**Council members present:** Ms. Fay Donohue (Chair); Ms. Lauren Peters, designee of Secretary Marylou Sudders, Executive Office of Health and Human Services; Ms. Elizabeth Denniston, designee of Secretary Michael Heffernan, Executive Office for Administration and Finance; Commissioner Gary Anderson, Division of Insurance; Executive Director David Seltz, Health Policy Commission; Dr. Meredith Rosenthal; and Mr. Eric Gold, Office of the Attorney General.

Noting the presence of a quorum, Ms. Donohue called the meeting to order at 2:04 p.m.

1. **Welcome and Approval of Prior Meeting Minutes [VOTE]**

Comments were solicited on the prior meeting’s minutes. Hearing no objections, Mr. Anderson made a motion to approve the minutes. Mr. Seltz seconded. The minutes were unanimously approved.

1. **Finance Committee Update**

Mr. Campbell updated the Council on the Finance Committee meeting held on November 15, 2017. He explained that the Committee discussed the Fiscal Year (FY) 2019. Mr. Campbell noted that he would provide the Council with an update on the budget process once the budget proposal was submitted to ANF.

1. **CompareCare Transparency Website**

Mr. Campbell proceeded to walk the Council through the status of the CompareCare transparency website being built by CHIA.

Mr. Campbell noted that the website is still not open to external beta testing due to an issue with the website vendor’s contractor. The vendor, RainCastle Communications, and CHIA are currently working on a solution. A discussion ensued on the types of data being included in the website, their relative utility, and opportunities for future improvements. Mr. Campbell stated that during content development for the website it became clear that maternity services data was of high interest; this data, therefore, will be included as much as possible. The price data included in the site exclusively represents outpatient services. In the future, Mr. Campbell added, CHIA would like to include inpatient services and episodes of care, The Council then discussed the merits of including full health care costs versus out-of-pocket costs on the website. Mr. Campbell also highlighted that the website includes information on questions that consumers should ask their provider related to certain procedures, arguing that this is the most important function of the website.

The executive director then walked the Council through the transparency website’s roadmap and related timelines. Mr. Campbell noted the inclusion of the All Payer Claims Database (APCD) procurement schedule, and explained how an enhanced APCD relates to a successful transparency website. A brief discussion ensued on details of the APCD procurement. Ms. Donohue asked further about the transparency website timeline, specifically if anything could be adjusted to finish the site sooner. The Council then debated the best method to roll-out the website, including whether it is launched with known bugs or delayed until all known issues are resolved.

Mr. Gold then asked what CHIA hopes to accomplish through payer and provider beta testing of the website. Mr. Campbell answered that CHIA mostly intends to encourage payers and providers to explore the site and familiarize themselves with it, but will make alterations if serious issues are discovered. Ms. Donohue concluded the conversation by stating that further discussion needs to be had on how to best advertise and roll-out the website.

**IV. Big Transparency Initiative**

Mr. Campbell re-introduced the Council to the “Big Transparency” initiative. He explained that he plans to meet with more stakeholders in late December and January 2018 to discuss the plan and methodology behind the concept. A discussion ensued on the stakeholder meetings Mr. Campbell had held so far. He stated that reactions are not negative, and that payers seem to understand the public need for this data.

The Council then debated the impact this data could have on the health care market. Dr. Rosenthal recommended that CHIA consult with anti-trust economists and other industry experts to understand the impact of this initiative. Ms. Peters also argued that the Council should have input on how the data is packaged and released to the public. Ms. Donohue reiterated to the Council that CHIA’s mission is to be as transparent as possible.

**V. Executive Director’s Report**

Mr. Campbell began his Executive Director’s Report for the Council. He was asked to walk the Council through the recent health care bill approved by the Senate, S.B. 2211—An Act Furthering Health Empowerment and Affordability by Leveraging Transformative Health Care. Mr. Campbell proceeded to summarize the bill for the Council, highlighting provisions that had implications for CHIA, such as changes to the Statewide Quality Measure Set and new pharmaceutical data collection. Council members asked questions regarding components of the bill.

Ms. Peters requested that CHIA perform an analysis of the resources necessary for CHIA to carry out the bill.

Mr. Campbell summarized for the Council CHIA’s recent publications and asked the Council if they would like to receive further information on any publications. The Council answered that receiving key findings from each publication would be helpful. Mr. Campbell then noted the future release of Case Mix data and its inclusion of Emergency Department boarding information. The Council discussed in further detail what data will be available.

Mr. Campbell then explained to the Council that CHIA is increasingly performing data linkage projects for stakeholders, citing the Chapter 55 opioid study done in partnership with the Department of Public Health as a notable example.

Ms. Donohue summarized the main takeaways from the meeting: involving the Council in the marketing for the transparency website and Big Transparency initiative; determining the impact of the Senate health care bill on CHIA; sharing with the Council with key findings from main agency publications; and providing the Council with regular updates between meetings from the executive director.

 **VI. Closing**

There being no other business to discuss, the meeting was adjourned at 3:31 p.m.