Georgia All-Payer Claims Database

Advisory Committee Meeting

November 10, 2022
10:30 am to 12:00 pm

Welcome

E-mail Questions/Comments: APCD@OPB.Georgia.gov

Meeting Agenda

Topic	Presenter	Time
Opening Remarks	Grant Thomas, OHSC	10:30 – 10:40
Project Update	Colin Stauffer and Jake Star, OHSC Consultants	10:40 – 10: 55
Data Collection Module – Partner Introduction	James Harrison, Onpoint Health Data	10:55 – 11:05
Stakeholder Engagement	Colin Stauffer	11:05 – 11:15
Use Case Prioritization Update	Dr. Jon Duke, GTRI-CHAI and Jake Star	11:15 – 11:30
Transparency in Coverage: Overview and Impact on APCD	Dr. Jon Duke	11:30 – 11:45
Workgroup and Subgroup Updates	Donald Ross, CedarBridge Group	11:45– 11:50
Upcoming Activities and Next Steps	Grant Thomas, OHSC	11:50 – 12:00
Meeting Adjournment	Grant Thomas, OHSC	12:00

Advisory Committee Members

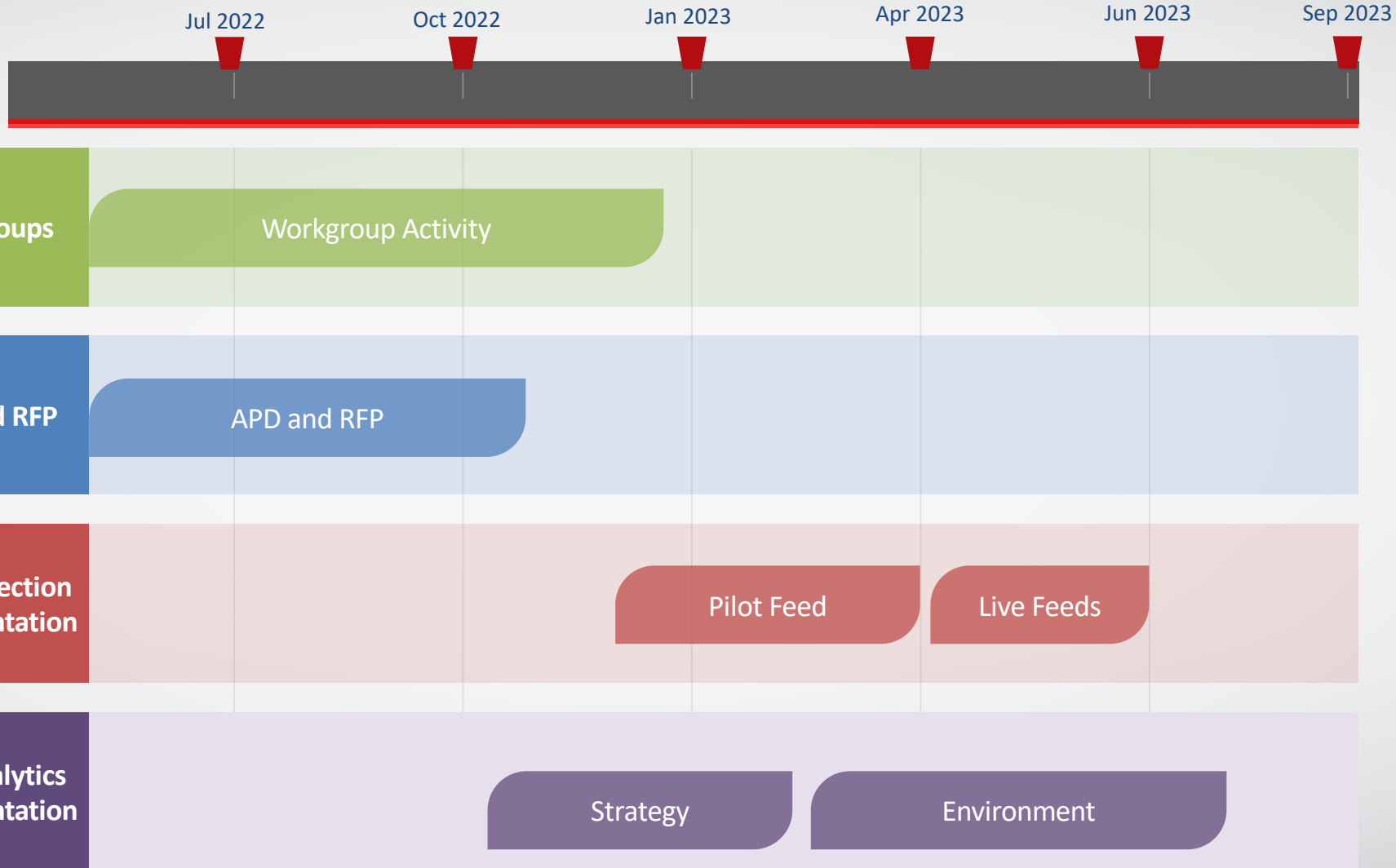| Members / Credentials / Roles	Constituency / Appointment
Thomas Bat, MD: CEO, North Atlanta Primary Care	*Representative of Medical Providers* - by Lt. Governor
Senator Dean Burke, MD: District 11 Georgia State Senate, Chief Medical Officer, Medical Director, Bainbridge Memorial Hospital and Manor, Chair of Senate Appropriations Community Health Subcommittee	*Senate Appropriations Community Health Subcommittee* - in Statute
Gregg Conley, JD: Executive Counsel, Office of Insurance and Safety Fire Commissioner	*Office of Insurance and Safety Fire Commissioner* – in Statute (Designee)
Jon Duke, MD: Director, Center for Health Analytics and Informatics at Georgia Tech Research Institute	*Center for Health Analytics and Informatics*- in Statute
Kelly Farr: Director, Governor's Office of Planning and Budget	*Office of Planning and Budget* - in Statute
