

DRAFT MINUTES

State Consumer Health Information and Policy Advisory Council Meeting

Date: *March 24, 2016*

Time: *10:00am –2:30pm*

Location: *Agency for Health Care Administration, Conference Room A*

Members Present: Secretary Elizabeth Dudek; Kim Streit, Chair; Laura Brennaman, PhD; Laura Cantwell; Diane Godfrey; Phil Street as a proxy for Paul D. Myers; Tammy Perdue; Chris Struk; Jill Sumfest, MD; Wences Troncoso; Karen van Caulil, PhD; Michael Wasyluk, MD, and Tracy Yacobellis.

Members Absent: Paul D. Myers; and Mary Beth Vickers

Staff Present: Molly McKinstry, Deputy Secretary; Nikole Helvey, Bureau Chief; Beth Eastman; Heidi Fox; Nancy Tamariz; Jennifer Miller; Gloria Baker; Adrienne Henderson; Kathy Pilkington; Arlene Schwahn; Cindy Kucheman; John Kane; Matt Brackett; Jess Hand; Aaron Parsons; Grace Fletcher; Carrie Gaudio; Adrienne Henderson; Pam King; Vance Burns; Dana Watson.

Interested Parties Present: Cassandra Garza; Ashley Ramnanne; Mike Wesslil; Jarrod Fowler; Mark Alexander; John Viele; Steven Mindlin; Benjamin Browning; Casey Stoutamire, Beverly Carr; Steve Grigas; Kate Doyle; Lecra Behenna; Ellen Anderson.

Media Present: Jeff Schweens, Tampa Tribune; and Christine Sexton, Politico.

Call to Order, Welcome and Roll Call: Chair, Kim Streit called the meeting to order and welcomed attendees and members and took roll call.

Review and Approve Meeting Minutes: Chair Streit called for review and approval of the December 18, 2015 draft minutes. Ms. Diane Godfrey made a motion to approve and Mr. Chris Struk seconded the motion. The Council voted to accept the minutes with no objections.

Agency Update: Ms. Elizabeth Dudek, Secretary of the Agency, gave the Council an update on the Health Care and Hospital Funding Commission. She told the Council that the Commission had met several times and had watched many presentations regarding health care cost savings and transparency regarding patient and actual procedure costs. The Secretary told the Council that the Legislature had passed a Telehealth bill and that the Agency for Health Care Administration will soon have the ability to move forward with the implementation of diagnosis related groups (DRG) for outpatients.

Health Information Exchange Coordinating Committee (HIECC) Update: Ms. Heidi Fox reported that the HIECC is a sub-committee to the State Consumer Health Information and Policy Advisory Council which meets quarterly. The next scheduled meeting of the HIECC is Friday, March 25, 2016. She reviewed the upcoming HIECC agenda, noting that the committee would be presented with changes to the Event Notification Service agreement. Ms. Fox told the

Council that the Health Information Exchange Legal Work group would be meeting to discuss changes to the Event Notification Service (ENS) agreement. She went on to report that the HIECC would review the results of a Health Information Exchange (HIE) survey that had been sent out to the HIE stakeholders. Chair Streit requested that the survey be shared with the stakeholders again, only with a copy of the preliminary results attached.

Florida Center Update: Florida Center for Health Information and Policy Analysis, Bureau Chief, Nikole Helvey reported that since the last meeting of the Advisory Council, the Health Care and Hospital Funding Commission had completed its mission and held its final meeting on January 19, 2016 where it completed an overarching summary of the Health Care Transparency issue. The Commission held a total of 15 public meetings all over the State of Florida. The Commission heard from hospitals and other interested parties, including consumers of health care throughout the state about their experiences with hospitals and the billing processes involved.

A copy of the Commission's summary document was delivered to Governor Rick Scott's office and is available on the Commission website (www.healthandhospitalcommission.com). She noted that the website is home to the studies and reports the commission considered when developing its summary.

