



GAPCD
GEORGIA ALL-PAYER
CLAIMS DATABASE

Georgia All-Payer Claims Database

Advisory Committee Meeting

April 10th, 2024
11:00 am to 12:00 pm

Welcome

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

Meeting Agenda

Topic	Presenter	Time
Opening Remarks	Elizabeth Holcomb, OHSC	11:00 – 11:05
Project Updates	Jodi Wooten, OHSC	11:05 – 11:10
Analytics	Dr. Jon Duke, GTRI-CHAI	11:10 – 11:40
Analytics / Data Requests	Dr. Jon Duke, GTRI-CHAI	11:40 – 11:45
Upcoming Activities and Next Steps	Elizabeth Holcomb, OHSC	11:45 – 11:50
Meeting Adjournment	Elizabeth Holcomb, OHSC	11:50

Committee Members

Members / Credentials / Roles	Constituency / Appointment
Elizabeth Holcomb: APCD Advisory Committee Chair, Director, Office of Health Strategy and Coordination	Office of Health Strategy and Coordination - in Statute
Senator Ben Watson, M.D.: District 1 Georgia State Senate, Chair of Senate Appropriations Health & Human Development Subcommittee	Senate Appropriations Health and Human Development Subcommittee - in Statute
Representative Darlene Taylor: District 173 Georgia House of Representatives, Chair of House Appropriations Health Subcommittee	House Appropriations Health Subcommittee - in Statute
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
Jeremy Betts: Executive Counsel, Office of Insurance and Safety Fire Commissioner	Office of Insurance and Safety Fire Commissioner – in Statute (Designee)
Gregory Esper, MD: Associate Chief Medical Officer, Emory Healthcare	Representative of Medical Providers - by Lt. Governor
Jon Duke, MD: Director, Center for Health Analytics and Informatics	Center for Health Analytics and Informatics- in Statute
Kathleen Toomey MD, MPH: Commissioner & State Health Officer	Department of Public Health - in Statute
Matthew Hicks: Representative of the Hospital Industry	Representative of Hospital Industry - by Governor
Rick Dunn: Director, Governor's Office of Planning and Budget	Office of Planning and Budget - in Statute
Vacant	Representative of Insurance Industry


Key Milestones

Milestone	Date	Status
Rules and Data Submission Guide Published	February 2023	Complete
Submitter Registration Deadline	March 2023	Complete
APCD Portal in Production	April 2023	Complete
Mandatory Submissions – Health & Pharmacy	June 1, 2023	Exceptions
Initial Mandatory Submissions – Dental	December 1, 2023	Exceptions
Initial Analytic Use Cases	January 2024	Complete
Last Historical Mandatory Submissions - Dental	May 2024	On Track
Budget Revision for SFY26 (potentially)	September 2024	On Track
Payer Onboarding Completed	December 2024	On Track

Project Updates

Jodi Wooten, OHSC

Missing mandatory submitters



DCH Medicaid	<ul style="list-style-type: none">• Submission dependent on DUA processed 1/30/24• Data formatting issues preventing data collection• Resolution date TBD
Trustmark	<ul style="list-style-type: none">• Corporate transition / data formatting• Resolution date Apr 2024
Express Scripts	<ul style="list-style-type: none">• Data formatting• Resolution date May 2024
Delta Dental	<ul style="list-style-type: none">• Data formatting• Resolution date May 2024
Guardian Life	<ul style="list-style-type: none">• Data formatting• Resolution date May 2024

What data is in the published use cases?

- Medical /Pharmacy data 2018 – Q32023

What data will be in the APCD following the April extract?

- Medical /Pharmacy data 2018 – 2023
- Dental Historical Data 12/1/20 –2023

Planned Future Submitters

Medicare

Data to be requested from CMS Q4 2024
New data request process may impact every APCD's ability to get data.

Georgia Department of Corrections (GDC)

Only limited prescription data available

Analytics

Dr. Jon Duke, CHAI

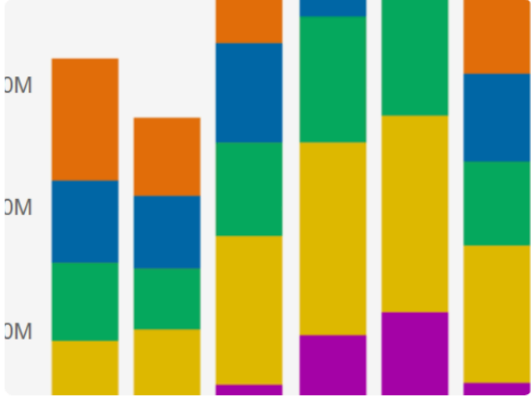
APCD Analytics Has Launched!

- The APCD Analytics team began releasing public content in January 2024
- Dashboards and reports can be found on the APCD website (apcd.georgia.gov) under Public Data

Available Public Data & Reports

- (NEW!) [Georgia APCD Snapshot](#)
- (NEW!) [Condition Explorer](#)
- [Avoidable Emergency Department Costs](#)

What data are in the Georgia APCD?



APCD Snapshot

The snapshot provides an overview of the Georgia APCD population by year.

[OPEN THE SNAPSHOT →](#)

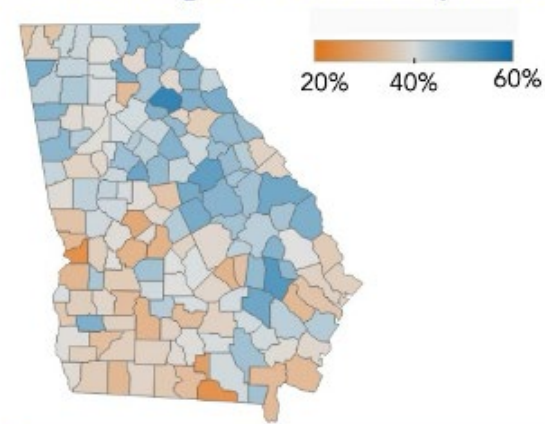
<https://apcd.georgia.gov/georgia-apcd-snapshot>

What data are in the Georgia APCD?

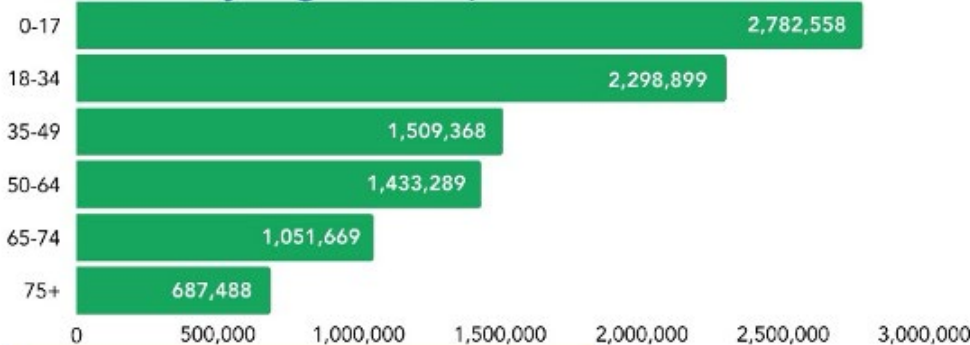
Quick Facts

- 
862+ million claims
Including years 2018-2023
- 
9.7+ million patients (2018-2023)
54.6% Female | 45.3% Male | 0.1% Other
- 
29 submitters
97% private payers
- 
45% of insured GA residents 2022 (medical)
63% (pharmacy) | 23% (dental)