Matthew Hicks: Representative of the Hospital Industry	*Representative of Hospital Industry* - by Governor
Chad Purcell: Chief Technology Officer, Georgia Dept. of Community Health	*Department of Community Health* - in Statute (Designee)
Crysty Odom: (Retired) St. Mary's Foundation Director, St. Mary's Health Care System	*Representative of Health Care Philanthropy* - by Governor
Representative Butch Parrish, PharmD: District 158 Georgia House of Representatives, Chair of House Appropriations Health Subcommittee	*House Appropriations Health Subcommittee* - in Statute
Grant Thomas: APCD Advisory Committee Chair Director, Office of Health Strategy and Coordination	*Office of Health Strategy and Coordination* - in Statute
Kathleen Toomey MD, MPH: Commissioner & State Health Officer Georgia Dept. of Public Health	*Department of Public Health* - in Statute
Vacant	*Representative of Insurance Industry*

Office of Health Strategy & Coordination
Director: Grant Thomas

OHSC Program Office
Deputy Director & Legal Counsel: Elizabeth Holcomb

OHSC Program Office
Assistant Director and Senior Policy Advisor: Anelia Moore

OHSC Program Office
Technical Project Manager: Colin Stauffer

Project Update

Jake Star & Colin Stauffer

APCD Budget – State Funding

	AMENDED FY22	FY23 (proposed)	FY24 (proposed)
DCH APCD State Base	$ 800,000	$ 800,000	
OHSC APCD State Base			$800,000
Approved State Funds	$ 2,815,000	$ 1,230,000	
Total Budget	**$ 3,615,000**	**$ 4,060,000**	**$ 800,000**
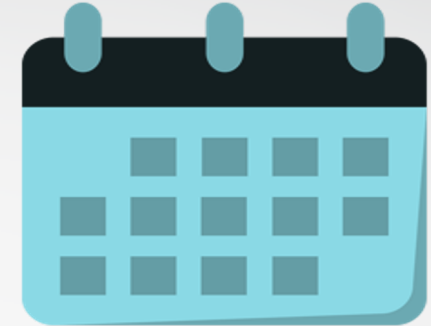
- Submissions due - May 4th
- Evaluations completed - June 20th
- Contract discussions completed - August 26th
- CMS Approval - October 5th
- Awarded– October 21st