Ms. Helvey shared the top three findings of the commission. First, healthcare markets are not normal "free-market" subsidies; second, consumers are shielded from health care's actual costs; and third, traditionally healthcare is paid with a fee for service methodology which encourages volume over value and is not very efficient.

Ms. Helvey next noted that \$28.5 million was allocated in the 2014-2015 State Appropriations report to provide grants to community providers to offset emergency room utilization and increase access to primary care. The grants are to be used primarily for uninsured and underinsured residents throughout the state.

The Agency issued a Request for Application in September, 2015. There were a total of 61 grants awarded to Federally Qualified Health Centers (FQHC), county health departments and community health care clinics, including free and charitable clinics. The awards ranged in size from \$38,000 to the maximum allowed \$1.5 million. She noted that the Agency was busy executing 55 of the award agreements with some very helpful programs including, dental care for adults with chronic disease, programs for women and children with special needs and expansion of clinic hours to allow the uninsured to see a provider without having to miss work.

Ms. Helvey reported that the awardees that are unable to spend the entire grant within the 2014-2015 fiscal year will be able to carry over the funding into fiscal year 2016-2017.

Ms. Diane Godfrey inquired how many grant applications the Agency received and if the grant awards were distributed equitably throughout the state. Ms. Helvey responded that the Agency received 146 applications and that the 61 grants awarded were distributed covered

most of the state. She noted that many of the requests were multi-county requests or multi-hospital collaborations. Dr. Brennaman inquired if the grants awarded were posted on the Agency website. Ms. Helvey responded that currently, there was no listing; however the Florida Center would look into posting the grant information. Mr. Phil Street asked what happened to the funding that had been awarded to the 6 projects that dropped out. Ms. Helvey stated that the remaining funds were combined and awarded to one more project.

Chair Streit asked what type of data the Agency would be collecting from the grantees to evaluate the programs and if the data would be shared on the website? Ms. Helvey responded that with the variety of programs and activities, there would be a few elements that could be consistently collected from the awardees such as volume of services provided, or the individual costs per service, and the number of unduplicated patients are served with the funding.

Ms. Fox added that the awardees had been sent a set of data questions to be submitted to the Agency with their invoice that would be universal to all of the applicants.

Long Range Plan Update: Ms. Nancy Tamariz provided a report on the Long Range Plan Updates. She reported that one of the goals was to look at new ways to reach out to the ambulatory facilities. She said that one of the goals of the Florida Center was to replace its current auditor system. She noted that after much research and communications the auditor system may be in use at the Agency by the end of April. She said that the Agency is considering working with the Florida Hospital Association to showcase the new auditor software and that the software vendor does intend to market the tool. Ms. Tamariz reviewed some of the new audit tool's abilities.

Next, Ms. Tamariz reported that the ICD-10 codes had been implemented in the past year, and the 4th quarter reports are now utilizing ICD-10. She said that the state is approximately 35% certified in inpatient and outpatient facilities. Many of the facilities have not realized the changes required to reporting requirements. Ms. Tamariz described how the Agency is working with facilities to help them meet the requirements.

She told the Council that the last meeting with the workgroup was in December 2015, where ICD-10 requirements were reviewed. She noted that the Agency was considering decreasing the certification time to 4 months once the auditor is installed and working properly.

Chair Streit commented that gathering data is challenging, specifically when the rules are changing. She thinks that the decrease in the time limit for inpatient and outpatient reporting is a very lofty goal. She noted that in the past, the reporting hospitals had gathered with the Agency employees to work through challenges with the new auditor tool. She suggested that the Agency repeat the exercise with the reporting hospitals. Ms. Helvey shared that there is a quarterly meeting between the Agency and the reporting hospitals, but it would be good to bring them all together separately from the quarterly meeting. Ms. Tamariz informed the Council that some of the reporting hospitals' vendors only provide the hospitals with opportunities to make changes to their reporting systems annually, or bi-annually. The current