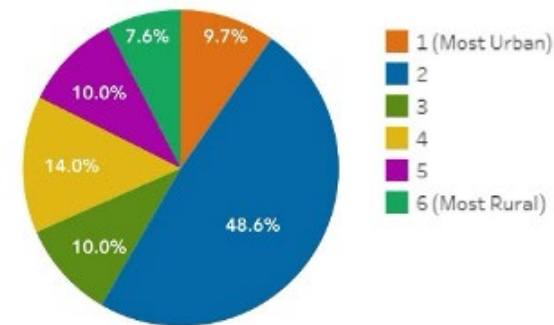
Percentage of GA Population*



Patients by Age Group



Rural or Urban?***



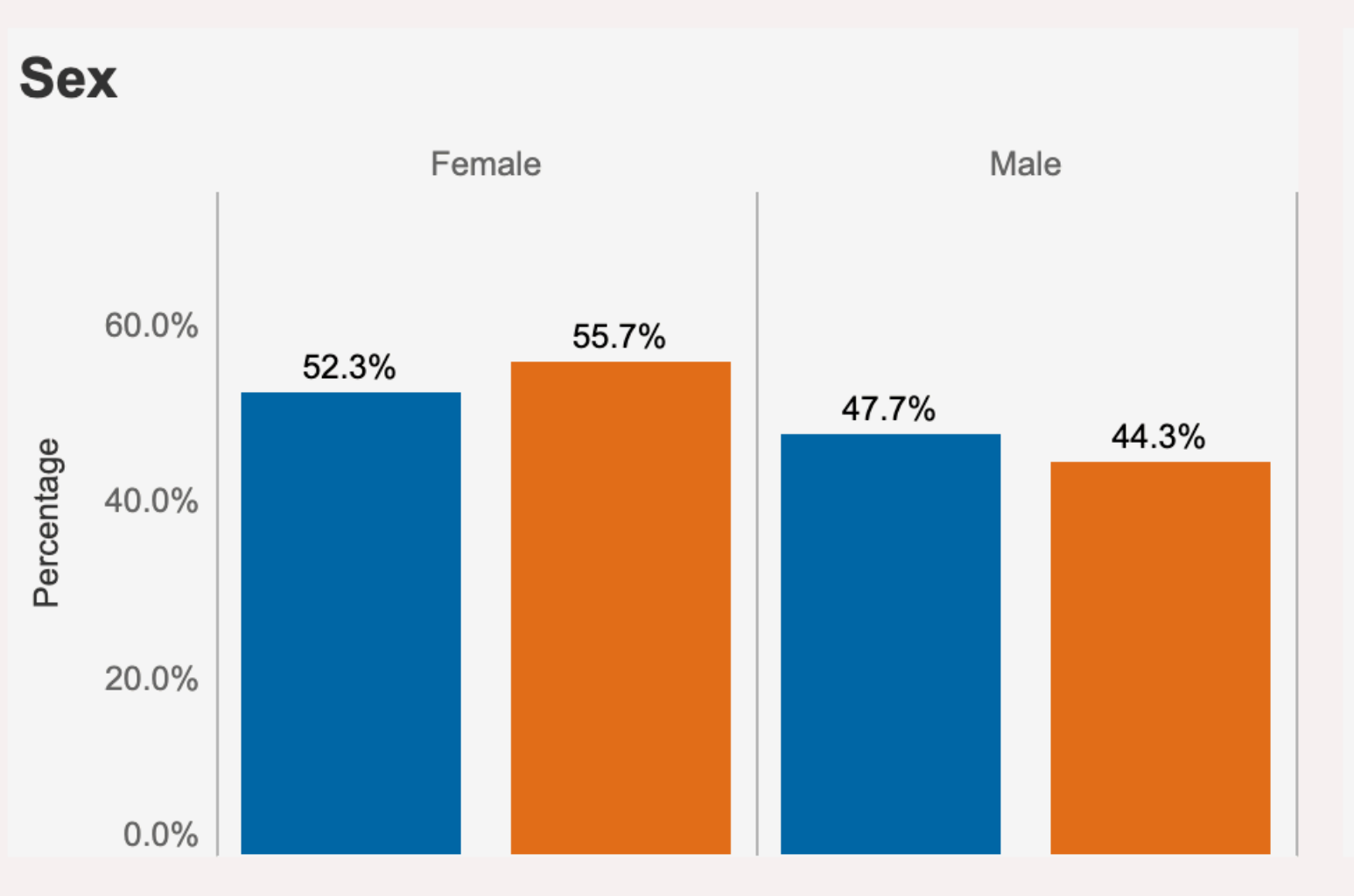
Limited data based on GA APCD as of November 2023, from years 2018-2023

* Population based on 2022, U.S. Census

** NCHS 2013 Urban-Rural Classification (https://www.cdc.gov/nchs/data_access/urban_rural.htm)

+ Icons by Chanut is Industries, CC by 3.0 DEED (<https://creativecommons.org/licenses/by/3.0/>)

How does the APCD Population compare to the actual Georgia population?

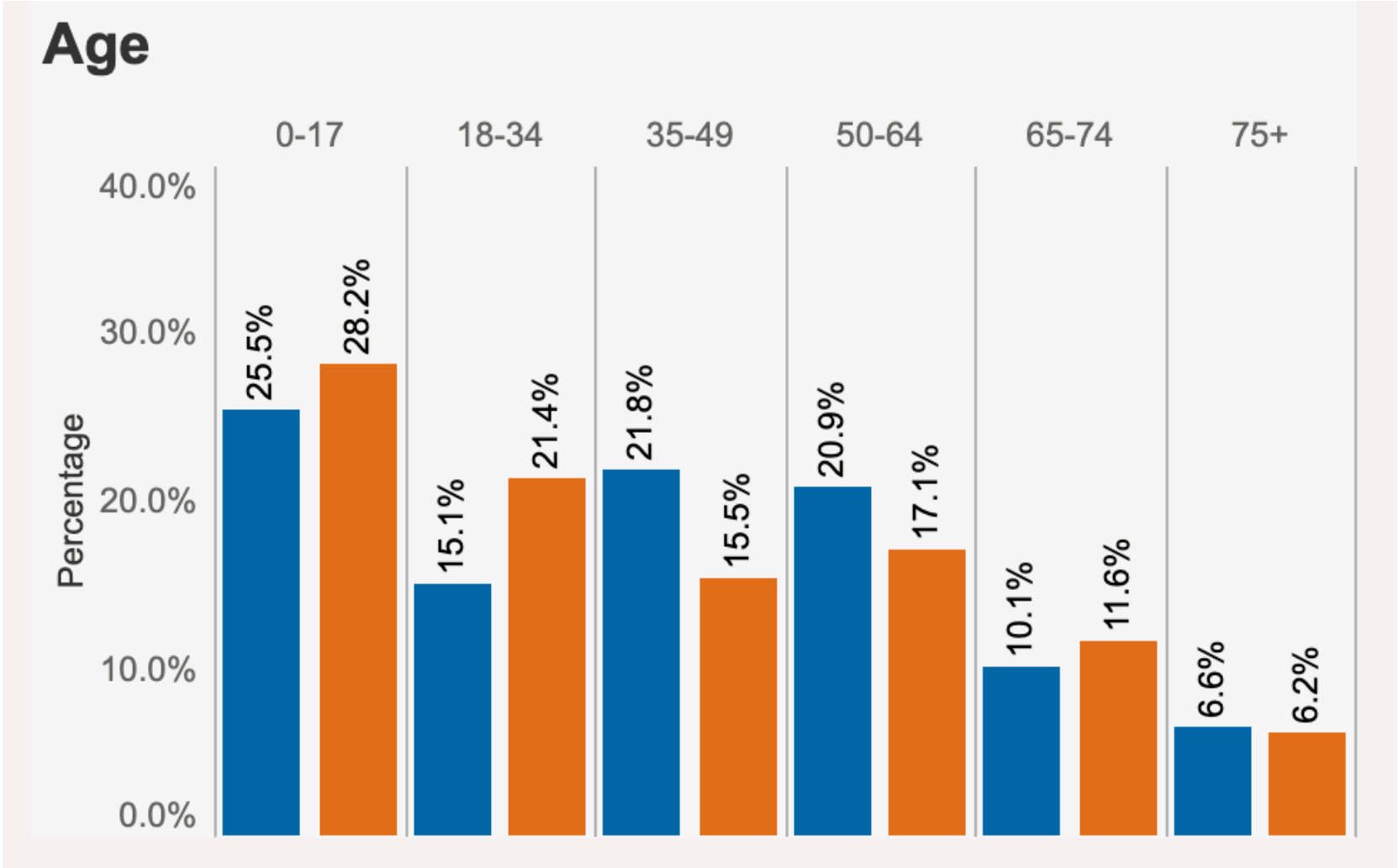


2022 ▼

■ Census

■ GAAPCD

How does the APCD Population compare to the actual Georgia population?

