Communications at the Connecticut Health Foundation. Ms. Krause explained that the CT Health Foundation viewed Medicaid data as an imperative component to include in the Connecticut APCD, and asked the APCD Advisory Group and Access Health Analytics to partner with DSS to ensure that Medicaid data are included in the APCD.

**III. Approval of April 10 and June 12, 2014 Meeting Minutes**

Matthew Katz moved approval of the April 10 meeting minutes. Mary Taylor seconded the motion. Ms. Taylor moved to amend the minutes with a technical correction. Mr. Katz seconded. **Motion passed unanimously without abstention.** The minutes of the June 12 meeting were not discussed.

**IV. CEO/ ED Updates**

Mr. Counihan updated members on the approach taken by the Connecticut Health Insurance Exchange to facilitate and simplify the upcoming open enrollment experience. The Exchange made fixes to their enrollment system, significantly increased their number of plan designs, developed a website avatar to review frequently asked enrollment questions and answers, and launched a mobile application. Mr. Counihan provided an update on the ongoing investigations of the June security breach. Mr. Ahmed provided a brief update on ongoing negotiations with the APCD data management vendor.

**V. Development Planning for APCD**

Mr. Ahmed overviewed the timeline for APCD development planning, and explained the critical components of an APCD that must be developed during implementation. Mr. Ahmed explained that the timeline sequence and components were critical to APCD development. The dates were based on a planned date of contract completion, and would be pushed

forward if the contract were signed at a later date. The timeline was further contingent on valid test data submissions. Mr. Ahmed summarized the core components and capabilities deemed necessary to the start-up of a functional APCD. Many of these elements were included in the APCD Policies and Procedures, or contained in the APCD enabling legislation as objectives. Ms. Taylor explained that the list of core elements were natural outgrowths, or consequences, of developing an APCD. Commissioner Bremby added that DSS was creating a provider directory, previously with HITE-CT, and noted it was offered as a resource for the APCD.

**VI. Medicaid Data Usages – Examples from other States APCDs**

Mr. Ahmed summarized the approach taken by other states for the collection and usage of Medicaid data. He used examples of reports including Medicaid data from the Colorado, Oregon, and New Hampshire APCDs. Dr. Victor Villagra recommended taking into account consumer reactions to APCD reports, Mr. Ahmed explained that consumer feedback would continue to be an important focus for web reporting. Jean Rexford asked that Advisory Group members be incorporated into the research process by receiving information on future focus groups.

Dr. Robert Aseltine presented a study titled “Payer Differences for Ambulatory Sensitive Conditions”, which he and his colleagues derived through their analysis of Connecticut hospital discharge data. The research was initiated to support the State Innovation Model (SIM) plan submission. The results demonstrated disparities in hospitalization rates between patients covered by Medicaid and those with private insurance. Dr. Aseltine noted that the inclusion of Medicaid data in the APCD would provide context to this research, which would support the administration of the Medicaid program. Mr. Katz said that pronounced differences across payers could be clarified through analysis into payers’ plan and coverage information.

Dr. Mary Alice Lee asked which agencies administered APCDs in states referenced in Mr. Ahmed’s presentation. Matt Salner said that the Colorado APCD was administered by an independent nonprofit organization, and that the New Hampshire and Oregon APCDs were run by each state’s Medicaid agency.

**VII. Update on Medicaid Data from DSS**

Commissioner Bremby stated that the Department of Social Services (DSS) had not yet reached a decision on whether Medicaid data could be submitted to the APCD. Further information was still needed to support a decision. Mr. Counihan suggested that Access Health CT staff analyze other state APCDs with regard to the types of agencies by which they were administered, and whether these APCDs collected Medicaid data. Commissioner Bremby said that this information would be helpful to DSS in its decision.

**VIII. Status of Subcommittees**

In the absence of Dr. Robert Scalettar, Robert Blundo provided a brief update on the Data Privacy and Security Subcommittee, which met on June 26. The subcommittee discussed aspects of the data management vendor RFP and the vendor security audit. In addition, staff presented an overview of a potential APCD data governance process.

Mr. Katz said that the Policy and Procedure Enhancement Subcommittee was scheduled to meet again on July 17 to continue their discussion on the potential collection of denied claims data, as well as a timeline for dental data collection.

**IX. Next Steps**

Mr. Counihan reiterated that staff would provide information regarding other state APCDs and collection of Medicaid data. He concluded the meeting by announcing that Mr. Ahmed was appointed as a member of the APCD Advisory Group.