- Pilot data submissions expected four months after contract
- Live six months after contract

OnPoint Health Data

James Harrison, CEO

- Independent nonprofit

- Based in Portland, ME

- Front-runner in APCD development and support

- Technical expertise in provider billing and reimbursement, claims adjudication, data exchange standards

- Innovator in claims-based analytics

Supporting APCD Clients in 12 States + CMS

- Handling secure submissions from more than **345 public and private payers** – commercial, Medicaid, and Medicare

- Managing more than **50 billion records** covering more than **80 million lives**
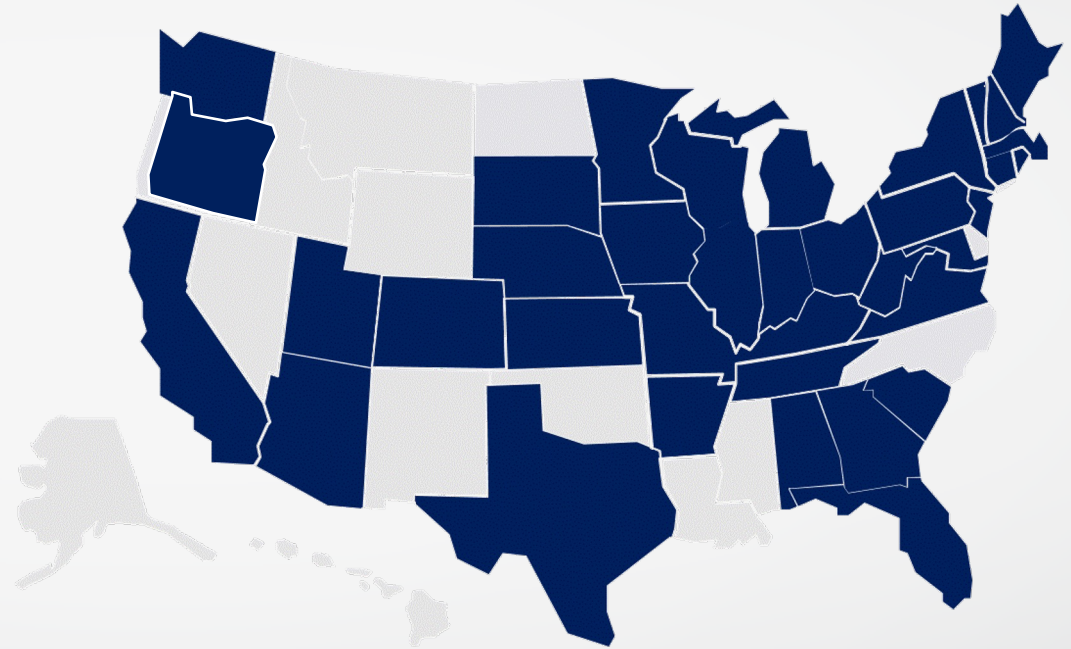
- Seamless implementation of proven technology platform (Onpoint CDM)

- Hands-on submitter support

- Robust set of analytic enhancements to increase usability and reliability (e.g., consolidation, identity resolution, analytic flags, groupers)

- Transparency in business rules

- Rapid data refresh cycle times

- Flexibility in data products (e.g., configurable reporting periods, run-out)

Stakeholder Engagement

Colin Stauffer

| Submitter & Stakeholder Identification | Outreach & Feedback Solicitation | Public Facing Communications & Town Halls | Feedback Incorporation | Ongoing Engagement |

Submitters

- Aetna

- Cigna

- Guardian

- Department of Community Health

- Elevance (formerly Anthem)