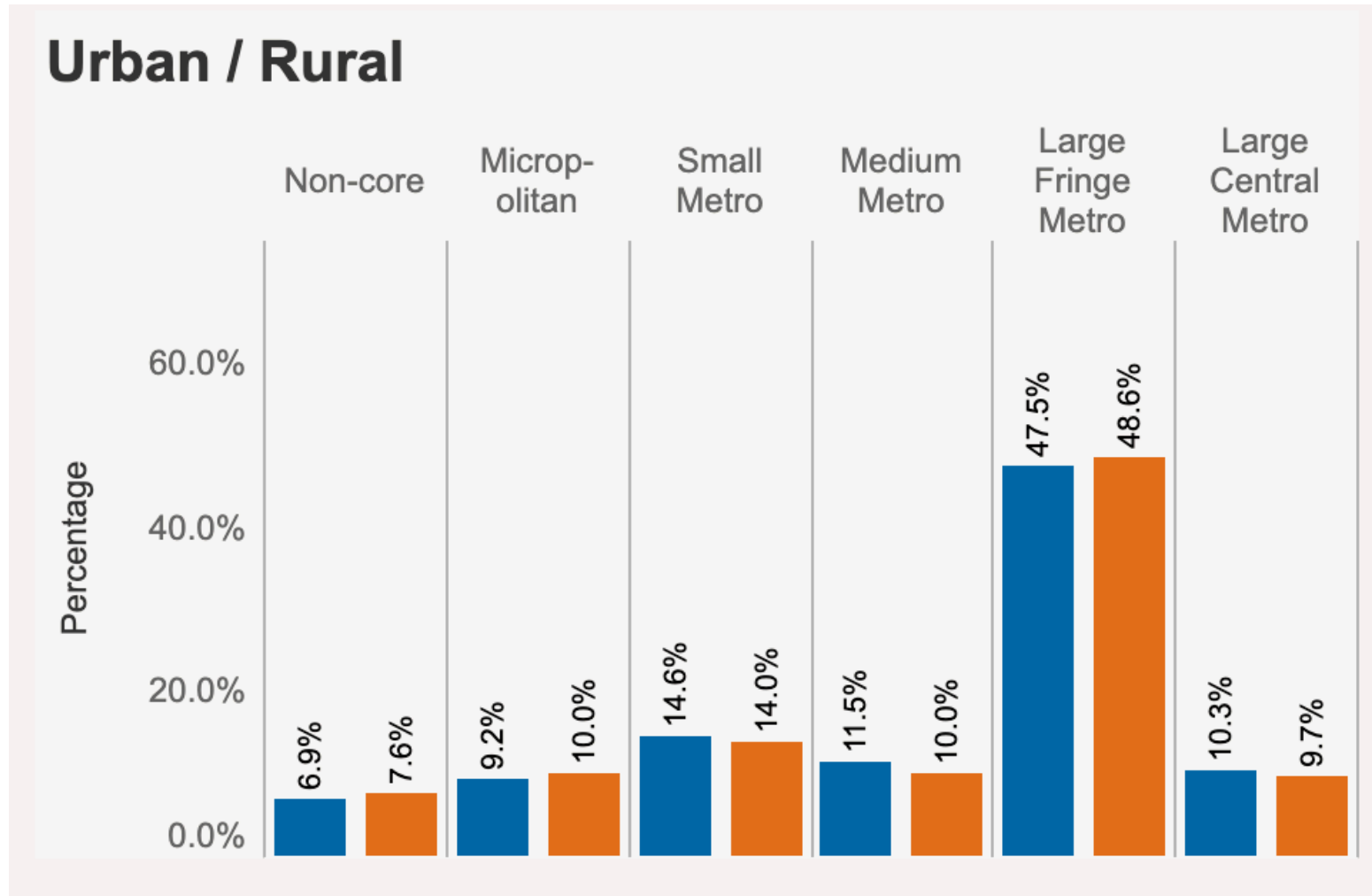


2022 ▼

■ Census

■ GAAPCD

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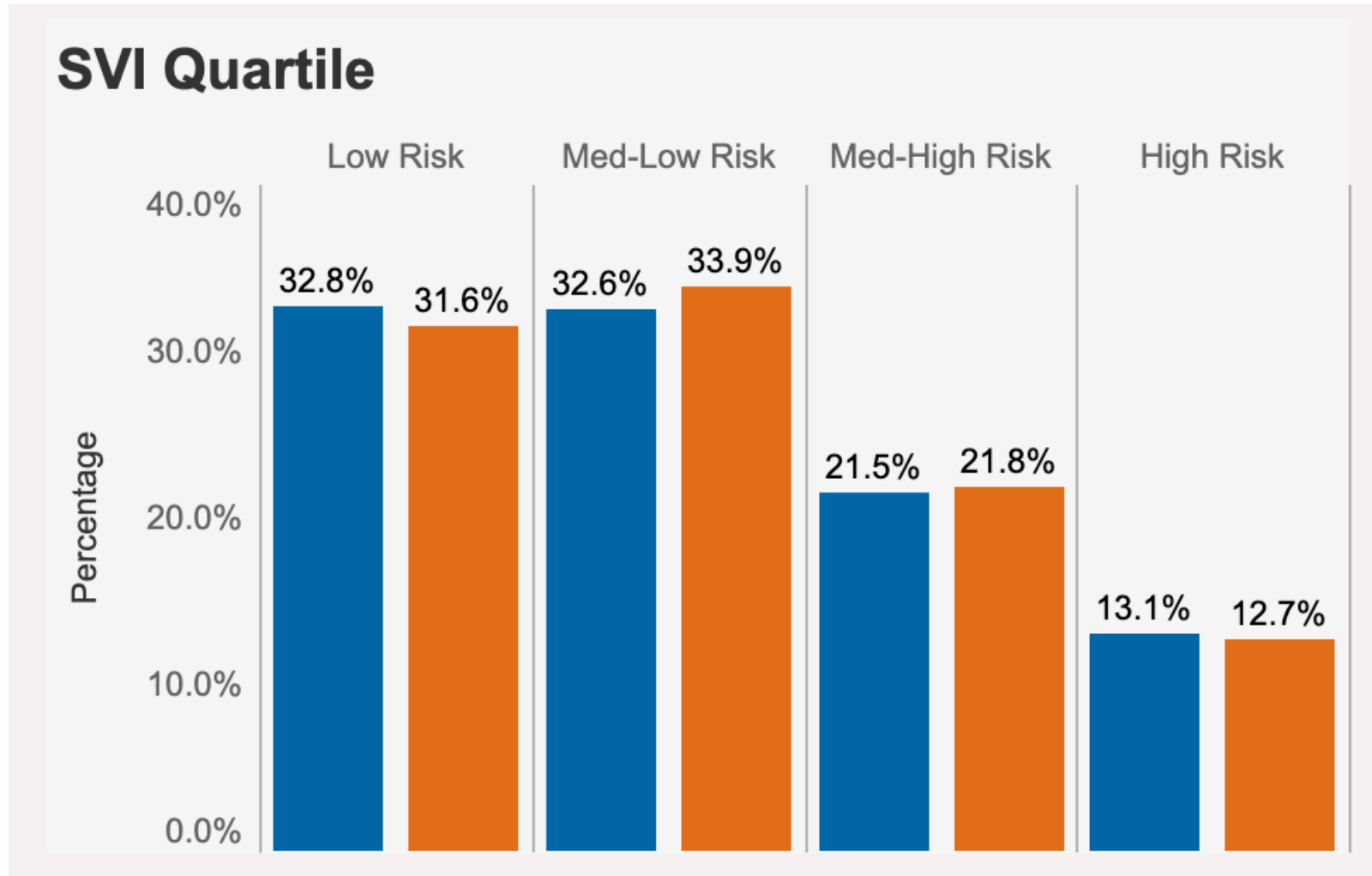


2022 ▼

■ Census

■ GAAPCD

How does the APCD Population compare to the actual Georgia population?



2022 ▼

■ Census

■ GAAPCD

Generalizability of GA APCD

- Overall, the APCD population has good concordance with the Georgia population
- There are still a few key data sources to come (GA Medicaid and traditional fee-for-service Medicare being the most significant datasets to be added)
- For specific studies, additional statistical modeling can be used to further "weight" the APCD population to match the Georgia population

Analytics Highlights

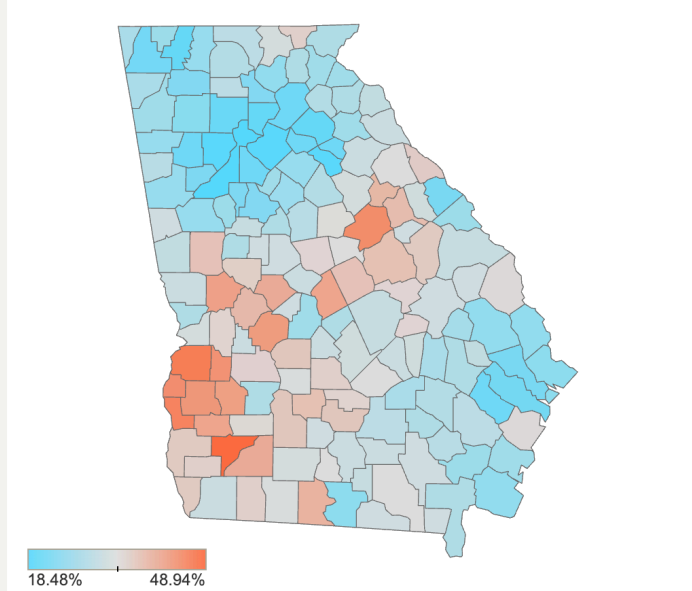


Condition Explorer Dashboard

Overall Prevalence

Hypertension	23.8%
Hyperlipidemia	21.3%
Diabetes	10.3%
Osteoarthritis and RA	9.5%
Depressive Disorders	8.7%
Anemia	7.1%
Hyperthyroidism	6.0%
Substance Use Disorder	5.5%
Cataracts	5.4%
Asthma	5.4%
Chronic Kidney Disease	5.0%
Ischemic Heart Disease	4.4%
COPD	3.6%
Congestive Heart Failure	2.9%
Glaucoma	2.7%
Atrial Fibrillation/Flutter	2.4%
Pneumonia	2.0%
Osteoporosis	1.8%
Breast Cancer	1.1%
Non-Alzheimer's Dementi	1.0%
Prostate Cancer	0.9%
Alzheimer's Disease	0.6%
Acute Myocardial Infarcti..	0.3%
Colorectal Cancer	0.3%
Lung Cancer	0.3%
Parkinson's Disease	0.2%
Hip or Pelvic Fracture	0.2%
Renal Cancer	0.2%
Endometrial Cancer	0.1%

Prevalence of Hypertension (2022)



Medical Costs

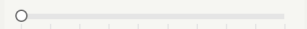
\$1,942

Patients with Hypertension had on average \$13,153 in total costs for medical care, including \$1,942 for treatment of Hypertension.