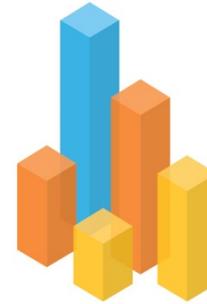
**X. Future Meetings**

Mr. Ahmed announced that the next regular meeting of the APCD Advisory Group was scheduled for September 11 from 9:00 a.m. until 11:00 a.m. at the Legislative Office Building.

**XI. Adjournment**

**Mr. Ahmed moved to adjourn the meeting. Mr. Katz seconded the motion. Motion passed unanimously. The meeting was adjourned at 10:30 a.m.**

access health CT  
analytics



# APCD Advisory Group

*November 13, 2014*

# Presentation Overview

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- Public Comment
- Review and Approval of June 12 and July 10, 2014, meeting minutes
- CEO/ ED Updates
- Overview of APCD Data Management/Analytics Vendor Contract
- Overview of APCD Implementation
- Introduce APCD Data & Analytic Vendor
- 2<sup>nd</sup> Circuit Court Decision
- Medicaid Data Status
- APCD Website & Newsletter
- Status of Subcommittees
- Next Steps
- Future Meetings

# CEO / ED Update

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- Milestone achievement - APCD Vendor contract finalized! Implementation for APCD solutions will be discussed in detail
- As part of APCD implementation, AHA developed 164 tasks to ensure that the infrastructural and functional capabilities meet our expectation
- AHA also developed performance based payments so that reimbursement is tied to 40 milestone tasks
- AHA/AHCT hired a graphic design company to develop our logo; we have selected and applied for trademark on the words - Access Health CT Analytics
- AHA spent considerable resource and time in developing its own website and newsletter, presently under review and will be activated soon
- AHA has spent time reviewing the 2<sup>nd</sup> Circuit Court's ruling and its impact on CT's APCD data collection
- AHA had prioritized contract finalization as its top goal; having achieved it, AHA will work with the subcommittees to continue future discussions

# Overview of APCD Data & Analytics Vendor Contract

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- Access Health CT (AHCT) has signed an agreement with Onpoint Health Data (Onpoint) to provide data management and analytics services for CT's APCD
- AHCT went through a rigorous and transparent vendor RFP process (presented in detail on 3/27/2014 AHCT Board and June 12, 2014, Advisory Group meetings)
- Initially 16 vendors expressed interest to submit bids, but by RFP deadline only 10 vendors submitted proposals
- Only 5 vendors met the criteria to be eligible for appraisal - Analytic Partners, Onpoint, Optum, SAS and Treo Solutions
- Top 3 vendors were invited for Oral presentations - Onpoint, Treo Solutions and Analytic Partners
- Onpoint was the front-runner on costs, experience and solutions offered
- Contract is for 5-year duration with an option to extend an additional 5-year
- Total value of the contract for 1<sup>st</sup> 5-year is \$6.88m; 2<sup>nd</sup> 5-year is \$4.70m

# Overview of APCD Data & Analytics Vendor Contract

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- Founded in 1976 as an independent non-profit company, Onpoint specializes in health care information with focus on health care data management and analyses domain
- Onpoint manages APCDs in 3 other states - RI, VT and MN; manages VT's Blueprint for health; recently awarded 2 federally funded comprehensive Primary Care initiatives; supports Dartmouth Institute's work on Pediatric Atlas study, etc.
- Onpoint deals with 200 carriers from 35 states for data submissions - managing 12.5 million lives and 10 Terabyte of data
- AHCT has unique requirements for CT's APCD; Onpoint was able to offer solutions creatively and flexibly
- Long-term contract protects development investment and IP

# Overview of APCD Data & Analytics Vendor Contract

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## Main Highlights of Contract

### 1. Security Provisions

- a. Data vendor must meet HIPAA and NIST (National Institutes of Standards and Technology ) compliant policies, procedures and infrastructures
- b. AHA required additional security features and dedicated environment
- c. Data vendor must have annual audit to recertify, and AHA also may request security audit anytime within 5 days of advance notice
- d. Data vendor must inform AHA of any incident involving data breach or attempted breach within 3 hours
- e. Data vendor must keep Connecticut's data separately in a dedicated server in vendor's production and managed environments
- f. Data access for both vendor's analysts and AHA's analysts will be restricted and/or managed via 'role based access control' (RBAC) capabilities