- Humana

- Kaiser

- …

Advocacy Groups

- Dental Association of GA

- GA Chamber of Commerce

- Georgia Alliance of Community Hospitals

- Georgia College of Emergency Physicians

- Georgia Society of Anesthesiologists

- Metro Atlanta Chamber of Commerce

- Georgia Pharmacy Association

- …

Submitters:

- Some ERISA payers indicated an easy opt-in and no cost to customers to participate, while others have indicated a mix based on their contract details

- One payer redacts all data from claims that include SUD services

- Availability of historical data varies

- Multiple submissions per payer, typically driven by the number of systems

- Feedback on 6-month timeline has been mixed

- Recognition of the benefits in surprise billing resulting in high level of support

Advocacy Groups:

- Support for the program and willingness to facilitate communications

- Most common questions we have received thus far have focused on:
  - Ensuring privacy and security of our data
  - Ensuring the accuracy of the analysis outputs
  - What kind of data is going into the APCD
  - Who will have access to the data
  - Penalties for ERISA plans that do not submit data

Use Case Prioritization

Dr. Jon Duke

Jake Star

Key Factors Impacting Prioritization

Mandated in Statute

Required for Funding

Sufficiency of Data

Level of Effort

Cost & Utilization

- Total Costs of Care
- Chronic Disease Costs of Care
- Avoidable Costs
- Behavioral Health Costs of Care
- Surprise Billing
- Pharmaceutical Costs

Population Health

- Chronic Disease Trends
- Cancer Trends
- Behavioral Health Trends
- Maternal Health

Health Care Quality

- Low-Value Care
- Preventive Screening

Lower Complexity Reports: **January 2024**

Initial Priority Use Cases: **January 2025**

FEDERAL REGISTER
The Daily Journal of the United States Government

® Rule

Transparency in Coverage

A Rule by the Internal Revenue Service, the Employee Benefits Security Administration, and the Health and Human Services Department on 11/12/2020

PUBLISHED DOCUMENT

📄 Start Printed Page 72158

AGENCY:

Internal Revenue Service, Department of the Treasury; Employee Benefits Security Administration, Department of Labor; Centers for Medicare & Medicaid Services, Department of Health and Human Services.

ACTION:

Final rule.

SUMMARY:

The final rules set forth requirements for group health plans and health insurance issuers in the individual and group markets to disclose cost-sharing information upon request to a participant, beneficiary, or enrollee (or his or her authorized representative), including an estimate of the individual's cost-sharing liability for covered items or services furnished by a particular provider. Under the final rules, plans and issuers are required to make this information available on an internet website and, if requested, in paper form, thereby allowing a

CMS Transparency Rules

Hospital Price Transparency Rule

Provider Rates

machine-readable files

consumer-friendly display of shoppable services

Transparency in Coverage Rule

Payer Rates

Phase 1

machine-readable files

Jan 2021

July 2022

2023

2024

Phase 2

Phase 3

Internet-based price comparison tool for **ALL** items/services

OPB — Governor's Office of PLANNING AND BUDGET — THE STATE OF GEORGIA

1

January 1, 2022
Document

Create public **machine-readable files** that display in-network rates, out-of-network allowed amounts, and prescription drug pricing

2

January 1, 2023
Personalize

Offer Internet-based, self-service tools, with an authenticated experience that provides **personalized, out-of-pocket cost estimates** and other price-related data for **500 pre-determined** items and services

3

January 1, 2024
Expand

Expand the internet-based self-service tool to include cost-estimates for **all covered items, services, prescription drugs**

$100 per <u>individual</u> (i.e. plan member) per <u>day</u>

Enforced as of July 1, 2022

Grandfathered Plans	**Excepted Benefits**	**Short-term Limited-Duration Plans**
Retiree Only Plans	**Medicare, including Medicare Advantage**	**Medicaid, including Medicaid Managed Care Organization plans**
Flexible Spending Accounts (FSA)	**Health Reimbursement Arrangements (HRAs), including ICHRAs and QSEHRAs**	**Health Savings Accounts (HSA)**

In-Network Rate MRF	Out-of-Network Allowed Amount MRF
Rates for all covered items and services furnished by in-network providers.	Allowed amounts and billed charges with respect to covered items and services furnished by out-of-network providers.