Health Equity

▲ 46%

Hypertension is 46% higher in counties with a greater percentage of people below the 150% poverty line.



Limitations

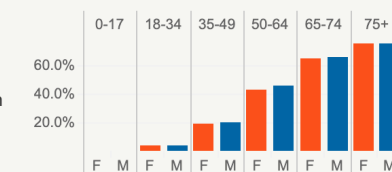
The Georgia APCD population differs from the actual Georgia population in a number of important ways (see Methods and Limitations below). As the APCD data expands in population size and years of coverage, this dashboard will be updated.

Prevalence

23.8%

The prevalence of Hypertension in this population is 23.8%.

Prevalence by Age and Sex





Emergency Department (ED) visits are amongst the most costly components of health care delivery in Georgia. Many ED visits are avoidable, however, either through use of lower acuity care settings or prevention altogether through better primary care. Using Georgia APCD data and a well established ED avoidable costs methodology,¹ we estimated that over 40% of ED visits in Georgia may be avoidable.

1.3 million

AVOIDABLE ED VISITS

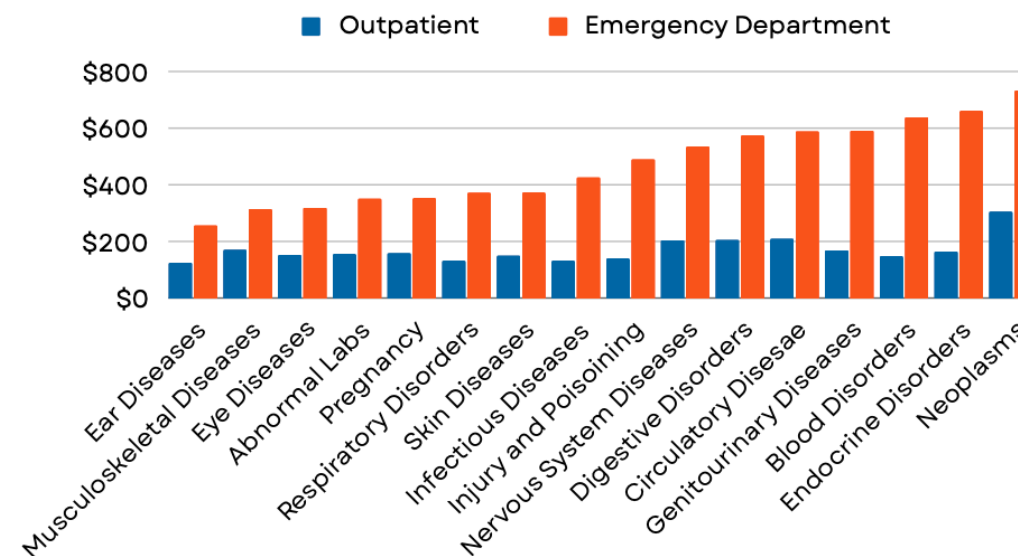
\$307 million

AVOIDABLE ED COSTS

AVERAGE COSTS PER VISIT

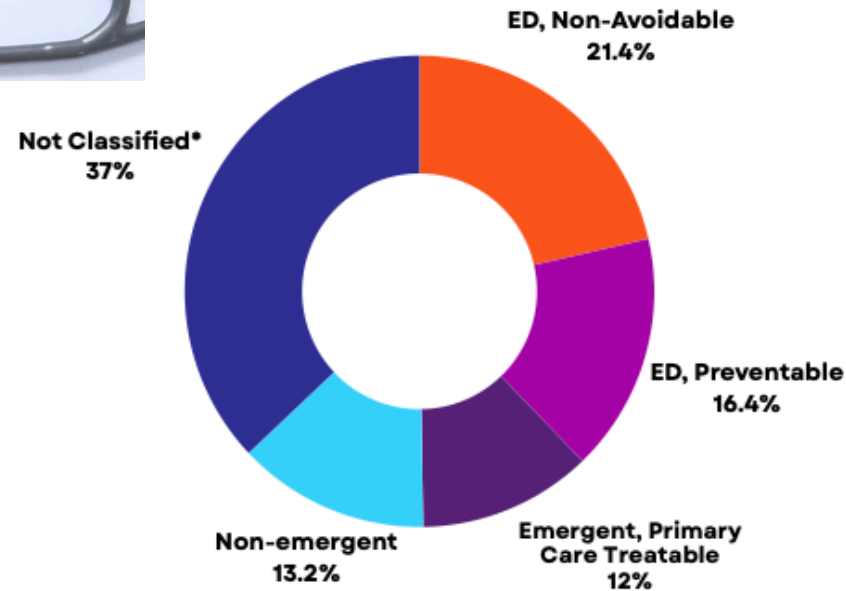
Many conditions seen in the Emergency Department are avoidable for almost all patients. Common conditions such as these offer the greatest potential for cost savings.

Hypertension	Asthma	Urinary Tract Infection
\$128 Outpatient Visit	\$178 Outpatient Visit	\$119 Outpatient Visit
\$501 Emergency Department	\$556 Emergency Department	\$547 Emergency Department



AVOIDABLE EMERGENCY DEPARTMENT COSTS

2022



IN 2022, AN ESTIMATED **13.2%** OF GEORGIA APCD ED VISITS WERE NOT EMERGENCIES. **28.4%** WERE EMERGENCIES, BUT TREATABLE IN OTHER SETTINGS.

*Visits are considered "Not Classified" when the primary diagnosis code does not have avoidability characteristics in the Billings' classification.

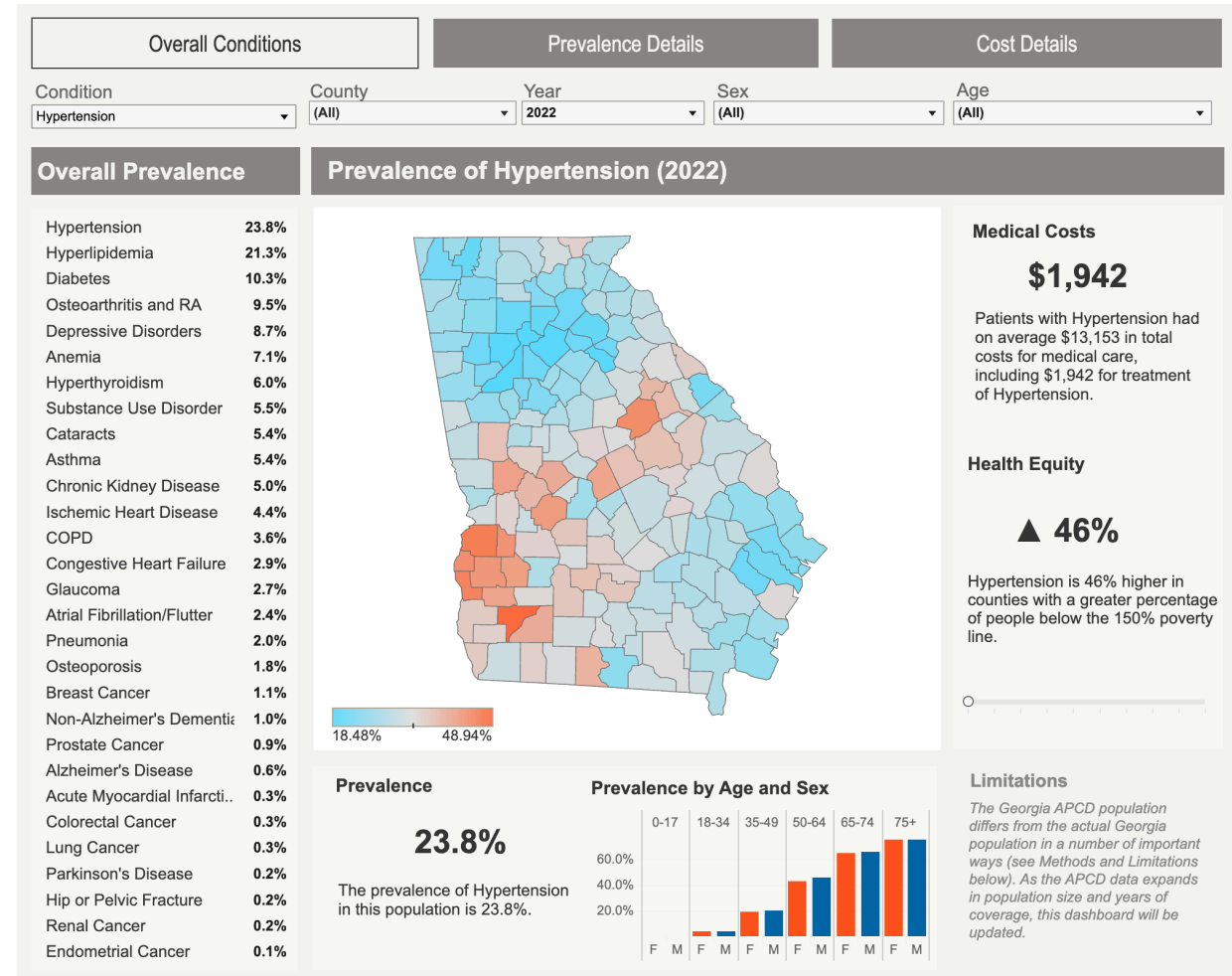
Avoidable ED costs are specifically classified using the Billings' classification system,^{1,2} focusing on ED visits that did not result in inpatient admission and utilizing the relevant ICD codes within this classification, totaling 47,132 codes.