reporting systems are set up to run the reports as required in rule. Ms. Diane Godfrey stated that vendors are more willing to change when they have a number of facilities and providers requesting the changes, or if there are new changes in the Laws of Florida or rule. She noted that Florida Hospital has used the Agency's auditor tool often and was very pleased with it. She said that they are looking forward to the update being available. Ms. Godfrey also stated that she would like to see reporting from the ambulatory surgery centers reporting, even if they are reporting less than 200 encounters every quarter. She noted that without the ambulatory data, there are a lot of encounters and a lot of data being left out which would help in reviewing costs. An ambulatory surgery center could have up to 799 encounters annually that would never be included in state data due to the surgery center's reporting exemption. Ms. Tamariz responded that in the past, the Small Business Regulatory Council attempted to change the exemption through rule changes; only to have the changes not be approved. She stated that the Agency could look at the issue again.

Ms. Eastman next reported that another goal is to improve Transparency. She said that the Florida Center will work closely with the Advisory Council to improve and expand health care information made available on the FloridaHealthFinder website; including utilization, pricing and quality measures for hospitals and ambulatory surgery centers. She said she anticipates quality measures to be issued by the Centers for Medicare and Medicaid Services (CMS) for the centers.

Ms. Eastman briefly discussed one of the issues in House Bill 1175 on Transparency; at the time of the meeting the bill had yet to be signed. She said that the parts of the statute that were removed were: the requirement to have 150 conditions and procedures; as well as ranges of charges. She said that now is a good time to reconsider what is being posted on FloridaHealthFinder and focus on fewer key measures, conditions and procedures, along with the pricing information.

Ms. Eastman told the Council that other state and national websites were being reviewed as well.

In regards to marketing the website, Ms. Eastman reported that the monthly count for website visits is higher now than at any previous time. She said there has been a 17% increase in the number of visitors since last year. She contributes some of the increase to the weekly webinars that have been given. This year, there have been 16 webinars with 384 attendees.

Next, Ms. Eastman thanked Council member Laura Cantwell, with the AARP for facilitating and interview with Bureau Chief and Council member Ms. Nikole Helvey on a Jacksonville area channel. Dr. Brennaman also assisted in the development and implementation of a FloridaHealthFinder webinar.

Chair Streit inquired how the FloridaHealthFinder is handling the coding change from ICD-9 to ICD-10. Ms. Eastman responded that the vendor IS Consulting, is working with their

subcontractor, 3M, to group the data with the ICD 10 and then merge it with the ICD-9. She stated that the Agency has not seen any gaps in the system.

Chair Streit commented that the site is a fantastic resource for researchers and doctors. She suggested that everyone on the Council go to the site and look around.

Dr. Karen van Caulil inquired how an organization can go about setting up a webinar and how a webinar would then be advertised. Ms. Eastman responded that a request for webinar form is posted on the FloridaHealthFinder website. The Agency also utilizes the Medicaid provider alert system, which attracts the most attendees. The Agency also has a Facebook page, as well as other social media avenues to post information about the webinars.

Dr. van Caulil suggested the Agency draft emails regarding upcoming webinars and the Council members can share them with their organizations and known interested parties. Ms. Eastman thanked Dr. van Caulil for the suggestion and told the Council that at the end of each FloridaHealthFinder webinar, the participants are asked to complete a short survey which is providing great feedback.

Ms. Godfrey asked if any of the comments included ideas of things to include on the website that were not already on the site. Ms. Eastman responded that the bulk of the comments or questions covered issues already included on the site. Ms. Godfrey asked if any of the comments or feedback included requests for specific data that the user was unable to locate on the site. Ms. Eastman responded that she didn't believe she had seen feedback of that type. Ms. Helvey added that in the next year, the FloridaHealthFinder would include consumer surveys to develop some focus groups to determine what information people are seeking. Chair Streit asked if the website still included a feedback button. She would like the Council to see the results.

Ms. Godfrey inquired if there is a text box for comments or simply a check button for a "yes" or "no" question. Ms. Eastman stated that at the current time there are check boxes pertaining to if the user found the site useful and would they send a friend or relative to the site. She noted that the feedback portion of the web could be expanded to include text.

