



Georgia All-Payer Claims Database (GAPCD) Advisory Committee

Minutes

Quarterly Meeting

Thursday, May 18, 2023 | 2:00 pm – 3:00 pm

Virtual Meeting | apcd@opb.georgia.gov

Attendees

Committee Members

p	Dr. Gregory Esper	a	Mr. Kelly Farr	p	Representative Darlene Taylor
p	Senator Ben Watson	p	Mr. Matthew Hicks	p	Mr. Grant Thomas (Chair)
p	Mr. Gregg Conley	a	Ms. Crysty Odom	p	Commissioner Kathleen Toomey
p	Dr. Jon Duke	p	Mr. Chad Purcell		

(p)resent; (a)bsent

Supporting Leadership/ Facilitation Present

Office of Health Strategy and Coordination (OHSC): Elizabeth Holcomb, Anelia Moore, Colin Stauffer

Georgia Technology Authority (GTA): Jake Star

Georgia Tech Research Institute Center for Health Analytics & Informatics (GTRI-CHAI): Megan Denham

Discussion Notes

Opening Remarks, Introductions, Approval of Meeting Minutes

Mr. Grant Thomas, Director of OHSC and Chairman of the All-Payer Claims Database Advisory Committee, welcomed committee members and addressed some housekeeping items before moving to this quarter’s agenda. Chairman Thomas conveyed his appreciation for committee participation and that there are many positive updates on progress towards implementation of the APCD.

Chairman Thomas informed participants that the meeting was open to the public and would be conducted in accordance with the State of Georgia Open Meetings Act. He also let attendees know that the meeting would be recorded, and minutes would be posted to the website following approval by the committee at the next meeting. Minutes can also be obtained by writing to APCD@opb.georgia.gov. Participants were reminded that no public comment would be heard during the meeting, though comments may be sent to the same email address provided for obtaining meeting minutes.

Committee members were invited to speak up with questions throughout the meeting rather than wait until the end of the meeting.

As Chairman Thomas moved to the agenda, he informed participants that minutes from the previous meeting were emailed with the agenda in advance of the meeting, then asked if there were any



questions or comments regarding the minutes. There were no comments. Hearing no objection, the minutes from February were approved, and the committee roster was reviewed.

Closing the opening remarks, Chairman Thomas provided an update on changes to the Advisory Committee membership. Chairman Thomas notified the group that Dr. Gregory Esper, Associate Chief Medical Officer at Emory Healthcare, has been appointed to the APCD Advisory Committee by Lt. Governor Burt Jones as the representative for the medical provider community, replacing Dr. Thomas Bat. Chairman Thomas informed the group that Dr. Esper is already very familiar with the APCD program, as he has been a valuable contributor to the Use Case Workgroup.

Dr. Esper then greeted the group and communicated his excitement to be appointed to the APCD Advisory Committee and to be a part of the APCD program due to its potential to add significant value to Georgia healthcare and the healthcare of Georgians.

Chairman Thomas then proceeded to thank Dr. Bat for his valuable contributions to the APCD program and extended a warm welcome to Dr. Esper as a new member of the Advisory Committee.

Key Milestones

Mr. Colin Stauffer provided an update on key milestones for the APCD. He acknowledged that the APCD team's main focus since the February Advisory Committee meeting has been on executing the data collection and analytics strategy. The team has been extremely busy onboarding and enabling payers for data collection, while also progressing analytic activities. He then updated the group that the APCD project continues to be on schedule and the team has completed some significant milestones in the last three months.

Mr. Stauffer continued on to update that the submitter rules were officially adopted on March 3rd, submitter training has been wrapped up, numerous 1:1 sessions with payers have been facilitated to help them register and submit test files, and the data collection platform has been turned on in production. Mr. Stauffer informed that the team has dedicated many hours to helping payers onboard, hit the prescribed deadlines, and map their data to the specifications of the data submission guide ahead of the June 1st data submission milestone.

Mr. Stauffer then updated the group that the status of the June data submission milestone is yellow. He communicated that while the vast majority of payers are on track to submit data by the June 1st deadline, a small number of payers have requested an extension, including the Department of Community Health (DCH). The APCD team is currently tracking that DCH will not be ready to submit the Medicaid portion of its data by the June 1st deadline and has requested additional time to prepare and complete their submission. Mr. Stauffer clarified that the anticipated delay is for Medicaid data only, and that DCH has indicated that it is on track to submit SHBP data on time. Mr. Stauffer further clarified that DCH is not the only payer that has requested an extension, as there are several others. He confirmed that the team is working closely with DCH to establish an acceptable ETA for submission of its data.

