Quality is Our Bottom Line

Program Review and Investigations Committee

Public Hearing

Tuesday, March 4, 2014

Connecticut Association of Health Plans

Testimony in Opposition to

H.B. No. 5373 AA IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE REPORTING OF CERTAIN DATA BY MANAGED CARE ORGANIZATIONS AND HEALTH INSURANCE COMPANIES TO THE INSURANCE DEPARTMENT.

The Connecticut Association of Health Plans must respectfully opposes HB 5373. While we sincerely appreciate the immense desire for data in today's health care arena, the additional reporting requirements required by HB 5373 would be extremely strenuous and time and resource consuming.

The Association has the utmost respect for the analysis and professionalism of the Program Review & Investigation (PRI) staff and the health plans have worked cooperatively with them during the research phase of the study that gave rise to these recommendations as well as other studies over the past decade. The health carriers have always found PRI to be thoughtful and thorough in their approach even if we must "agree to disagree" with some of their recommendations.

In this case, we would suggest that the Committee look to the All-Payer Claims Database (APCD) initiative currently underway for any new data needs instead of creating onerous new reporting functions. We can't lose sight that Connecticut, and the nation, are in the midst of an enormous implementation around the Affordable Care Act. While the Association is immensely proud of the work that's been done in Connecticut, it has been resource intensive and will remain so for the foreseeable future. At a time when carriers are doing their best to maximize efficiencies, it is difficult to support proposals that have the potential to duplicate existing efforts.

The health carriers have pledged to work with the APCD and are now in the process of developing, within the established policies and procedures, their first data submittal which is due this summer. While the APCD won't be "all things to all people" immediately, it is a central depository of data, from all payer sources, that we hope entities like PRI will look to in the future to find the data they seek.

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With respect to some of the specific criteria in the bill, there are challenges which give us concern:

- There is no uniform definition of co-occurring disorder that corresponds for purposes of data collection. Carriers had problems responding to this question in PRI's request for data when the study was underway;

- There are limits to what information carriers ***can*** provide in terms of treatment for substance use disorders by level of care. This information is something that is self-reported by the providers themselves;

- The ability to accurately state the percentage of such providers accepting new clients is likewise subject to self-reporting by providers. Unfortunately, open practices are not something that can be tracked with accuracy – providers' schedules change from week to week and they may be accepting new patients on one day and not another. If providers notify carriers that their practices are full, the carrier will remove them from the on-line network directory. This measure is particularly problematic though the carriers understand the frustration that gives rise to the recommendation;

- Again, the provision which speaks to the age ranges treated by various providers is not a standard default and is subject to self-reporting. Depending on the needs of a member, some providers will treat various age ranges for one diagnosis, but not for another;

- While the carriers appreciate the recognition of provider capacity issues raised by some of the requested data items, carriers are limited in their ability to respond as such requests since it is not necessarily uniformly collected i.e., single case agreements;

- While carriers again understand the reasoning behind a request for county specific data, some frankly, do not currently have the capacity to run their data in that manner. Please keep in mind that carriers may have multiple data platforms for different segments within their business operations and such platforms do not necessarily operate in the same manner even within a given carrier. IT systems can inhibit even the best intentions to report accurate date and that is why the Association is supporting the efforts of the APCD ~ so that there is one certified repository where data is submitted in a uniform fashion.

- And finally, while the industry has a good working relationship with the current Office of the Health Care Advocate, it is not appropriate that uniform permission be granted to that office to view information marked "proprietary and confidential" by carriers. The Connecticut Department of Insurance is the industry's regulator and as such they are responsible for, and bound by, specific statutory obligations that are essential for a health regulatory environment. Again, the industry submits that such provisions provide for a duplication of authority which the Association respectfully opposes.

Thank you for your consideration.