# Overview of APCD Data & Analytics Vendor Contract

## Main Highlights of Contract (continue)

### 2. Vendor Implementation & Payments

- a. APCD implementation has been carefully crafted along 9 service lines
  - i. Project Management (10 tasks)
  - ii. Data Security (18 tasks)
  - iii. Data Management Infrastructure (19 tasks)
  - iv. Data Collection (34 tasks)
  - v. Managed Environment (10 tasks)
  - vi. Data Management & Analytics (35 tasks)
  - vii. Consumer Research & Communication (6 tasks)
  - viii. Web Access (27 tasks)
  - ix. Business Sustainability Planning (5 tasks)
- b. In total, there are 164 tasks, to guide us initiate, monitor and complete
- c. Vendor payments are based on a select set of tasks, which are called milestones. There are 40 milestones that will form the basis for payments in the implementation time
- d. Operation year payments (partially) are also tied to meeting six (6) Service Line Agreements (SLAs) across production, managed and web environments

# Overview of APCD Data & Analytics Vendor Contract

## Main Highlights of Contract (continue)

### 3. Contract Duration

- a. As mentioned earlier this contract is for a duration of 5-year with an option for another 5-year period at a pre-determined costs
- b. Main reason – development funds for developing Connecticut-specific infrastructure came from CMS/CCIO; additional funding is not going to be available in the future.
- c. Other reason for long-term commitment is to protect investment in intellectual property (IP) and developing Connecticut-specific reporting package
- d. AHA also retained the right to any IP developed independently or jointly with vendor during the contract period
- e. Vendor is obligated to allow its IP and system to be licensed to AHA on agreeable terms & conditions, even beyond contract years if AHA desires to operate
- f. This is not a service only contract due to the substantial value placed on the IP component

# Overview of APCD Data & Analytics Vendor Contract

## Main Highlights of Contract (continue)

### 4. Business Sustainability

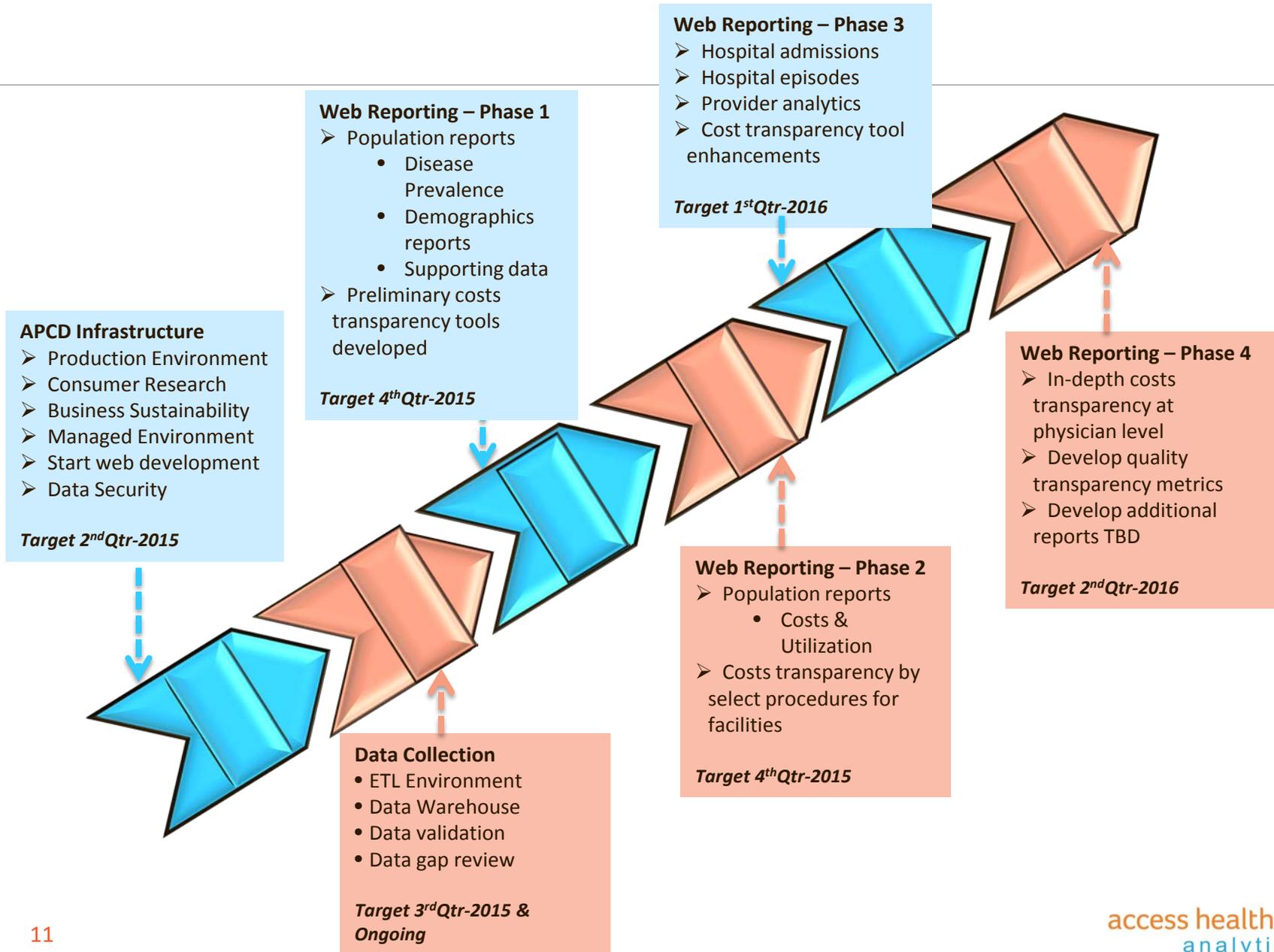
- a. AHA believes that the success of the APCD will rely a lot on self-sustainability
- b. Two (2) service lines address ways to identify self-sustainability using consumer research, survey and focus group approaches
- c. We also retained the services of proven expertise in developing business sustainability model, as part of the contract arrangement
- d. As part of the project implementation, we'll engage various stakeholders in the state to formulate medium- to long-term strategies to address revenue generation for CT's APCD
- e. We'll also approach state agencies to perform tasks that could contribute to self-sustainability in a win-win model for all parties