Moving to analytics, Mr. Stauffer informed the group that thanks to a series of recent wins on the data analytics side, the APCD program is still on track to hit the January 2024 milestone of delivering the



initial set of analytic use cases. The Georgia Data Analytics Center (GDAC) team has successfully stood up the analytic environment, where data from Onpoint will be transferred and processed to generate the analytic use cases. Additionally, the CHAI team has made great progress in refining and progressing the analytic use cases in preparation for receiving production data from Onpoint.

Mr. Stauffer concluded the section by informing the group that since payers have completed registrations for the APCD, the team now has initial census data around the number of payers, quantity of covered lives, and types of plans which we will be seeing in our first analytic use cases. He promised to share more details on this topic later in the presentation.

Mr. Stauffer then asked the group if there were any questions about the project milestones. There were no questions from committee members.

Data Collection Status

Mr. Stauffer provided an update that the rollout of the data collection platform continues to be running smoothly and right on schedule. From a technical implementation perspective, so far, the APCD team has approved 12 of Onpoint's 13 initial deliverables, with a 100% on time delivery rate. Mr. Stauffer confirmed that overall, the quality of the outputs has been top notch and the team has not experienced any schedule or budget slippage.

Mr. Stauffer then provided updates from a submitter implementation and training perspective:

- The APCD team has opened the data submission portal, where payers have already begun uploading their data files.
- All four of the planned submitter webinars have been facilitated and recorded for future reference.
- Dedicated sessions continue to be facilitated with submitters to answer questions about mapping their data to the data submission guide or encrypting submission files.

Mr. Stauffer then informed the group that from a technical and submitter engagement standpoint, the APCD team is completely ready to accept production data files and have already started doing so.

Mr. Stauffer then paused to see if there are any questions regarding the data collection module. Representative Darlene Taylor asked how many payers are already onboarded to the APCD. Mr. Stauffer responded and clarified that 44 payers have been registered.

APCD Deadlines

Mr. Stauffer reminded the group that when the Advisory Committee met in February, it was announced that the APCD team had published rules for submitters and an accompanying data submission guide. These rules and the data submission guide established the format, standards, procedures, and deadlines by which health and dental plans must submit data to the APCD. These rules were initially published on December 21, 2022, and became effective on March 3, 2023, after the conclusion of the public



comment process. Mr. Stauffer then highlighted four key milestones from those adopted rules to set the stage for the update on submitter onboarding.

- The deadline for submitter registrations was March 7th.
- The deadline for submitting an encrypted test file was April 7th.
- The first submission deadline for production data is June 1st for health and pharmacy data.
- The first submission deadline for dental data is December 1st.

Payer Onboarding Progress

Mr. Stauffer then proceeded to update the group on the positive progress related to onboarding payers to the APCD. 44 total payers have registered with Onpoint. Of these 44 payers, 38 have successfully submitted an encrypted test file. Mr. Stauffer communicated that this is an important milestone, as it establishes connectivity and the ability to share data security between submitters and Onpoint.

Mr. Stauffer went on to convey that the milestone that the APCD team cares about the most is the June 1st deadline for successful production data submissions of the initial historical data file. As of May 17th, 12 submitters have successfully submitted at least a portion of their production data files. In total, 36 submitters have committed to hitting the June 1st timeline.

To close out the section, Mr. Stauffer conveyed that the APCD team is currently tracking that eight submitters will not be ready to submit data by the June 1st deadline and have submitted extension requests to give themselves more time. This includes seven commercial payers and the DCH–Medicaid data submission. Mr. Stauffer assured the group that the APCD team is working closely with each of these plans to get data into the APCD as quickly as possible, with most commercial plans committing to have data submitted on or before September 1st. For DCH-Medicaid specifically, the APCD team is working to establish an ETA for submission of the Department's data.

