



# Georgia All-Payer Claims Database (GAPCD) Advisory Committee

## Minutes

Quarterly Meeting

Thursday, June 23, 2022 | 10:30 am – 12:00 pm

Virtual Meeting | [apcd@opb.georgia.gov](mailto:apcd@opb.georgia.gov)

### Attendees

---

#### Committee Members

p	Dr. Thomas Bat	p	Mr. Kelly Farr	a	Representative Butch Parrish
p	Senator Dean Burke	p	Mr. Matthew Hicks	p	Mr. Grant Thomas (Chair)
p	Mr. Gregg Conley	p	Ms. Crysty Odom	p	Commissioner Kathleen Toomey
p	Dr. Jon Duke	a	Mr. Chad Purcell		

(p)resent; (a)bsent

#### Supporting Leadership/ Facilitation Present

Office of Health Strategy and Coordination (OHSC): Melissa Barwick, Elizabeth Holcomb, Jake Star

Georgia Tech Research Institute Center for Health Analytics & Informatics (GTRI-CHAI): Megan Denham, Samantha Lie-Tjauw, John Wandelt

CedarBridge Group (APCD Program Management Office): Herb Fillmore, Amy Zimmerman, Carol Robinson, Donald Ross, David Ross

### Discussion Notes

---

#### Opening Remarks, Introductions, Approval of Meeting Minutes

Mr. Grant Thomas, Director of OHSC and Chairman of the Georgia All-Payer Claims Database Advisory Committee, welcomed the attendees and let the attendees know that the meeting was being recorded and that no public comment would be accepted during the meeting. Instead, he let attendees know that public comment could be sent to [APCD@opb.georgia.gov](mailto:APCD@opb.georgia.gov).

Chairman Thomas asked the Committee if there were any comments or objections to the meeting minutes from the October meeting and there were none. Dr. Thomas Bat moved to approve the minutes and Mr. Matt Hicks seconded.

Chairman Thomas then briefly referenced a slide detailing the current committee membership and asked Mr. Jake Star to give an update on the project plan.

#### Project Plan Update

Mr. Jake Star explained that except for extending some of the workgroup activities through the summer, the overall timeline has not changed significantly.



Mr. Star provided a general update on workgroup activity, noting that the Data Privacy, Security, and Access (DPSA) Workgroup and the Use Case Workgroup both had two meetings this quarter, one of which was a joint meeting. Mr. Star shared that this joint meeting produced a set of recommendations that would be discussed later in the meeting. He noted that the two subgroups, Data Use Agreements and Data Submission Standards, have full membership rosters and would begin their meetings in the coming week. He also stated that the implementation pieces of the project are pending completion of the Request for Proposal (RFP) process.

Mr. Star then presented an update to the All-Payer Claims Database (APCD) budget, remarking that state funding for the project was included in both the Amended Fiscal Year 2022 and Fiscal Year 2023 budgets. Mr. Star thanked the legislature, and Committee members Senator Burke and Chairman Parrish, for their support of the budget. Mr. Star noted that this approval allows Georgia to leverage federal funding through the Centers for Medicare and Medicaid Services (CMS) Advanced Planning Document (APD). Mr. Star shared that CMS approved the APD funding request as submitted, and thanked GTRI and the team at the Department of Community Health (DCH) who managed the submission for their contributions. He stated that funding was requested through September 2024, at which point another APD would be submitted. The funding request that was approved includes 90% funding through September of 2023, and 75.6% from then until September 2024. Mr. Star noted that from October 2024 until completion, the expected rate would be 69.9% funding from CMS.

Mr. Star proceeded to provide a status update on the RFP process, stating that the RFP was published on March 29<sup>th</sup>, approved by CMS in early April, and had a submission deadline of May 4<sup>th</sup>. He mentioned that it is currently in the evaluation process, which limits what can be discussed at this time. Mr. Star pointed out that there was a heavy emphasis on suppliers who currently provide an APCD solution in other states and that an appropriate number of responses was received. Mr. Star then turned the meeting over to Amy Zimmerman from CedarBridge Group to cover the first round of Use Case Workgroup Recommendations.

#### Use Case Workgroup Recommendations

Ms. Amy Zimmerman provided an update on work from the Use Case Workgroup, which has had five virtual meetings to date. She explained that they have covered many topics including:

1. Use cases, research, and analytics that could be supported by the APCD
2. Data sets and data elements needed for these use cases
3. Opportunities to combine with other data types
4. Considerations for prioritizing use cases
5. Considerations for permitting access for external users and state entities (in partnership with the DPSA Workgroup)
6. Processes to ensure requests are appropriately reviewed
7. Processes to ensure data are appropriately managed upon release
8. Considerations for ongoing stakeholder support to the Advisory Committee and Administrator
9. Considerations for ensuring meaningful reports are provided regularly to the Advisory Committee.

Ms. Zimmerman then presented six recommendations developed by the Use Case Workgroup.