# Overview of APCD Implementation

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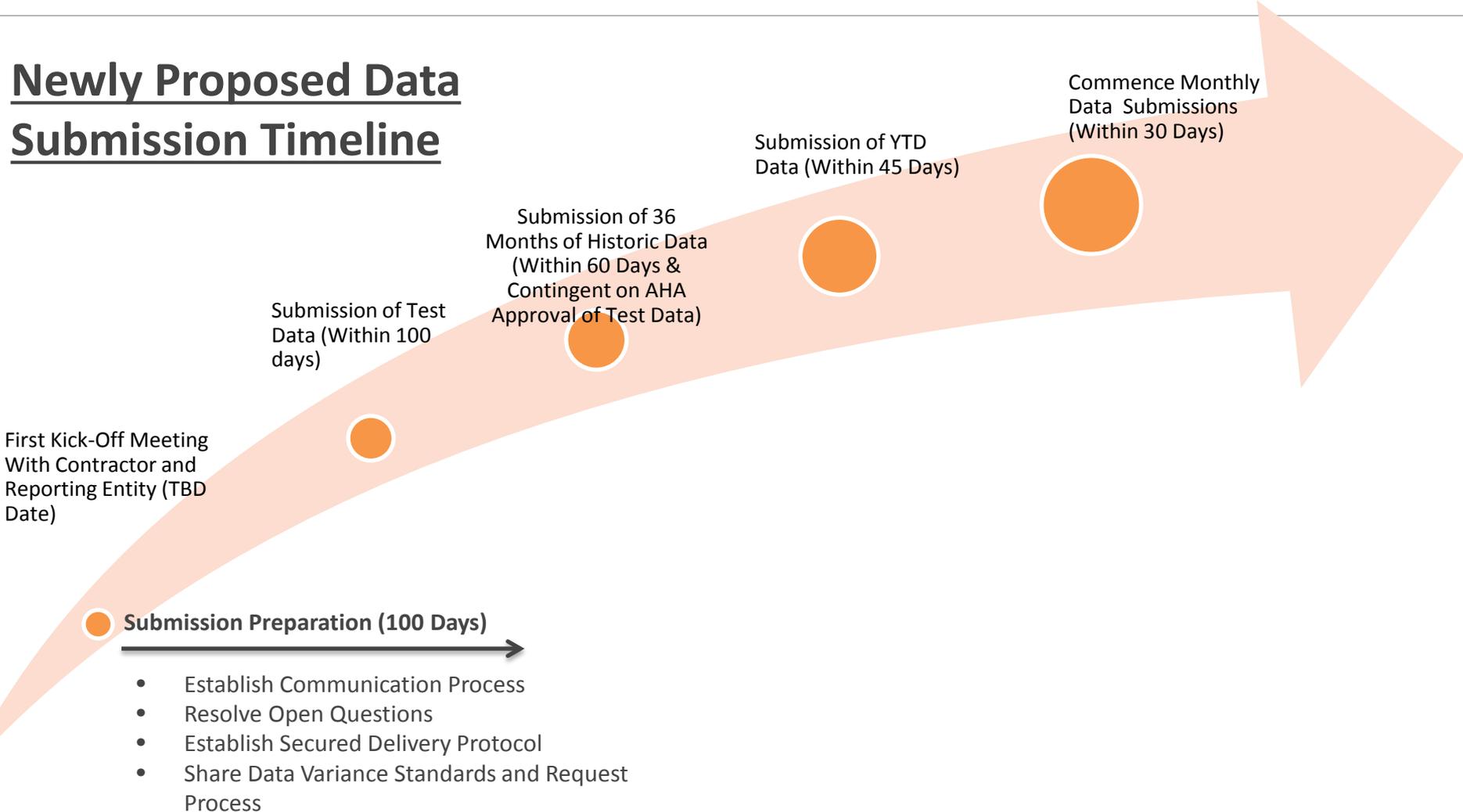
- 4 Releases within the contract
  - **Release 1** – Build APCD Infrastructure, including Managed Hosting Environment
  - **Release 2** – Develop ETL & Data Warehouse Infrastructure
  - **Release 3** – Develop Reporting and Analytics
  - **Release 4** – Develop Web Hosting Capability
- Implementation time for these releases will be 12-15 months from contract date