Mr. Stauffer went on to communicate that while the APCD team's goal is to have as many payers hit the June 1st data submission deadline as possible, it is not surprising that they have received extension requests. Mr. Stauffer reminded the group that the initial plan anticipated just a few payers being onboarded by June 1st, with the majority of the plans gradually being onboarded over a two-year period. Mr. Stauffer reinforced that even though there are a few plans that will not have data available by the initial June 1st deadline, the APCD project is still significantly ahead of the previous plan.

Overall Covered Lives

Mr. Stauffer went on to remind the group that 44 payers have registered thus far. He shared that based on the initial anticipated numbers from the payer registrations, in total, these payers account for 5,660,547 medical covered lives, 4,722,076 pharmacy covered lives, and 3,671,936 dental covered lives.

Mr. Stauffer emphasized that the APCD team is extremely excited about these numbers, especially knowing that they will increase over the next few weeks. These numbers indicate that the APCD will



account for a significant portion of the Georgia population, which is important, because coverage is directly related to the quality and completeness of the analytical use cases the APCD team can deliver.

Medical Covered Lives Breakdown

Mr. Stauffer then elaborated on the medical covered lives data that the APCD team anticipates receiving from payers and being onboarded into the APCD based on the submitter registrations to date. Mr. Stauffer displayed a table of the number of plans and corresponding medical covered lives by plan type, which was a summary of what the payers entered as part of the registration process. Mr. Stauffer explained that while the APCD team anticipates that the actual data submitted will differ a bit, the numbers presented the group with a good indication of how much coverage is anticipated within the APCD. He also explained that while the largest portion of APCD anticipated covered lives is coming from Medicare plans, the APCD will have very good coverage data from commercial and non-ERISA health plans.

Mr. Stauffer then clarified that while participating payers have indicated that they cover over 400,000 lives under self-insured ERISA plans, some of these plans will not voluntarily submit that data. The APCD team will not know that exact number until the submissions come in. However, Mr. Stauffer assured the group that the APCD team will be monitoring closely.

Mr. Stauffer then paused for the group to digest the numbers on the slide.

Mr. Stauffer went on to explain that the June 1st deadline for initial data submissions is coming up in exactly two weeks, and the APCD team is encouraged by the traction they are already seeing. Mr. Stauffer conveyed that the APCD team has a lot of work to do over the next few weeks, but these initial metrics are promising and reflect the effort that has been put into stakeholder engagement throughout the process.

Learnings Thus Far

Mr. Stauffer shared some key learnings from working directly with the payers to support onboarding them to the APCD and processing the initial batch of data submissions. The APCD team has identified data points that they know will be challenging for a number of payers. Mr. Stauffer explained that this is not a surprise, as there are fields included in the APCD data submission guide that payers do not consistently store, due to the fact that they are typically not required for billing purposes, not listed on billing forms, or are not required at the time of enrollment. Listed on the slide were some examples, including member race, member ethnicity, and units of measure. Mr. Stauffer went on to explain that the APCD team will know more about potential data gaps as production submissions continue to come in, but they are monitoring this closely and assessing the potential impacts to the quality of certain planned use cases. At this time, the APCD team believes the impacts can be mitigated and are still pursuing the original analytic uses cases that were reviewed with the Advisory Committee in the November 2022 quarterly meeting. Mr. Stauffer also reminded the group that these use cases are published on the OHSC website.



Looking Forward

Before concluding the section, Mr. Stauffer called out that as the APCD team successfully onboards the initial submitter group, they will begin to expand their focus to include additional payers over the next few months that we have not already started engaging with:

- Medicare Fee-For-Service;
- The Georgia Department of Corrections; and
- The Georgia Access to Medical Cannabis Commission

Mr. Stauffer went on to explain that for the Medicare Fee-For-Service population, the APCD team will be working directly with the Centers for Medicare and Medicaid Services (CMS) to collect this data. The APCD team purposefully has not engaged CMS until now, as the method of getting Medicare Fee-For-Service data is different from all the other payers. The APCD can only receive files in CMS' pre-defined formats, which do not align with our data submission guide.

Mr. Stauffer then explained that the Georgia Department of Corrections and the Georgia Access to Medical Cannabis Commission are not traditional healthcare payers, thus the APCD team will need to work with them to define both the types of data they can submit and the formats that their data can be submitted in.