REFERENCES

1. Billings, J., Parikh, N., & Mijanovich, T. (2000, November). Emergency department use: the New York Story. Issue Brief (Commonwealth Fund), (434), 1-12. PMID: 11665699.
2. Johnston KJ, Allen L, Melanson TA, Pitts SR. A "Patch" to the NYU emergency department visit algorithm. Health services research. 2017 Aug;52(4):1264-76.

Condition Explorer

- The intent of the Condition Explorer is to provide insights into the relative burden of chronic disease in Georgia
- The dashboard includes prevalence and related healthcare costs for 27 chronic diseases and cancers stratified by county, year, age, sex, and urban-rural classification



Methods provided in detail

Methods

Prevalence Estimates

The reported prevalence estimates represent the proportion of individuals within the Georgia APCD identified as having a disease diagnosis (numerator) relative to the total population (denominator).

Patient inclusion criteria for a disease of interest follows guidance from the [Centers for Medicare and Medicaid Services \(CMS\) Chronic Conditions Data Warehouse \(CCW\)](#), which publishes a list of phenotype definitions for 30 chronic diseases (2017 forward). These definitions include valid ICD-10 codes, a lookback period, and the number and setting of qualifying claims that identify an individual as having a specific condition. For example, the CCW defines a diabetic as an individual having ≥ 2 outpatient or ≥ 1 inpatient encounters with a diagnosis of diabetes in prior 2 years. The set of ICD-10 codes, lookback period, and number and type of claims vary by condition. See the CCW link above for full details.

Healthcare Costs

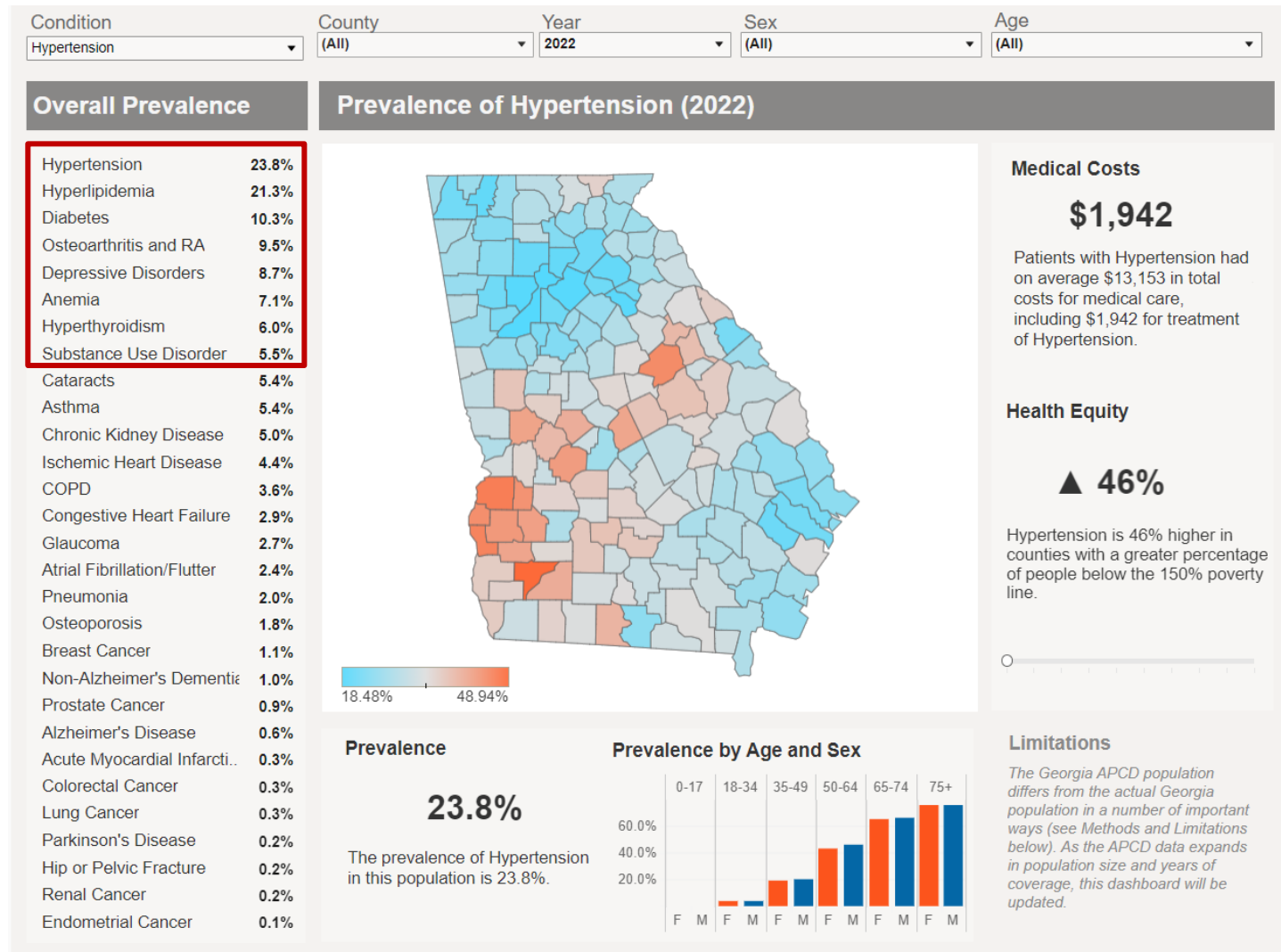
Two cost metrics are represented in the dashboard. The first is Average Total Medical Costs. This reflects the sum of all medical claims costs, including both payer and patient paid amounts, divided by the number of individuals with this condition in the selected stratification (eg, a given year, county, age group, sex). Denied claims and “orphaned” adjustments have been removed from these cost calculations. Importantly, these calculations do not include pharmacy costs for the condition.

The second metric is Average Condition-Specific Medical Costs. This reflects the sum of all medical claims costs for the specific condition, including both payer and patient paid amounts, divided by the number of individuals with this condition in the selected stratification (eg, a given year, county, age group, sex). Denied claims and “orphaned” adjustments have been removed from these cost calculations. These calculations do not include pharmacy costs for the condition.