Ms. Molly McKinstry commented that the Agency is always reviewing and making changes to the Agency's websites in order to enhance the user's experience. She said the Agency wants to know how the consumer feels about the site and if the website can assist those working in licensure or working in the field. She told the Council that consumers want easier tool to use on the website. She used the example of an assisted living facility tool on the FloridaHealthFinder as a very successful tool that consumers have been very pleased with. She said that the Agency website is updated regularly.

Council member Tracy Yacobellis inquired if there is a notification system built into FloridaHealthFinder to let people register for updates. She commented that websites are hard

to negotiate and that she would like to see the inclusion of videos on the website. Ms. Eastman replied that this project is in the works.

Ms. Heidi Fox spoke to the Council next about the Florida Health Information Exchange (HIE) and its current state and goals. She began by telling the Council about the Event Notification Services (ENS) which sends ADT provider alerts to organizations registered for the service. There are currently 205 data sources and the Agency's goal is to have more than 20 subscribing organizations participating. She reported that there are 10 large participants on the Patient Look-Up service, connecting 426 organizations, with a goal to increase this number by 10%. The Agency is increasing the goal for providers e-prescribing from 70% to 75%. Ms. Fox reported that there is a goal to increase the number of eligible providers attesting to the adoption of a new Electronic Health Record (EHR) and to the meaningful use of their EHR. She said that in the first quarter of 2016, the number of eligible providers using EHRs has increased by 180. The total unique providers participating in the Medicaid EHR incentive program in Florida is approximately 7,500. Ms. Fox noted that these numbers do not include the providers enrolled in the Medicare EHR Incentive program.

Ms. Fox reported that specifications for an upcoming procurement are being considered for the Florida HIE Services. The current contract with Harris corp. for the infrastructure is a no-cost contract that will be concluded in the summer of 2017. Harris is able to implement the project by collecting fees from users of the HIE services.

The Agency met with the Patient Look-Up Service participants to identify their wants and needs for Health Information Exchange, as well as the Florida Department of Health (DOH), the Florida Blue, the Florida Medical Association, and Health Choice Network, a network of federally qualified health centers. The Agency also met with Commonwealth, a network of HIE vendors building an exchange. The discussions were centered on the value proposition for the services moving forward.

Ms. Godfrey inquired who was currently online and if other participants were close to going live. Ms. Fox responded that Community Health IT would be live soon and would be allowing other organizations to join the PLU on the CHIT service.

Dr. Sumfest inquired who was getting the data and what they are using it for. Ms. Fox told her that the Florida HIE ENS service was receiving very positive feedback.

Legislative Update: Ms. McKinstry spoke to the Council about the 2016 Legislative Session. She began the report with a list of what legislation didn't pass. The ambulatory surgery center/recovery care center bill to extend the center's hours; language to repeal parts of the Certificate of Needs statutes; and language regarding Physician Orders for Life-sustaining Treatment (POLST) did not pass.

Ms. McKinstry next gave brief descriptions of the following legislation affecting the Agency that did pass the legislature. She discussed mental health and substance abuse legislation; direct

primary care legislation; balance billing legislation; telehealth legislation and the transparency bill in healthcare legislation. She noted that these bills had yet to be signed by the Governor, but the Agency is moving forward to plan for the implementation of the bills.

Improving Transparency: Bureau Chief Nikole Helvey gave the Council a brief report on House Bill 1175 relating to Transparency. She began by telling the Council that the act is intended to promote health care price and quality transparency to enable consumers to make informed choices regarding health care treatment and improve competition in the health care market.

Next, Ms. Helvey shared the new website requirements for facilities licensed under Florida Statute, Chapter 395. The sites must contain pricing and information about average payments from insurance plans for defined service bundles; information on billing and collections policies; information about contract providers who may bill separately and may be out of the consumer's health insurance network; information about and links to insurance plans for which the facility is a participating network provider; and a direct link to quality data published by the Agency.