Mr. Stauffer then paused to see if there were any questions regarding submitter onboarding. Senator Ben Watson asked if the APCD would be getting Medicare Fee-For-Service data. Mr. Stauffer clarified that the team has prioritized collecting all Medicaid data and Medicare managed care data first before going after the Medicare Fee-For-Service data, but Medicare Fee-For-Service is definitely on the roadmap.

Senator Watson asked for clarification on how to interpret the number of covered lives presented on the slide. Mr. Stauffer clarified that the covered lives totals are based on self-attestations from payers as part of the APCD registration process, but that these numbers may change as production data is submitted.

Senator Watson then asked how close the team anticipates to getting data on all lives in Georgia. Mr. Jake Star from GTA provided insight on what metrics were included in the project budget request to the federal Center for Medicare and Medicaid Services (CMS), which referenced metrics from other states. He explained that Colorado has been able to get data for 35% of the commercial population after seven years in operation. Georgia is already exceeding that metric. The APCD team's goal is to get data for 60-70% of the total Georgia population in the short term, with an ultimate goal of 75% of Georgia covered lives within five years.

Representative Taylor then commented that certain data points, such as ethnicity, are not being captured by payers and providers. She asked how these situations would be handled. Mr. Stauffer responded that there is a variance request and approval process facilitated within the Onpoint data collection system, which is in place to handle situations where certain data points are not available for individual plans. These variances are handled on a case-by-case basis.



Stakeholder Engagement Activities

Mr. Stauffer began the section by explaining to the group that since the February Advisory Committee meeting, the APCD team's focus has been on two key areas: enabling payers to successfully participate in the APCD program and progressing the APCD website.

The APCD team has focused the majority of its efforts on payer onboarding. The team has been heads down delivering training, responding to questions, researching nuanced topics, facilitating 1:1 sessions, and engaging with payers however they have needed the team to.

Second, Mr. Stauffer explained that the team has progressed the development of the dedicated APCD website. The APCD project is currently leveraging a subsection of the OHSC website to communicate APCD updates. Moving to a separate dedicated APCD site will make it easier for the community to engage with the APCD program in a meaningful way. Mr. Stauffer communicated that progress on this thread has been good, with an initial version of the website scheduled to go live this summer.

Mr. Stauffer then explained that as the APCD team progresses past the deadlines for data submission, they will once again turn their attention to the broader stakeholder community. The APCD team will be scheduling OHSC and CHAI facilitated virtual town halls so that all groups are getting the latest information at the same time. In addition, they will continue to leverage presentations at conferences and events, along with direct email outreach to submitters and advocacy groups where appropriate.

Mr. Stauffer concluded by communicating that overall, the APCD team is very happy with the outcomes of efforts to date, but knows that engagement is an ongoing activity, which the team is committed to supporting.

Mr. Stauffer then paused to see if there were any questions regarding stakeholder engagement activities. There were no questions from committee members.

Mr. Stauffer then turned the presentation over to Dr. Jon Duke from CHAI to provide an update on data analytics.

Progress on Analytic Environment

Dr. Duke provided an update that a secure cloud-based analytics environment has been stood up by the Georgia Data Analytics Center (GDAC), which includes robust tools for ingesting, transforming, analyzing, visualizing, and exporting data. He went on to update that sample data has been provided by OnPoint and ingested into the analytics environment. That sample data has since been converted into the target (OMOP) format to validate the data workflow for automation. Dr. Duke concluded by updating that the CHAI team will begin testing environment capabilities and performance on scaled test data, which their team was able to synthesize.

Dr. Duke then took a moment to communicate his appreciation for the analytic environment support from GDAC and the provision of the sample data by Onpoint.



Progress on Analytic Use Cases

Dr. Duke emphasized that users and uses of the APCD will come from many different places. Dr. Duke elaborated that some of the uses will be by the state to pursue the use cases that were prioritized in conjunction with the APCD Use Case Working Group. Other use cases will be brought forward by other state entities, private entities, academic researchers, and other organizations seeking to do work with the APCD data.

Dr. Duke then clarified that the use cases displayed on the slide were the use cases that were prioritized through the initial Use Case Working Group efforts. The use cases are bucketed into three categories: Cost and Utilization, Population Health, and Healthcare Quality.

Dr. Duke went on to elaborate on how each of these use cases would be delivered. He explained that at GTRI-CHAI, there are sub-teams that are tasked with developing the analytics strategy and deliverables for each use case. Dr. Duke explained that for a given use case, there are multiple potential deliverables, such as a report, a dashboard, or even the release a data set for others to use.