<https://apcd.georgia.gov/condition-explorer>

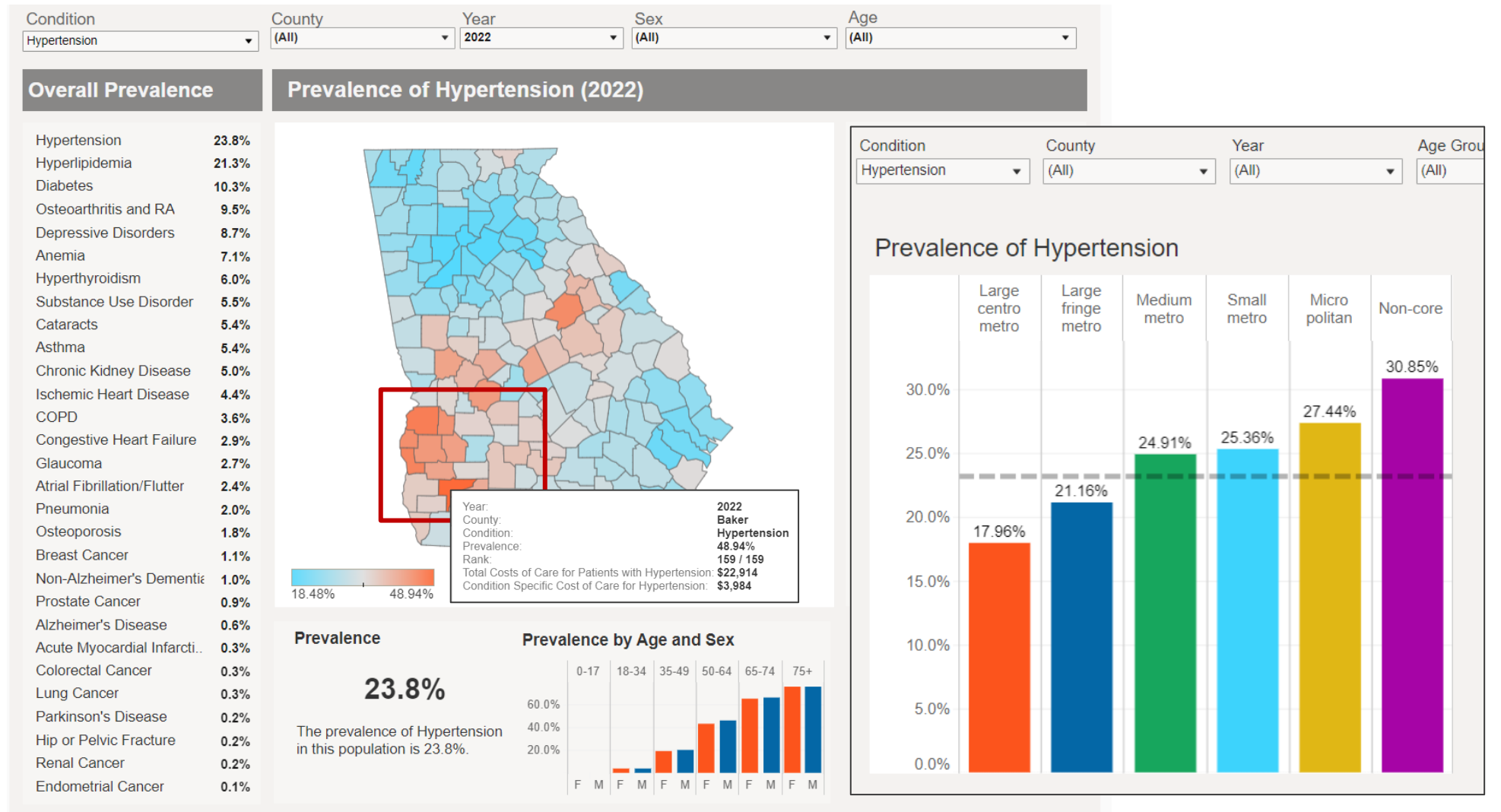
Example Explorations

- What are the most common conditions in the Georgia APCD?



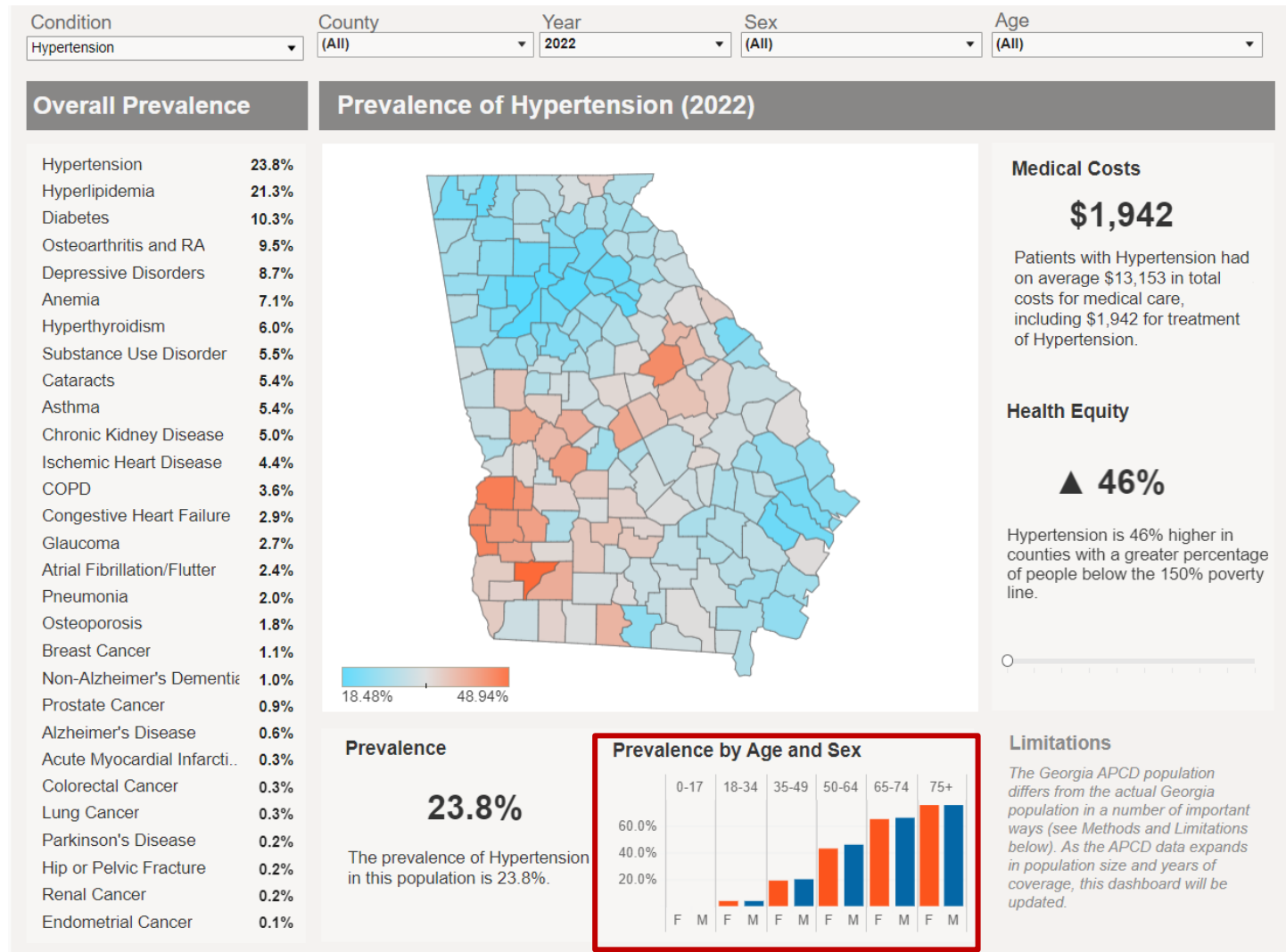
Example Explorations

- What parts of the state have the highest rate of hypertension?