# Overview of APCD Implementation



# Overview of APCD Implementation

## Newly Proposed Data Submission Timeline



# Onpoint Health Data (OHD) Presentation

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## Presentation of OHD Capabilities

# Onpoint Background & History

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- Founded 1976 as an independent, nonprofit health data organization
- Based in Portland, ME
- 30 staff - systems and data analysts, QA analysts, intake and operations support, client account managers, others
- Mission - Advancing informed decision making by providing independent and reliable health data services
- Vision - Maintaining APCD market leader status; end-to-end solutions from aggregation and warehousing through analytics; expert in integration of new data sources

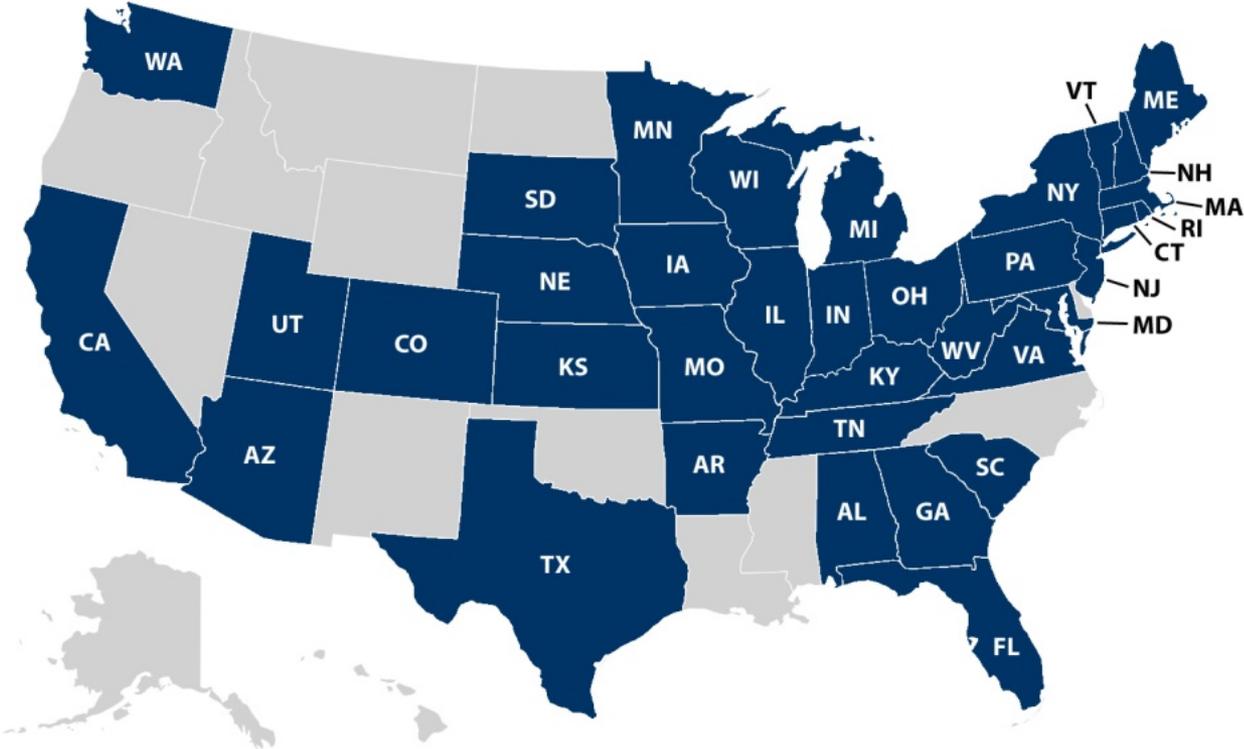
# Onpoint Background & History

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- Independent, 501(c)(3) based in Portland, ME
- Record of innovation
  - 1980s. Data organization supporting Dr. J. Wennberg's small-area variation studies
  - 1995. First-of-its-kind, multi-payer claims database for business coalition in Maine
  - 2000s. Developed Maine's APCD followed by 5 other states
  - 2006. First to integrate Medicare data into APCD
  - 2010. 3-state APCD integration for landmark variation study
  - 2013. Data and analytic support for Dartmouth Institute's multi-state Pediatric Atlas and Total Cost of Care studies
  - 2014. Claims-clinical data integration for VT Blueprint

# APCD Market Leader

More than 200 carriers currently providing data from 35 states



# Onpoint CDM - Highlights

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- Secure, encrypted data submissions initiated by “submitters”; both manual and automatic applications available
- More than 500 data-quality validations performed on data before it “passes” and moves on
- Data quality performed at multiple stages in the process