Dr. Duke then shared that the CHAI team is also working on building phenotype definitions, or cohort definitions, which is how information of interest is represented in claims data.

Next, Dr. Duke explained that the CHAI team is developing stratification models. He provided two examples: looking at geospatial data, such as variations across the state and looking at incorporating a social vulnerability index. Dr. Duke elaborated that there will be other considerations that analysts will want to incorporate across use cases, and that stratification models will vary by use case.

Finally, Dr. Duke explained that the team is building out the OMOP-based analytic code. He then clarified that OMOP is a data model used to harmonize clinical data and is used across the country and across the world to analyze healthcare data.

Dr. Duke then went on to share that the CHAI team is on track to have seven of the twelve use cases “code complete” or ready to execute by the arrival of the limited data set (LDS) in September, with results for these use cases available by January 2024. Dr. Duke committed to having the use cases available as quickly as possible, so that the CHAI team could turn its attention to the remaining five use cases.

Dr. Duke then paused for questions. Dr. Esper asked a question about whether risk adjustment models will play into any of the use cases. Dr. Duke confirmed that risk adjustment will play a factor into many of the use cases and some of the details required for accurate risk adjustment are already being incorporated into the data by Onpoint as part of the LDS generation process. He went on to confirm that risk adjustment is something that the CHAI team is taking into consideration for the appropriate use cases.

Dr. Duke then turned the presentation over to Colin Stauffer to provide an update on stakeholder engagement.



Preparing for Data Requests

Mr. Stauffer explained that as the APCD continues collecting production data over the next few months, the APCD team will also need to prepare to accept and process data requests for APCD data. He explained that there are three key threads within the data request process.

Mr. Stauffer explained that the first step is finalizing the data use agreement (DUA). A draft of the DUA has been created by Ms. Elizabeth Holcomb from OHSC and a meeting of the DUA Subgroup was held on May 4th to review the latest language and provide feedback. Mr. Stauffer shared that there was great participation during the session and Ms. Holcomb has already made great strides in incorporating that feedback. The APCD team anticipates that the DUA will be finalized later this summer.

Mr. Stauffer went on to explain that the second step is refining the data request process. He shared that the APCD team has been engaging with other states, especially Colorado, to incorporate best practices into the data request process. The APCD team is currently working together to revise the workflow and supporting documentation templates that data requestors will be expected to submit in addition to the signed DUA.

Mr. Stauffer then explained that the final thread is working to establish a formal data review committee (DRC), which will, amongst other tasks, review and provide recommendations on the appropriateness of the data being requested, the use cases that the data is being requested for, and eventually the outputs of the analyses performed on the data before it can be made public. The APCD team is working on the charter for the DRC and the initial DRC roster as we speak and plan to have more details to share when the Advisory Committee meets again next quarter.

Mr. Stauffer concluded by sharing that with data extracts from Onpoint being targeted to begin in September, the APCD team's goal is to have the DUA, data request process, and DRC fully in place by no later than November.

Mr. Stauffer then paused to take any questions. No questions were asked by the committee members.

Mr. Stauffer then turned the presentation over to Chairman Thomas to close out the meeting with upcoming activities and next steps.

Upcoming Activities and Next Steps

Chairman Thomas began by reiterating that the APCD team has really dug in and executed against the data collection, submitter onboarding, and analytic strategies. Chairman Thomas conveyed that many months, and in some cases years, of planning have gone into different components of the APCD program, and it is extremely exciting to see how well things are coming together. During the next few months, the APCD team will continue to focus on enablement and delivery. For submitter onboarding, the team will continue to work closely with all submitters to assist them in successfully submitting clean and complete data to the APCD. Chairman Thomas conveyed that it is hard to over emphasize the importance of these activities and the amount of effort required from all parties involved. For stakeholder engagement, the APCD team will look to deploy the new APCD website and pivot towards broader stakeholder awareness. Finally, for analytics, the APCD team will continue to progress use case design and preparation activities until we get full production data in September.



Chairman Thomas then opened the floor for any questions from the committee. There were no questions from committee members.

Adjournment

Hearing no questions, Chairman Thomas thanked everyone for their participation and for the great work and contributions from committee members. He announced that the next meeting will be held in August 2023.