



**Department
of Health**

Transparency, Evaluation, and Health Information Technology Workgroup

Meeting #3

October 27, 2014

Presentation Agenda

#	Topic	Time	Leader
1	Welcome and Introductions	1:05 - 1:15	Patrick Roohan
2	Opening Remarks	1:15 - 1:20	Courtney Burke
3	Report on Legal Sub-workgroup	1:20 - 1:35	Hope Plavin
4	Summary of Comments Received on SHIN-NY Regulations	1:35 - 2:10	Steve Smith
5	APD Regulations Discussion	2:10 - 2:40	Chris Nemeth
6	Overview of Other State APCDs <ul style="list-style-type: none"> • APCD Council & NAHDO Meeting • Price and Transparency 	2:40 - 3:10	Mary Beth Conroy Stefanie Pawluk
7	Draft Workgroup Report Review	3:10 - 3:40	Patrick Roohan
8	Discussion and Next Steps	3:40 - 4:00	Hope Plavin



Legal Sub-Workgroup Report Out

Hope Plavin, Division Director
Office of Quality and Patient Safety

APD and SPARCS Data Collection

Does the State have the authority to collect Price Data from Health Plans, as proposed under the All Payer Database?

- Discussion:
 - Does a Health Plan's statutory obligation to provide claims data to DOH conflict with their contractual obligation to keep fee schedule information confidential?
- Questions to be answered include:
 - What are the specific confidentiality clauses in provider contracts?
 - Does collection of claims data pursuant the APD statute substantially impair the Health Plan's contractual rights to confidentiality of fee schedule information? Is collection of claims data under the APD statute necessary and reasonable to accomplish a legitimate public purpose? (Constitutional Contracts Clause analysis)

Does NYS law authorize the collection of Article 31 data as part of SPARCS, APD? - YES

All Payer Database (APD) - Data Sharing

Does sharing of Price Data from Health Plans, as proposed under the All Payer Database, implicate anti-trust or anti-collusion concerns?

Discussion

- Key to this determination is how information would be made available, to whom and its intended use (s).
- No Anti trust: if a) the data is not used for anti-competitive purposes; b) there is no collusion.
- Anticompetitive behavior will be policed in the normal manner under state law.

Statewide Health Information Network of New York (SHIN-NY)

Consent for adolescents:

- Currently, no “data segmentation”; providers have access to patient record; all or nothing
- Conflicting perspectives on how to best address
- Department of Financial Services will follow up on EOB issues

Opt-In versus Opt Out:

- New York State is an Opt-In state for access to personal health information available via the SHIN-NY. Explicit patient consent must be provided in order for a provider to access information.
- Opt-Out would allow all providers access to patient information as the “default”.

Liability Concerns:

- Inappropriate utilization of correct information
- Decisions based on erroneous information
- Potential downstream breach of PHI



Medicaid Data

1. Can Medicaid data be used by DSRIP PPS's for attribution and promoting population health?
2. Is identifiable data at the DSRIP PPS level for purposes of eligibility and utilization assessment by the PPS an allowable use of Medicaid data?

Discussion:

- Data sharing is best achieved with either a) patient consent or b) through use of de-identified data.
- Concerns were noted related need for past claims data for an individual to guide future interventions and or treatment.

Next Steps

- DOH has submitted a request to CMS to clarify further uses of Medicaid data.

Overview of Comments Received on SHIN-NY Regulations

Steven Smith, Director
NYS Health IT Coordinator
Office of Quality and Patient Safety

SHIN-NY Regulation 45-Day Comment Period

- September 3rd to October 27th
- Comments from 19 entities (as of 10/21/14)
- Currently cataloging and reviewing
- Anticipated that Reg will “substantively change”
- Additional 30 day comment period

SHIN-NY Regulation Comments – Major Themes

- Minor Consent
- Data Segregation
- Data Use: by Whom and for What
- Performance Monitoring: QEs and SDE
- Participation
- Support of DSRIP / SHIP
- Private QEs
- Consent: Opt Out / Totally Opt Out
- Accounting of Disclosures

APD Regulations Discussion

Chris Nemeth, Director
All Payer Database Development Bureau
Office of Quality and Patient Safety

Topics for Discussion

1. Data Collection
2. Process for Data Sharing – Mirror SPARCS?
3. APD Fees – how to best structure payment schedule for use of APD data
4. Penalties – reporting compliance and unlawful release of APD data
 - Tied in sections 12 and 12-d of the Public Health Law
 - Mirror SPARCS compliance, are they severe enough?