- Data elements standardized across all data sources for consistency
- Master Person Index (MPI) applied across all APCD data sources for consistency in analytics and reporting
- More than 15 standard algorithms available for data consolidation

# Onpoint CDM - Value-Adds

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- Master Provider Index, provider attribution
- Health status, diseases, condition assignment
  - CRG, ERG, HCC, CCS
- Services and utilization value adds
  - Type of service, inpatient flag, and length of stay
  - MS-DRG, APR-DRG, APC, APG, BETOS, CCS for procedures
  - Red Book®
  - Total Cost of Care (TCOC)
- Episode Treatment Groups
- Quality of care measures (e.g., HEDIS, AHRQ)

# Profile: Data Management Services

## Current APCD Client Metrics & Services (1 of 2)

METRICS & SERVICES FOR CURRENT STATE APCDs	MN	RI	VT
<b>Basic Metrics</b>			
Number of data submitters	78	15*	77
Data volume — Annual average records (in millions)	525	100*	68
Data types: Enrollment / Claims ( <b>M</b> edical   <b>PhaR</b> macy) / <b>P</b> rovider	EMR	EMRP	EMR
<b>Public Payer Integration</b>			
Medicare	◐	●	●
Medicaid	◐	●	●
<b>Core Services</b>			
Carrier communication and on-boarding	●	●	●
Initial and ongoing carrier registration	●	●	●
Secure upload and PHI encryption utility development	●	●	●
Data collection and validation in conformance with state regulations	●	●	●
Data QA (code validation, interrelationships, trends)	●	●	●
Incurred service claims consolidation algorithms (carrier specific)	●	●	●
Data specifications and submission schema	●	●	●
Master Person Index	●	●	●
Master Provider Index	◐	●	●
Data warehousing (relational structure)	●	●	●
Carrier and client communications, including related documentation	●	●	●
HIPAA-compliant data security	●	●	●

\* Estimated figures (RI implementation in full development in 2013)

○ Services not contracted    ◑ Very limited scope    ◐ Limited scope    ◒ Expansive scope    ● Full scope