**Recommendation 1: The Use Case Workgroup recommends a phased approach to implementation, focusing on use cases that align with the following state priorities:**

- Identifying health disparities,
- Assessing population health,
- Monitoring and analyzing healthcare costs,
- Supporting surprise billing documentation, and
- Developing a consumer-facing portal to provide price transparency and support comparison shopping for health services.

**Recommendation 2: The Use Case Workgroup recommends the APCD include historical data for years prior to CY-2020, before the Covid-19 pandemic.**

Ms. Zimmerman noted that this means getting submissions for at least a few years, including time periods before January 2020 to study impacts of the pandemic. She explained that the utility of an APCD is dependent on the quality and sufficiency of its data. She explained that historical data are critical for creating a comprehensive picture of healthcare in the state, and for analyzing trends over time. Among state APCDs that collect retrospective data, it is common for the data to date back two to three years prior to the establishment of the APCD.

**Recommendation 3: The Use Case Workgroup recommends the APCD offer risk adjustment and other data enhancement services.**

Ms. Zimmerman explained briefly what risk adjustment is and noted that risk adjusted data are essential for many APCD use cases and bring value to state agencies, policymakers, researchers, payers, providers, and others. She explained that this recommendation supports consistent application of risk adjustment for uniformity in the methods of considering the burden of disease, improving interpretation of data and comparison of studies across investigators, and lowering the burden on users to perform risk adjustment to data extracts that they request.

**Recommendation 4: The Use Case Workgroup recommends the APCD Administrator (1) focus on initially obtaining (by 2025) medical, pharmacy, and dental claims data, along with payer enrollment and provider data files from all mandated payers, and (2) convene a workgroup by 2024 to plan for expanding APCD data beyond claims data, including data on social determinants of health.**

Ms. Zimmerman noted that while it is important to support alternative payment models (APMs) and measuring health outcomes against total cost of care, this requires clinical data to be combined with data on healthcare payments, whether those are for claims, encounters, bundles, or are capitated for populations. While it is a goal for Georgia's APCD to support these types of use cases, applying sequential processes will help ensure APCD data quality. She explained that this would support the addressing of conformance issues with claims data before other data types are integrated and allow for the opportunity to learn from other states currently working on adding APM and other data sets to existing APCDs. She noted that the workgroup also recommends additional subject matter expertise be obtained to plan for expanding the APCD beyond claims data.

**Recommendation 5: The Use Case Workgroup recommends the APCD take a user-centered design approach for developing the consumer price transparency portal.**



Ms. Zimmerman explained that since adoption and use of such portal depends on the consumer being aware of the tool and its utility, the workgroup recommends (1) engaging diverse groups of consumers to provide input on the initial presentation and usefulness of available information, (2) continuing to incorporate user input as additional features are rolled out, and (3) acknowledging the portal may initially demonstrate limited utility.

**Recommendation 6: The Use Case Workgroup recommends ongoing support for the APCD Advisory Committee, and the Administrator be provided through the continuance of workgroups or standing sub-groups.**

Ms. Zimmerman noted it is important to leverage experts in support of the Advisory Committee and Administrator by having some workgroups continue to meet regularly engaging private and public sector partners to provide input in support of programmatic goals. She explained that it is expected additional data sources will be incorporated to support increasingly complex use cases over time, making it important to attain community input and subject matter expertise that address evolving APCD needs.

In closing Ms. Zimmerman noted that the Use Case Workgroup will be working with the project team to develop additional recommendations for presentation at the next Advisory Committee meeting focused on specific use cases, such as what the APCD will be used to study, analyze, or report on first. She then introduced Mr. Don Ross from CedarBridge Group to discuss Data Release Recommendations developed by the joint DPSA Workgroup and the Use Case Workgroup as noted earlier.

#### Data Release Recommendations

Mr. Don Ross explained how the Use Case and DPSA Workgroups held a joint meeting to develop policy and process recommendations to this Advisory Committee about how data from the APCD should be made available to various requestors and for various purposes. He then presented the following recommendations:

**Recommendation 1: A Data Review Committee (DRC) should be established to:**

- **Determine whether requests are consistent with the overall statutory intent of the APCD**
- **Review whether the requestor has sufficient processes in place to protect the data (access, storage, use)**
- **Function as an advisor to the Administrator**

Mr. Ross noted that these types of committees are largely ubiquitous among APCD states. He explained that the workgroups further recommend that the APCD Administrator serve as chair of the DRC, and that the workgroups propose a composition that includes a health insurer representative, a health care facility representative, a physician, a researcher, a chief privacy and security officer, an employee of DCH, an employee of the Department of Public Health (DPH), a consumer or employer representative, and an OHSC team member. Mr. Ross explained that in addition to providing their subject matter expertise, members of the DRC would apply criteria aligned with the legislative intent in the statute that provides the authority for the APCD.