Revised Timeline Proposed for Regulations

Workgroup Review:

- Release draft to workgroup: November 3
- Receive workgroup comments through: November 10

Begin SAPA Process:

- Early 2015: Publish in State Register
- 45-day comment period
- DOH reviews comments; if substantial comments must re-release for 30-day comment period
- Final publication in state register (Target: August 2015)

Overview of Other States: APCD Council & NAHDO Meeting

Mary Beth Conroy, Division Director
Information and Statistics
Office of Quality and Patient Safety

What is the APCD Council?

www.apcdcouncil.org

- The All Payer Claims Database (APCD) Council is a learning collaborative of government, private, non-profit, and academic organizations focused on improving the development and deployment of state-based APCDs.
- The APCD Council is convened and coordinated by the Institute for Health Policy and Practice (IHPP) at the University of New Hampshire (UNH) and the National Association of Health Data Organizations (NAHDO).
- New York routinely participates in APCD Council webinars and informational sessions.

What is NAHDO?

www.nahdo.org

- The National Association of Health Data Organizations (NAHDO) is a national non-profit membership and educational association dedicated to improving health care data collection and use.
- Membership includes state and private health data organizations that maintain statewide health care databases and stakeholders of these databases.
- NAHDO is a cofounder and member of APCD Council.
- New York State is a long standing member of NAHDO and is represented on the NAHDO Board of Directors.

Conference Topics and Discussions

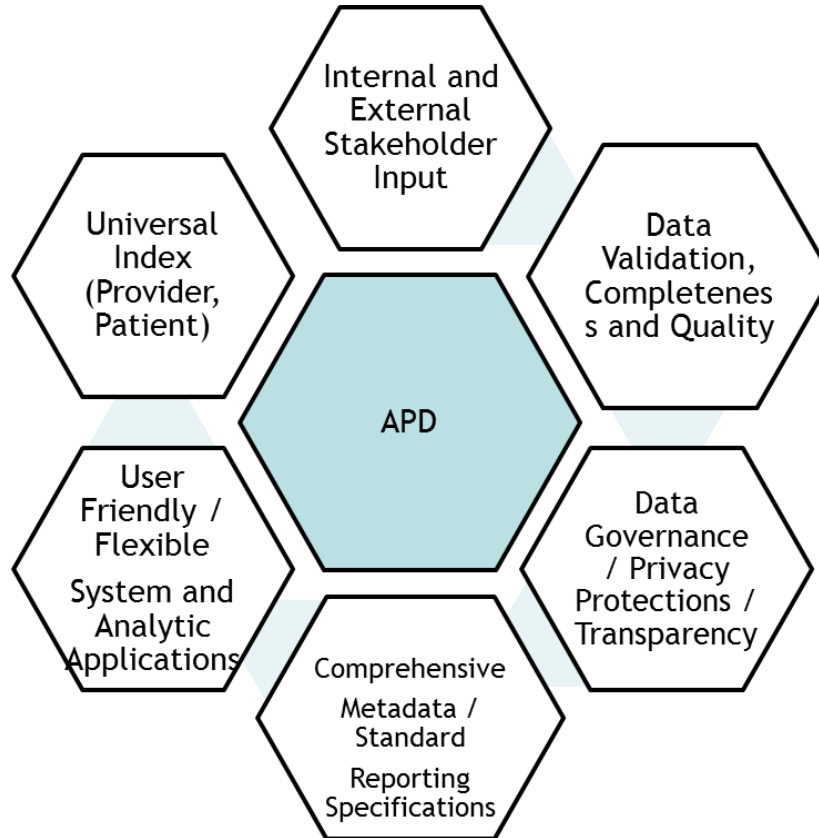
- State Cycle III (Price Transparency) & Rate Review Activities and Updates
 - 11 states represented; CMS and AHRQ also attended
- APCDs and Transparency
- Best Practices in Analytics; Data Quality; and Data Release
- Payers Perspectives
- Medicare's Transparency Activities
- CMS SIM & Exchange Investments to Build Data Infrastructures
- Data De-Identification / Privacy