# Profile: Data Management Services

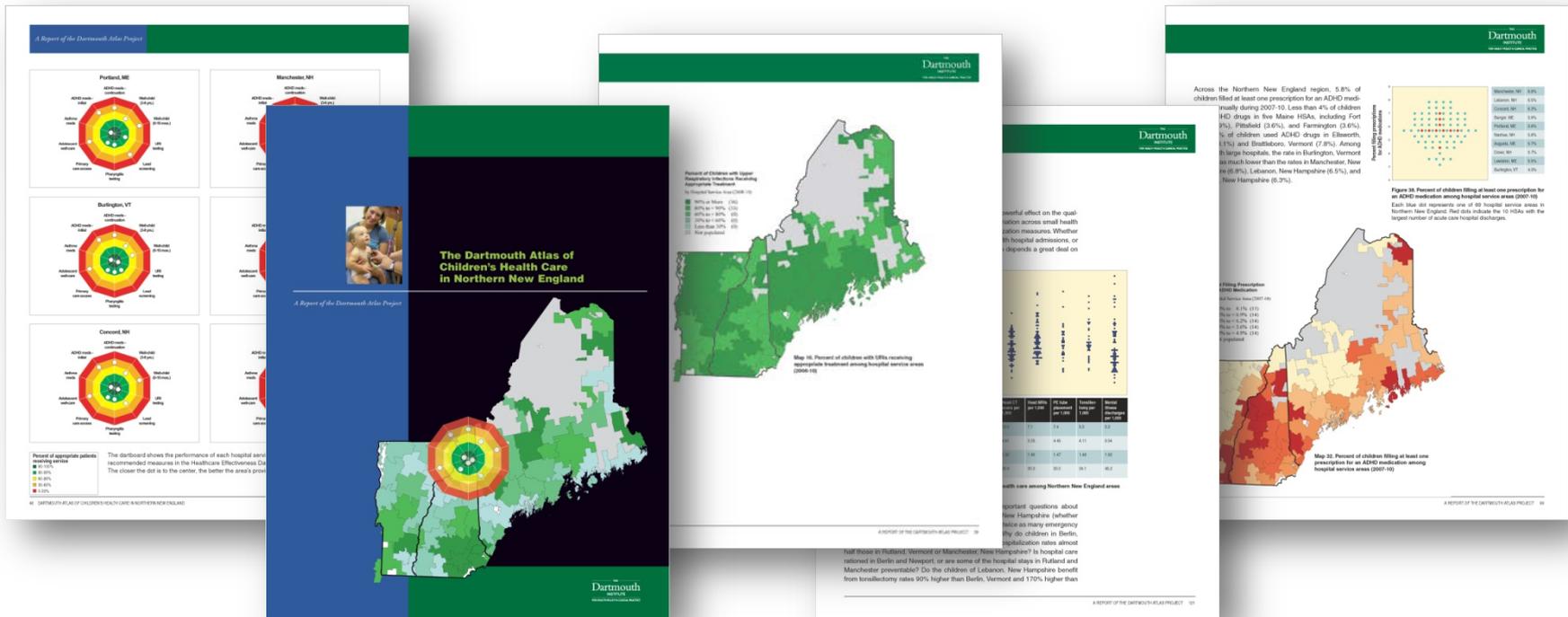
## Current APCD Client Metrics & Services (2 of 2)

METRICS & SERVICES FOR CURRENT STATE APCDs	MN	RI	VT
<b>Value-Added Services</b>			
Hospitalization identifier	●	●	●
Length of stay and patient age	●	●	●
Type of service indicator, special purpose flags, and use flags	●	●	●
Disease categorization	●	●	●
Drug class categorization	○	●	●
Provider type and specialty designation	◐	●	●
Diagnosis/procedure grouping	●	○	●
Risk scoring	○	○	●
HEDIS	●	○	●
Total Cost of Care	○	○	●
<b>Analytic Services</b>			
Customized reporting and analysis	◑	○	●
Program evaluation	○	○	●
Data linkage (claims and non-claims sources)	◐	○	●
Online reporting (including BI tools)	○	○	●
<b>Data Access Services</b>			
Remote access services	●	●	●
Restricted-use data set extraction and documentation	●	●	●
Public-use data set extraction and documentation	○	○	●
Data user support (online Collaboration Zone, webinar training, etc.)	◑	○	●

○ Services not contracted    ◐ Very limited scope    ◑ Limited scope    ◒ Expansive scope    ● Full scope

# New: Dartmouth Pediatric Atlas

Based on Onpoint's Integration of APCDs from ME, NH, & VT





# 2<sup>nd</sup> Circuit Court Decision

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Attorneys from Shipman & Goodwin will lead discussion

# Medicaid Data Status

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- Other state APCDs
- Update From DSS

# Introduction of Access Health CT Analytics Online

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Demo of Webpage, Newsletter

# Status of Subcommittees

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Policy & Procedures Enhancement Subcommittee

Data Privacy & Security Subcommittee

# Next Steps

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Medicaid Data in Various APCDs