Facilities are also required to provide, within 7 business days, pretreatment cost estimates in writing or electronically, non-adjusted charges for defined service bundles, or more personalized on request. The estimate must include detail facility fees, inform patients about contract providers who may bill separately, and inform consumer to contact their health plan for copayment and cost-sharing information, as well as information on financial assistance, billing, and collections policies. Facilities may be fined \$1,000/day up to \$10,000 max.

The legislation also made changes to post treatment statements or bills. First, the bill must be provided within 7 business days of discharge or request. The statement must detail all services provided by date and provider; identify and explain the purpose of facility fees; list all items as paid, pending payment by a third party, or pending payment by the patient – and must include an amount and due date for any patient balance. The statement must also direct the patient to contact their health insurer for information on cost-sharing responsibilities; and include contact information for patient billing liaison. The facility must also have available within 10 business days, records to substantiate billing provided on their site or in an electronic state. Finally, facilities must have a method to respond to billing questions within 7 business days.

The legislation requires urgent care and diagnostic imaging centers to post a schedule of charges, with a daily fine \$1,000 up to \$10,000 max. Health care practitioners, for non-emergent procedures must provide a written, good-faith estimate including non-discounted charges, within 7 business days with a penalty of \$500 per day up to \$5,000 max.

Ms. Helvey also reviewed the new requirements for health insurers and health maintenance organizations (HMO). Insurers and HMOs must make available on their websites a method for policyholders to estimate copayments, deductibles, and other cost-sharing responsibilities, by the defined service bundles which shall be calculated according to individual policy and known plan usage during the coverage period, and can be calculated based on a more personalized

estimate received from a health care facility. Their websites must include a hyperlink to quality information published by the Agency. Insurers must also inform all policyholders of availability of this new information.

The legislation also provides that the Agency shall procure a vendor to set up and maintain an all claims payer database (APCD). Each health insurer that participates in the state group health insurance plan or Medicaid managed care shall contribute all claims data from Florida policyholders held by the insurer and its affiliates to the contracted vendor. Health insurers shall submit Medicaid managed care claims data to the vendor beginning July 1, 2017. The database will exclude claims for the following: accident or disability income insurance; liability insurance, including general, supplemental, and automobile; worker's compensation or similar claims; automobile medical payment insurance; credit-only insurance; onsite and pre-paid health clinics; limited scope dental or vision benefits; long-term or community based care; disease specific insurance; hospital or other fixed indemnity insurance; and Medicare Supplemental health insurance.

The legislation also changes the name of the Florida Center from the Florida Center for Health Information and Policy Analysis to the Florida Center for Health Information and Transparency. The Florida Center must contract with a vendor who can provide a consumer-friendly, internet-based platform that allows a consumer to research the cost of health care services and procedures and allows for price comparison.

Ms. Helvey reported that the Agency must consult with contracted vendors, the State Consumer Health Information and Policy Advisory Council, and other public and private users regarding the types of data that should be collected and the use of such data. The Agency must also establish by rule the types of data collected, used or shared; the requirements for implementation of the consumer-friendly internet platform; the requirements for submission of data by health insurers and HMOs to contracted vendor, the requirements for data collection by contracted vendor; and information on how information is to be published on the consumer-friendly internet platform.

Ms. Helvey told the Council that the legislation provided for no changes to the membership composition or terms of service. The legislation does provide for the following Council duties and responsibilities: develop a mission, goals, and plan of action for identification, collection, standardization, sharing, and coordination of health-related data across federal, state, and local government and private sector entities; develop a review process to ensure cooperative planning among agencies that collect or maintain healthcare data; and create ad hoc technical workgroups as needed.

Ms. Eastman next spoke to the Council about the data that FloridaHealthFinder currently has and what the Agency would like to have more of. She noted that there is not much data regarding mental health treatments on the website. She reported that the Agency gathers some of its data from the Center for Medicare and Medicaid Services, including the hospital compare data, such as patient satisfaction and infectious data. Ms. Eastman said that if a

person queries the website for psychiatric treatment, they may see some data, but not much. Ms. McKinstry commented that due to a Mental Health bill that passed the Legislature, the Agency will reach out to the Department of Children and Families to obtain more data.

