# Health IT Update

CT Health Data Collaborative November 1, 2017





## **Near-term Activity Timeline**





### What Data Are 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

Claims submitted in standardized



Total Volume\*

Medical Claims: Over 75 million claims \$30 billion paid by carriers

Pharmacy Claims: Over 129 million claims \$11.9 billion paid by carriers 42.6 thousand unique drug codes

#### **Entities Reporting Data**

- Caremark
- Express Scripts\*\*
- United Health
- Connecticare
- Aetna
- Anthem
- Cigna
- WellCare
- Harvard Pilgrim
- Healthy CT



Claims Dates Claims span CY2012 – CY2017. Data submitted monthly

format established by APCD

**Reporting Format** 

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



### APCD – Data Available for Release







Health Information Technology Office Allan Hackney, <u>allan.hackney@ct.gov</u>

Health IT Advisory Council Website

http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council