Note: Direct link to all conference materials and audio: <https://www.nahdo.org/node/689>



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Conference Takeaways: “Data Ecosystem”



Overview of Other States: APCDs & Price Transparency

Stefanie Pawluk, Project Manager
Office of Quality and Patient Safety

Other States – Price Transparency

- The Catalyst for Payment Reform (CPR) issues a scorecard on states price transparency laws
- April 2014: 45 states received “F” grades – rigid criteria including function of website, if websites are mandated by law, etc.
- States receiving better than an “F”:
 - Colorado (“C”), Maine (“B”), Massachusetts (“B”), Vermont (“C”), Virginia (“C”)
- New actions from other states since the scorecard was released
 - Colorado now has a functioning site
 - New Hampshire’s site is back online (received an “F” in April)
 - North Carolina and South Carolina recently passed legislation
 - Washington has a new law mandating insurance companies create cost and quality comparison tools for members

To Access the CPR scorecard: <http://catalyzepaymentreform.org/how-we-catalyze/price-transparency>



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Colorado: Data Collection

APCD Includes:

- Medical, pharmacy, dental claims
- Member eligibility, benefit design, and provider information
- Commercial insurers, Medicaid, adding Medicare

APCD Excludes:

- Self-funded and self-insured business (will add in 2015)
- Non-Colorado residents

By 2015, it is anticipated that the APCD will contain claims data for the vast majority of Colorado's 4.2 million insured.



Colorado: Data Release

- APCD Reporting Tool: www.comedprice.org
- Includes price, quality, cost of care, utilization
 - Shows median prices paid for services at facilities
 - Has a calculator to estimate consumer out-of-pocket costs
 - Limited number of services: Total knee replacement, total hip replacement, uncomplicated vaginal birth, cesarean birth
 - Will add 30 new procedures in 2015, ambulatory surgery centers, and price estimates at the provider group level
- Hospitals have an opportunity to validate their information 30 days prior to publication on the website. Hospitals also had calls with CIVHC one on one to answer questions and address concerns.
- Planned Public Reports:
 - Named facility and provider group quality/price reports in 2014 (providers will have chance to validate and comment prior to publication)




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[Start](#) > [Search Results](#) > [Presbyterian/St. Luke's Medical Center](#)

Search Criteria

Cesarean Birth; Denver (80201); Private Insurance

[Search Again](#)

Presbyterian/St. Luke's Medical Center

 1719 E 19th Ave
 Denver, CO 80218

 [My Price](#)

Cesarean Birth Price at Presbyterian/St. Luke's Medical Center

 Estimated Price: **\$14,242** Patient Complexity: **Medium**

Insured prices include all payments for this service to the hospital, a provider or specialist, and other bills like lab, therapy, or anesthesia services. The estimated price includes all payments you and your health insurance plan may make if you are insured. For more specific price information for your health plan click on "**My Price**" in the upper right or contact your health plan directly.

Medicaid prices reflect the total price paid by Colorado Medicaid. If you have Medicaid, you will only pay a nominal copay. For more information, click [here](#).

Uninsured prices reflect full charges for the hospital, provider and other services. Providers often offer rates that are lower than full charges. Contact your provider for a more accurate price.

The estimated price is the median price which is similar to an average but is determined based on the "middle" number when ranked from lowest to highest. The price range shows how prices typically vary at this location. Learn more about how prices are calculated [here](#).

Note that Saint Joseph Hospital and Good Samaritan prices for private insurance are lower in part due to a high percentage of Kaiser patients which only reflect hospital payments. Additional bills for the provider and other services are not included. To view non-Kaiser prices at these hospitals, click on "My Price" to see if other insurance plans are available. Median prices for providers and other services or medical devices that are not a part of the prices shown for Kaiser are:

Uncomplicated Vaginal Birth: \$2,790
 Cesarean Birth: \$2,490
 Knee Joint Replacement: \$3,510
 Hip Joint Replacement: \$3,742

Birth events shown for Penrose Hospital were performed at St. Francis Medical Center. In future updates of this site, Penrose Hospital and St. Francis Medical Center will be displayed as one facility: Penrose – St. Francis Health Services.