State	APCD Agency	APCD Agency Type	Is APCD Agency the State Medicaid Agency?	Does APCD collect Medicaid Data?	Is Medicaid Data Submission required by Statute?	Statute Citation	APCD Agency Website
Colorado	Center for Improving Value in Health Care	501(c)(3)	No	Yes	Yes	<a href="http://www.leg.state.co.us/CLICS/CLICS2010A/csl.nsf/fsbillcont3/7772EFE1E998E627872576B700617FA4?Open&amp;file=1330_enr.pdf">http://www.leg.state.co.us/CLICS/CLICS2010A/csl.nsf/fsbillcont3/7772EFE1E998E627872576B700617FA4?Open&amp;file=1330_enr.pdf</a>	<a href="http://civhc.org/All-Payer-Claims-Database.aspx/">http://civhc.org/All-Payer-Claims-Database.aspx/</a>
Kansas	Kansas Department of Health and Environment	State Agency	Yes	Yes	Yes	<a href="http://kansasstatutes.legstate.org/Chapter_65/Article_68/">http://kansasstatutes.legstate.org/Chapter_65/Article_68/</a>	<a href="http://www.kdheks.gov/hcf/data_consortium/default.htm">http://www.kdheks.gov/hcf/data_consortium/default.htm</a>
Maine	Maine Health Data Organization	State Agency	No	Yes	Yes	<a href="http://www.mainelegislature.org/legis/statutes/22/title22sec8702.html">http://www.mainelegislature.org/legis/statutes/22/title22sec8702.html</a>	<a href="https://mhdo.maine.gov/">https://mhdo.maine.gov/</a>
Maryland	Maryland Department of Health and Mental Hygiene	State Agency	Yes	Yes	Yes	<a href="http://www.dsd.state.md.us/comar/getfile.aspx?file=10.25.06.02.htm">http://www.dsd.state.md.us/comar/getfile.aspx?file=10.25.06.02.htm</a>	<a href="http://mhcc.dhmh.maryland.gov/SitePages/Home.aspx">http://mhcc.dhmh.maryland.gov/SitePages/Home.aspx</a>
Massachusetts	Massachusetts Center for Health Information and Analysis	State Agency	No	Yes	Yes	<a href="http://www.mass.gov/chia/docs/g/chia-regs/114-5-21.pdf">http://www.mass.gov/chia/docs/g/chia-regs/114-5-21.pdf</a>	<a href="http://www.mass.gov/chia/apcd">http://www.mass.gov/chia/apcd</a>
Minnesota	Minnesota Department of Health	State Agency	No	Yes	Yes	<a href="https://www.revisor.mn.gov/rules/?id=4653">https://www.revisor.mn.gov/rules/?id=4653</a>	<a href="http://www.health.state.mn.us/macros/topics/stats.html">http://www.health.state.mn.us/macros/topics/stats.html</a>
New Hampshire	New Hampshire Department of Health and Human Services	State Agency	Yes	Yes	Yes	<a href="http://www.gencourt.state.nh.us/rsa/html/XXXVII/420-G/420-G-11-a.htm">http://www.gencourt.state.nh.us/rsa/html/XXXVII/420-G/420-G-11-a.htm</a>	<a href="https://nhchis.com/">https://nhchis.com/</a>
Oregon	Oregon Health Authority	State Agency	Yes	Yes	Yes	<a href="http://www.oregon.gov/OHA/OHPR/Pages/Statutes2009.aspx#Health_Care_Data_Reporting">http://www.oregon.gov/OHA/OHPR/Pages/Statutes2009.aspx#Health_Care_Data_Reporting</a>	<a href="http://www.oregon.gov/OHA/OHPR/RSCH/Pages/APAC.aspx">http://www.oregon.gov/OHA/OHPR/RSCH/Pages/APAC.aspx</a>
Tennessee	Tennessee Department of Health	State Agency	Yes	Yes	Yes	<a href="http://state.tn.us/sos/acts/106/pub/pc0611.pdf">http://state.tn.us/sos/acts/106/pub/pc0611.pdf</a>	<a href="http://health.tn.gov/HealthPlanning/index.shtml">http://health.tn.gov/HealthPlanning/index.shtml</a>
Utah	Utah Department of Health	State Agency	Yes	No	No		<a href="http://health.utah.gov/hda/apcd/index.php">http://health.utah.gov/hda/apcd/index.php</a>
Vermont	Green Mountain Care Board	State Agency	No	Yes	Yes	<a href="http://www.leg.state.vt.us/DOCS/2014/ACTS/ACT079.PDF">http://www.leg.state.vt.us/DOCS/2014/ACTS/ACT079.PDF</a>	<a href="http://gmcboard.vermont.gov/vhcures">http://gmcboard.vermont.gov/vhcures</a>

Sources: APCD Council (apcdouncil.org), state APCD agencies (listed above)