**Recommendation 2a: The non-state entity request process would include (1) requestor fills out the application in consultation with APCD staff, (2) the DRC reviews the application, (3) the DRC makes a**



**recommendation to the Administrator, (4) the Administrator approves or denies the request. If approved, a *Data Use Agreement (DUA)* is executed, the requestor pays the appropriate fee, and the Administrator processes the data request.**

**Recommendation 2b: The State Agency request process would include (1) the agency signs a *Memorandum of Understanding (MOU)* with the Administrator with Advisory Committee consultation if needed, (2) DRC reviews the MOU, (3) if no concerns, the Administrator approves and processes the request. If there are concerns, the Administrator can consult with the state agency and Advisory Committee to determine the need for a revised approach. The MOU would include most, if not all, DUA components, and an addendum would be required if state contractors need data for the purposes of conducting state agency projects and were not initially included in the MOU or if the state agency wants to use data for purposes outside of those originally outlined.**

Mr. Ross explained that the joint workgroup's early insight was that reliable processes build trust, and trust in the processes builds trust in the APCD and the information produced from it. This recommendation is a two-part recommendation on the data release process for two types of requestors – state government agencies such as DCH and DPH, and other non-state government users such as academics, independent organizations that recommend policy, and other community users. Mr. Ross noted that state universities are affiliated with a state agency in Georgia, the University System of Georgia. When performing research for themselves, the university would follow this non-state entity process. When the use case is on behalf of the Board of Regents or another agency, such as the Department of Human Services, they will follow the process for state agencies.

**Recommendation 3: The MOU should include most of the elements of a DUA for non-agency requests, including: (1) Duration of one to three years, renewable without changes, and (2) Require an addendum if state contractors need APCD data for new projects or purposes not included in their MOU.**

Mr. Ross explained that the MOU and DUA should be similar in their intent, and somewhat in their language. He noted that the primary difference is that many state government entities in Georgia will need data regularly, for reporting and analysis that may occur monthly, quarterly, annually, or at each legislative session. He noted that the workgroups recommend the duration of an MOU to be between one and three years, with the ability for a state agency to easily renew the request if there are no changes to the content of the MOU. This would allow sufficient time for data analysis and will reduce paperwork for state agencies and the Administrator. Mr. Ross reiterated that for academic researchers, they may go through either process depending on the nature of the project.

**Recommendation 4: Researchers should be required to share a summary of results with the Data Review Committee.**

Mr. Ross explained that the workgroups recommend that the DRC require a summary of the results of reporting and analysis performed using APCD data be provided. He noted that this could be illuminating to the state and provide an opportunity to confirm the requestor met the stated purpose on their MOU or DUA. Mr. Ross also explained that this would also support active promotion of the value of the APCD, demonstrating the attainment of policy, quality, access, affordability, and fiscal goals and objectives.



**Recommendation 5: The Administrator should regularly report to the Advisory Committee on both data review/release and its portfolio of data activities.**

Mr. Ross explained that the joint Workgroups stated another way to promote value is for the Administrator to present regular reports to the Advisory Committee on who is requesting APCD data, what they are using it for, what portion of requests are approved or denied, and the internal analytics they perform.

Subgroup and Workgroup Upcoming Activities

Mr. Ross explained that the Use Case workgroup, the DPSA workgroup, the Data Submission Standards subgroup, and the Data Use Agreement subgroup are all meeting in the coming weeks with the goal of finishing up the recommendations to this Committee as the data collection supplier is selected, contracted, and begins working with OHSC and GTRI on the building of the technology solutions that will make up the APCD.

Next Steps

Chairman Thomas explained the upcoming steps for completing the data collection supplier contracting process and the transition to the implementation stage of the APCD project. Chairman Thomas explained that the initial phases of workgroups will wrap up with additional recommendations and that the subgroups will be engaged in key activities required for data collection and release to begin. He also noted preparations to both ramp up payer engagement and develop the processes needed for OHSC to issue the rules required for data collection. He also noted the steps for forming a reporting strategy once data are being submitted.

Chairman Thomas expressed gratitude to the state agencies, the Advisory Committee, and the many members of the workgroups and subgroups for very active engagement. He also thanked the Governor, House, and Senate for their support of our efforts to implement the APCD as demonstrated with the funding appropriated in the FY22 and FY23 state budgets for the project.

Chairman Thomas then asked for questions from the Committee.

Commissioner Kathleen Toomey asked Chairman Thomas when users will be able to use the APCD to assess the impact of the pandemic. Dr. Jon Duke responded that this type of analysis with data from before the pandemic, through the pandemic, and after the pandemic will be an early use case once data are submitted to the APCD. Chairman Thomas agreed.

Senator Dean Burke asked if it will be easy to quickly use claims data from payers to look at outcomes and asked that Mr. Norm Thurston, Executive Director of the National Association of Health Data Organizations (NAHDO), share his opinion on what he heard as a participant in the meeting today. Mr. Jake Star confirmed for Senator Burke that claims data from payers, and the attached outcome data, will be able to be used quickly once they are in the APCD. Mr. Thurston pointed out that while each state has a unique experience, from his view, the Georgia APCD Advisory Committee is working toward the right end. He noted that he looks forward to Georgia joining the community of states with APCDs and for a continued partnership.



## Adjournment

Chairman Thomas again thanked the members for participating and for their valuable contributions to the discussion and noted the intention to host the next Advisory Committee meeting in the fall.

## **Meeting Adjournment**

---

The meeting adjourned at 11:15 am.