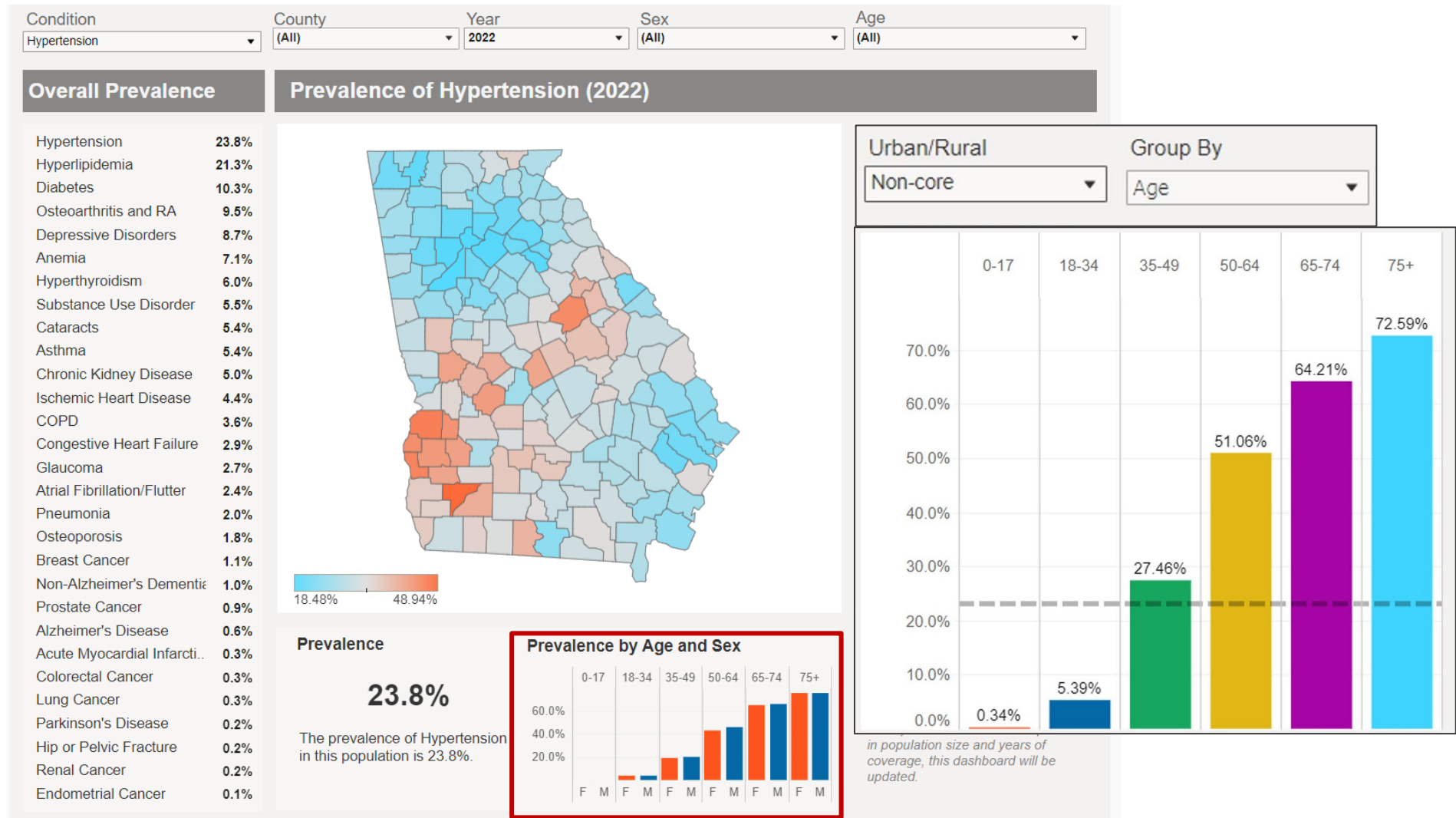
Example Explorations

- How does the rate of hypertension vary by age and sex?



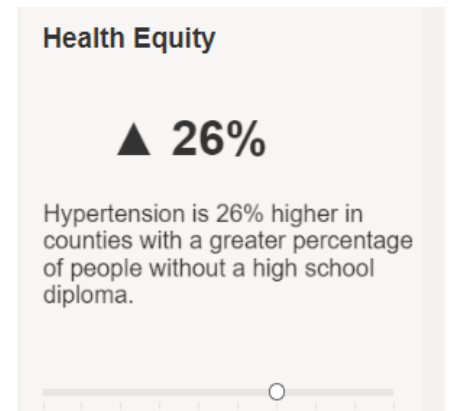
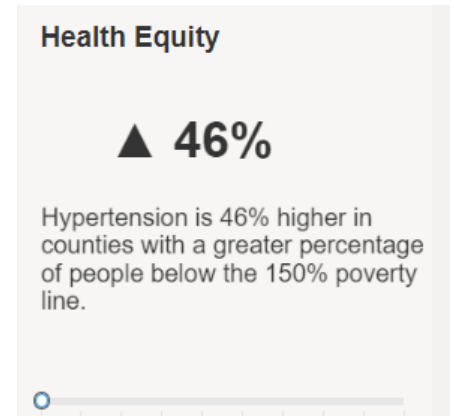
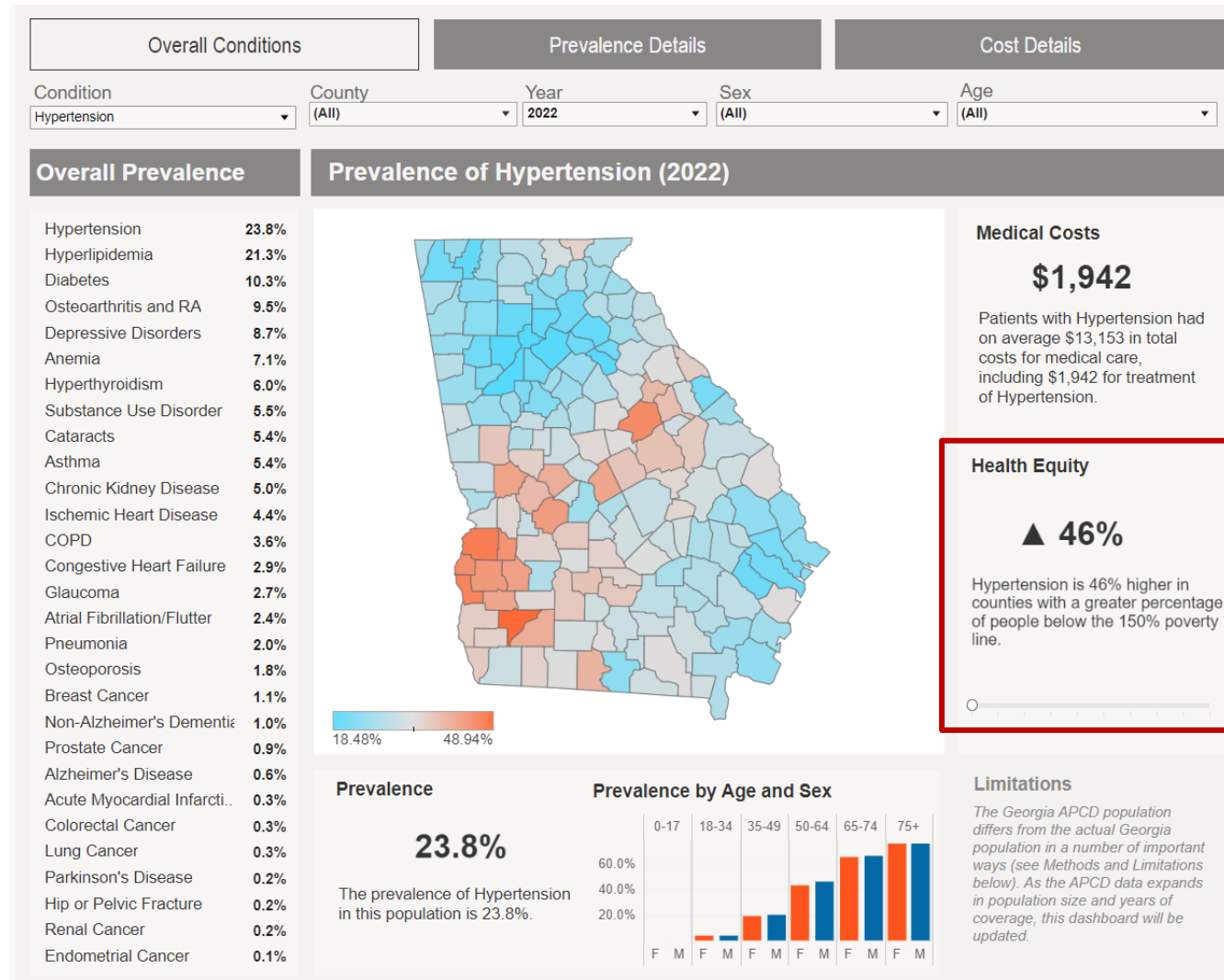
Example Explorations

- How does urban / rural classification affect these rates?