Chair Streit suggested a day long workshop to determine how to move the FloridaHealthFinder website forward. Ms. Helvey requested that she email her more information on what she would like a workshop to include.

Ms. Godfrey commented that when looking at a facility she would like to see what types of mental health treatment it has; such as geriatric psychiatric or medical psychiatric.

FloridaHealthFinder: Chair Streit led the discussion on the Mission-to-Care website. She stated that the Florida Hospital Association (FHA) had developed the missiontocare.com website based on price, quality of care and outcomes. She said that the site includes data from average charges, payments, length of stay and outcomes. The site has information of the top 50 diagnosis-related groups (DRG) with no complications. The Florida Hospital Association's board determined that they were attempting to make the DRG descriptions more consumer-friendly. She suggested the Council go to the website and look at the information on the FHA website before considering what to change or update on the FloridaHealthFinder site.

Ms. McKinstry noted that when restructuring the FloridaHealthFinder, the Agency must first determine what families want to know. Council members suggested that while the price of procedures is important, it needs to be linked to quality outcomes. They also suggested including a listing of skilled professional mix the facilities have. A cost/quality value calculator was suggested as well. Ms. Helvey told the group that the Florida Center will speak with consumer and focus groups as well as the users, prior to the day long workshop. Ms. Eastman noted that the Florida Center can also review past focus group information.

Ms. Helvey inquired how the Agency should market FloridaHealthFinder; noting that consumers do not know that the website exists. The Council members suggested using social media to market. The members also suggested the development for an application to use on smart phones. Ms. McKinstry responded that there is currently an application available but that it needs to have some enhancements. She suggested that the requirement of a current application could be included in any future procurement for developers.

Data Collection: Social Security Numbers: Ms. Tamariz reported that social security numbers from the Agency's data are used to link other sources for data for the following research and surveillance activities:

- Florida Department of Health's Birth Defects Registry – multiple data sources are linked to create a comprehensive birth defects registry (lab reports, medical records, and Vital Statistics data)

- Florida Department of Health’s Emergency Services Data Mart- multiple data sources are linked to analyze and describe pre-hospital mortality and morbidity to improve patient care (Emergency medical services and rehab data)
- Florida Department of Health’s Injury Prevention - multiple data sources are linked to analyze and describe injury and injury mortality and develop prevention strategies that reduce the volume and severity of injury in Florida.
- Florida Department of Health’s Duval County Surveillance Project- multiple data sources are linked for surveillance activities to help reduce excessive emergency room utilization for chronic diseases (Vital Statistics, ER Diversion, WIC, and Clinical Services data)
- Medicaid Child and Maternal Health Status Project– multiple data sources are linked to examine pregnancy and birth outcomes (Vital Statistics and Medicaid data)
- Medicaid Disparities in Access to Child Mental Health Services Project- data sources are linked to examine the psychiatric services provided in the emergency departments (Medicaid Pharmacy Claims data)
- State Fire Marshal Firefighter Injury Research and Safety Trends Surveillance- multiple data sources are linked to examine injuries of firefighters (Worker’s Compensation and Fire College data)

Council members commented that it is becoming more difficult to gather patient social security numbers. Patients are more resistant to share their information. Ms. Godfrey suggested collecting only the last 4 digits of a patient’s social security number. Ms. Tamariz responded that the last 4 digits are simply not enough for a deterministic match. Representatives for the Department of Health (DOH) in the room and on the phone confirmed to the Council that DOH needs the use of the social security numbers to match patients across registries. They ensured the Council that social security numbers are never exchanged.

Chair Streit remarked that there are states that outlaw the use of social security numbers. She suggested that there needs to be more research and consumer input. Ms. McKinstry stated that this is a national HIE issue that requires more research. The Council suggested that the Agency reach out to the states who have outlawed the use of social security numbers to determine how they handle matches. Ms. Tamariz reported that there would be a subcommittee and asked Council members to contact her if they were interested in participating.

Next Steps and Public Comment:

There was no public comment.

Adjournment

There being no further discussion the Advisory Council adjourned at 2:30.