➢ Created very well-specified formats for data to be posted

➢ Specified acceptable file formats (JSON, XML, CSV) and unacceptable formats (eg PDF, XLS/XLSX)

➢ Must be publicly available and readily findable

   ➢ No logins, credentials, or personal information required

➢ Must be updated monthly

This type defines an in-network object.

Field	Name	Type	Definition	Required
negotiation_arrangement	Negotiation Arrangement	String	An indication as to whether a reimbursement arrangement other than a standard fee-for-service model applies. Allowed values: "ffs", "bundle", or "capitation"	Yes
name	Name	String	This is name of the item/service that is offered	Yes
billing_code_type	Billing Code Type	String	Common billing code types. Please see a list of the currently allowed codes at the bottom of this document.	Yes
billing_code_type_version	Billing Code Type Version	String	There might be versions associated with the `billing_code_type`. For example, Medicare's current (as of 5/24/21) MS-DRG version is 37.2. If there is no version available for the `billing_code_type`, use the current plan's year `YYYY` that is being disclosed.	Yes
billing_code	Billing Code	String	The code used by a plan or issuer or its in-network providers to identify health care items or services for purposes of billing, adjudicating, and paying claims for a covered item or service. If a custom code is used for `billing_code_type`, please refer to custom billing code values	Yes
description	Description	String	Brief description of the item/service	Yes
negotiated_rates	Negotiated Rates	Array	This is an array of negotiated rate details object types	Yes
bundled_codes	Bundled Codes	Array	This is an array of bundle code objects. This array contains all the different codes in a bundle if `bundle` is selected for `negotiation_arrangement`	No
covered_services	Covered Service	Array	This is an array of covered services objects. This array contains all the different codes in a capitation arrangement if `capitation` is selected for `negotiation_arrangement`	No

Every negotiated rate for every payer for every plan for every provider.
Sounds great!
(What's the catch?)

From the United Healthcare website

Transparency in Coverage

External Frequently Asked Questions
9/13/22

What is the estimated MRF file size?