Total Price Ranges at Presbyterian/St. Luke's Medical Center


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Massachusetts: Data Collection

- APCD includes:
 - Medical, pharmacy, dental claims
 - Member eligibility, benefit design, and provider information
 - Commercial insurers, TPAs, Medicare, Medicaid/MassHealth
 - October 2014 Administrative Bulletin: “It is CHIA's position that the claims data submission requirements for self-insured plans are not preempted by federal law. Therefore, payers must submit the required claims data for self-insured claims and information.”
- APCD Excludes:
 - Workers’ compensation, TRICARE, Veterans Health Administration, FEHBP, and private insurers with under 1,000 covered lives



Massachusetts: Data Release

- Data Privacy & Data Release Committees; public comment on applications
- Cost Containment Laws of 2012:
 - *“Except as specifically provided otherwise by the center or under this chapter, insurer data collected by the center under this section shall not be a public record...”*
 - *“...to the extent feasible, make data in the payer and provider claims database available to payers and providers in real-time; provided, however, that all data-sharing complies with applicable state and federal privacy laws. ...To the maximum extent feasible, the center shall also make data available to health care consumers, on a timely basis and in an easily readable and understandable format, data on health care services they have personally received.”*
- My Health Care Options reporting tool:
 - Quality Measures: Allow providers to review reports before they are released
 - Cost Measures: “Make efforts to display cost measures, to the extent possible, in ways that minimize harmful unintended consequences such as increased health care costs, collusion, introducing barriers to market entry, and other anti-competitive behavior.”



Massachusetts: “Get the Deal on Care”

- Effective October 1, 2014: MA is first state to require that insurers offer real-time prices by provider in consumer-friendly formats.
 - <http://www.getthedealincare.org/>
- Included in Price estimate:
 - Allowed amount or charge for admission, procedure, service
 - Facility fees
- The estimate is considered binding: if a provider charges a consumer more than the estimate, or the estimated range, then the insurer must make up the difference. However, insurers don't have to cover the cost of unanticipated medical care not included in the original estimate.

Harvard Pilgrim HealthCare Need Help?

Home Find care

Search for a doctor, service, or condition Searching near 02114. [Change](#)

Routine prenatal care and vaginal delivery You pay: **\$3,092 - \$3,250**

[Learn how we get prices](#) You pay an amount that includes completing your deductible and some coinsurance. [Learn more](#)

Refine your search Show results with prices only

Sort By: Distance: Type of delivery:

Least Expensive 25 miles Vaginal [More filters](#)

[Compare](#) 1-10 of 84 | [1](#) [2](#) [3](#) [4](#) [5](#) ... [9](#)

<input type="checkbox"/> Ryan, Mary, MD Gynecology, Obstetrics, Obstetrics & Gynecology In-Network Harvard Pilgrim Honor Roll Provider General Medical Center 5567 Pine Rd, Suite 100 Boston, MA 02114 (3 mi)	Typical price: \$7,391 Plan pays: -\$4,299 You pay: \$3,092
<input type="checkbox"/> Lollar, Mark W., MD Gynecology, Obstetrics, Obstetrics & Gynecology In-Network Harvard Pilgrim Honor Roll Provider Atlantic Medical Center 1328 Washington Ave, Suite 300 Boston, MA 02114 (0 mi)	Typical price: \$7,391 Plan pays: -\$4,299 You pay: \$3,092

[Show map](#)

Complete the Health Questionnaire

Harvard Pilgrim HealthCare

[Find out more](#)

Draft Workgroup Report Review

Patrick Roohan, Director
Office of Quality and Patient Safety

Report Timeline

Task	Deadline
1 Send Draft #1 to Workgroup	Thu. October 23
2 Workgroup Discussion of <i>Draft #1</i>	Mon. October 27
➔ 3 Workgroup feedback on <i>Draft #1</i> due	Fri. October 31
4 Send <i>Draft #2</i> to Workgroup (inclusive of edits)	Tue. November 4
➔ 5 Final Workgroup feedback on <i>Draft #2</i> due	Mon. November 10
6 Executive Approval Process begins on <i>Draft #3</i>	Tue. November 12
7 Report due to Governor and Legislature	Mon. December 1

Please send feedback, comments, or tracked changes to stefanie.pawluk@health.ny.gov



Thank You

Next Steps and Discussion

Action Item:

Please send comments on draft report to Stefanie.Pawluk@health.ny.gov by October 31