Files are in a JSON format and may contain millions of lines of data and be up to 1 terabyte (TB) in size. Please consider your system's capacity and memory when downloading these files.
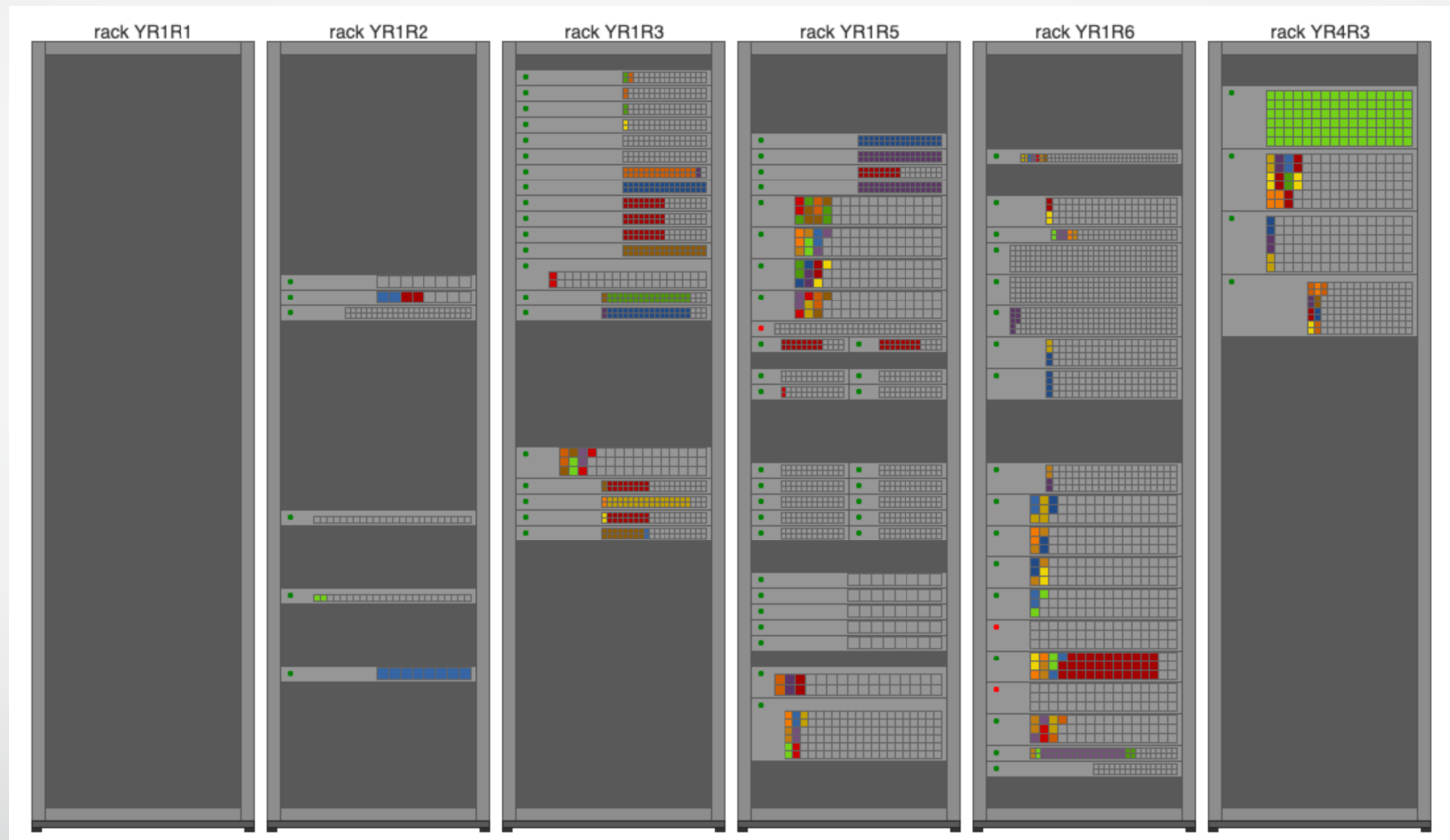
UHC alone has over 70,000 such files on its site

The full data for US Payers is likely >250 petabytes
(1 PB = 1,000,000 GB)

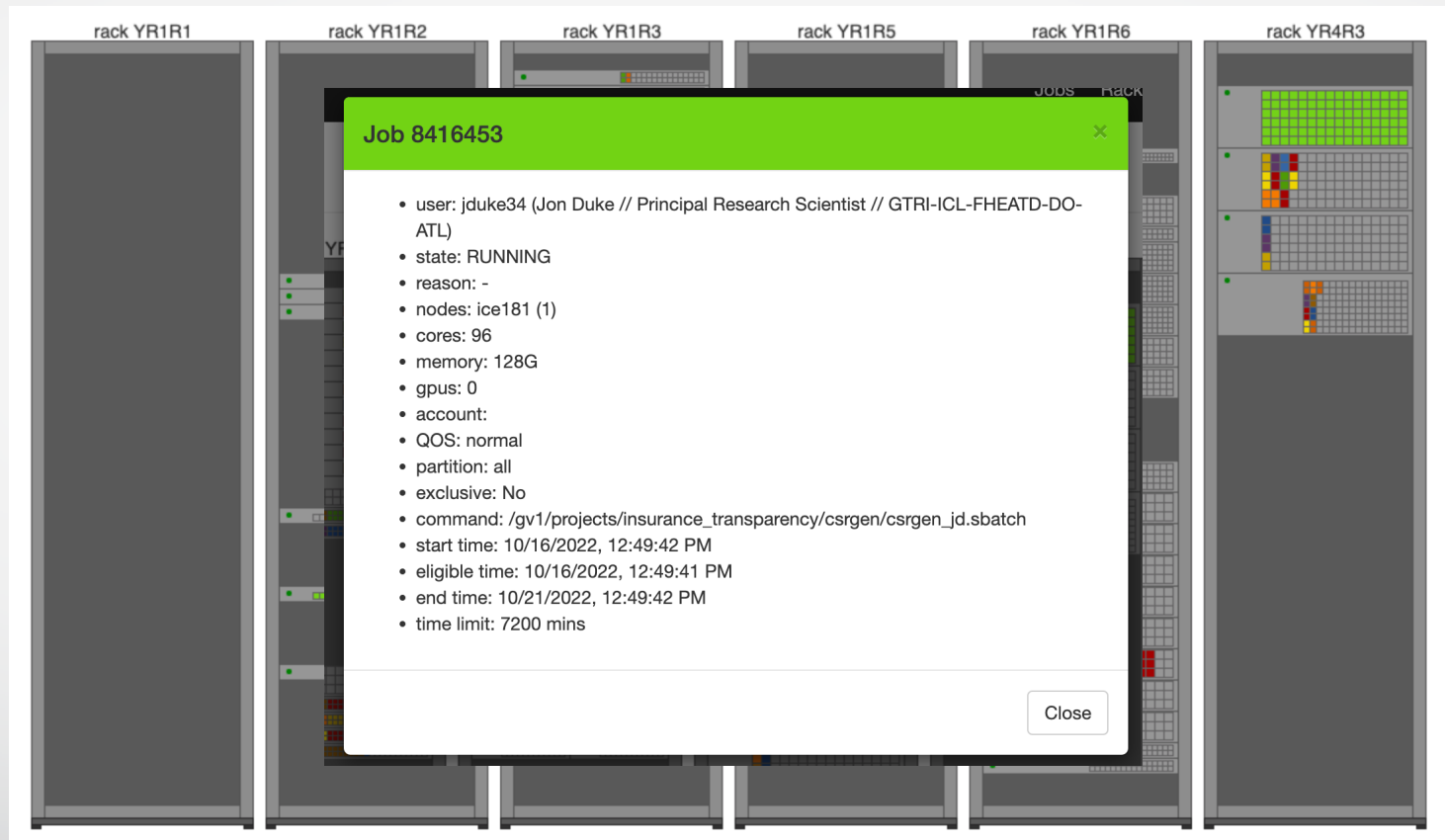For context, this is 20x the size of the Library of Congress

At Georgia Tech, we download, parse, and analyze these files using a 'big data' environment

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- A small percentage of files (3-5%) appear to contain placeholder values (eg. $0.01 for a hip replacement, $88888.88 for a cardiac stress test)

  – These can be filtered out, but data cleaning is a necessity

- Provider groupings are complex and will often end up with pairings that would never occur in real world claims data, e.g. the negotiated rate for a psychiatrist to perform a cardiac bypass

From the perspective of…

- **A Payer**
  - Am I paying more than other payers for the same service by the same provider?

- **A Health Care System**
  - Is another provider getting paid more than I am for the same service by the same insurer?

- **An Employer**
  - Are we paying more than other similar companies for the same services by the same providers?

- What are the total healthcare costs for a population?

- What care is being utilized where?

- How are rates of a given condition changing?

- What outcomes are associated with particular conditions / treatments / medications?

- How does geography, demographics, or other factors affect outcomes?

In short, without claims level data (such as data found in an APCD) you cannot assess anything about actual costs, quality, utilization, or outcomes.

In summary, these newly released data have great promise but need to be handled carefully throughout the data retrieval, curation, and analysis process to generate useful insights

Workgroup and Subgroup Updates

Donald Ross

Use Case Workgroup – Completed survey process and shared our initial plan. Will reconvene closer to data collection Go-Live to plan next steps

Data Submission Standards Subgroup - Will share draft data submission guide developed with Onpoint and reconvene to provide feedback

Data Use Agreement Subgroup – Currently reviewing draft DUA. Will reconvene in next 45 days to provide final feedback

Upcoming Activities and Next Steps

Grant Thomas

Adjournment

Next Meeting – February 2023