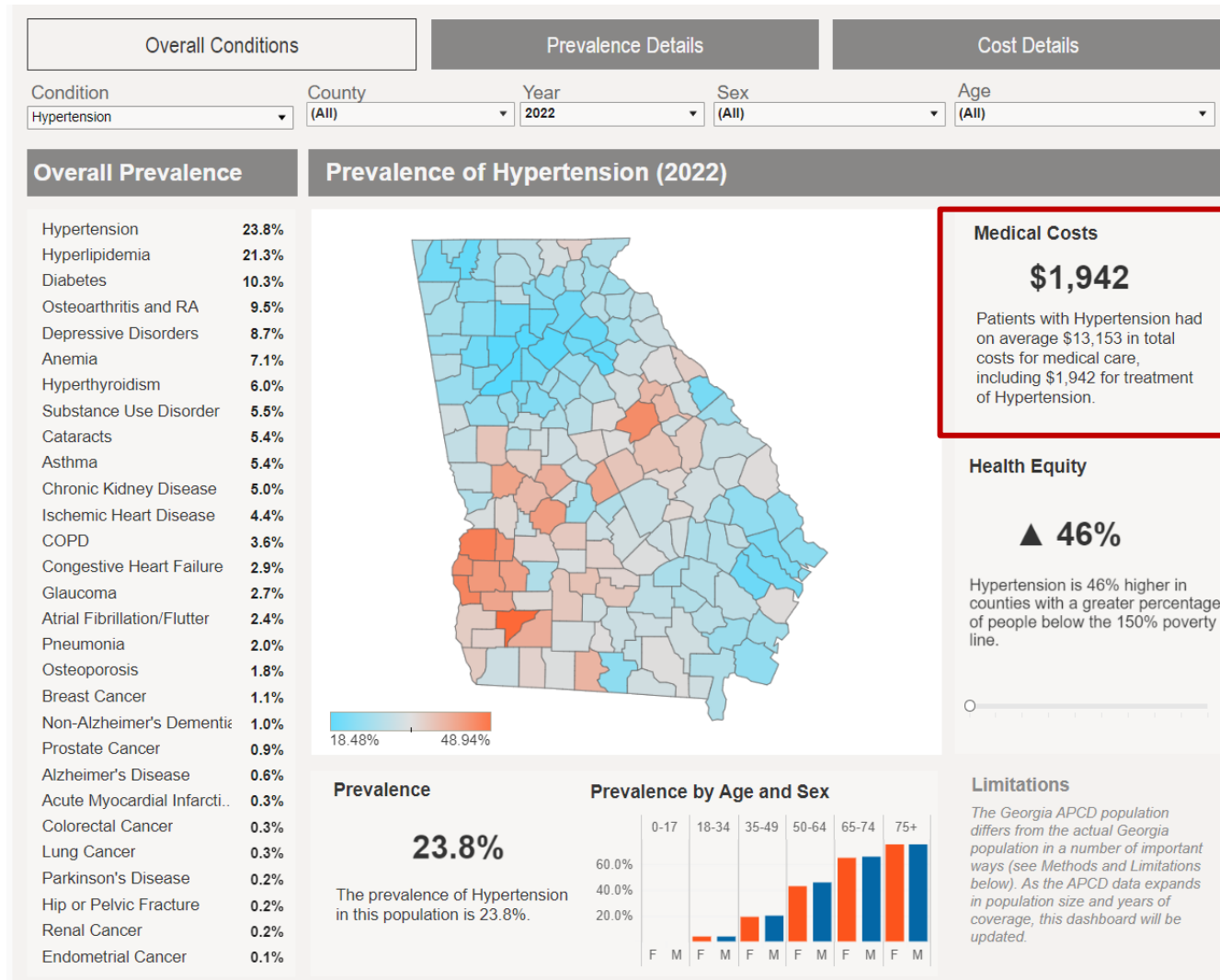
Example Explorations

- What role do social determinants of health play in hypertension rates?



Example Explorations

- What about costs of medical care for individuals with hypertension?



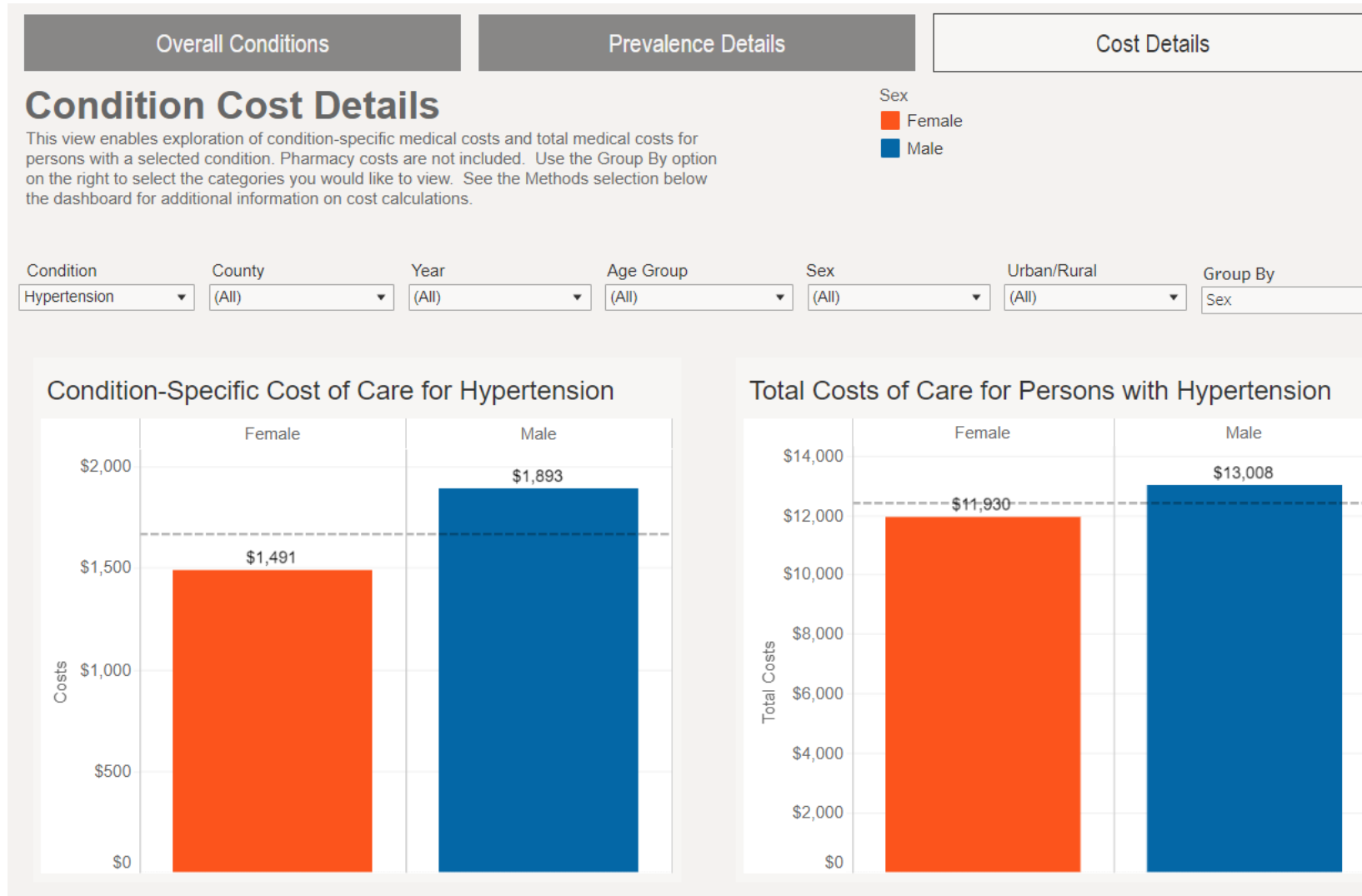
Medical Costs

\$1,942

Patients with Hypertension had on average \$13,153 in total costs for medical care, including \$1,942 for treatment of Hypertension.

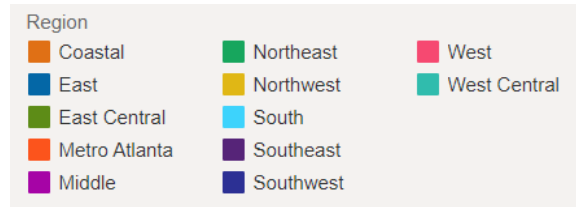
***Pharmacy costs not included**

Example Explorations



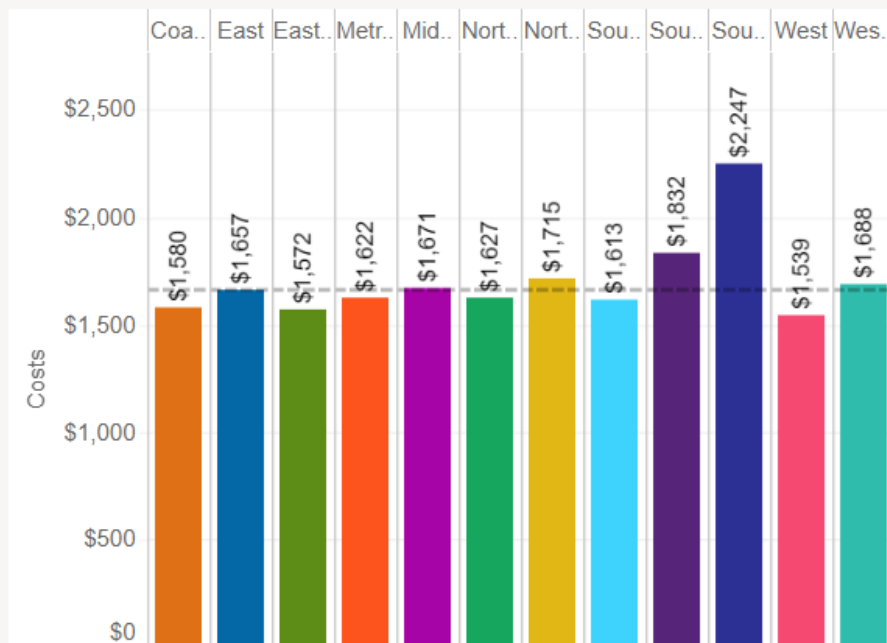
Example Explorations

- How do costs of medical care for patients with hypertension differ by region?
 - **Note: These are not provider costs by region. These are costs of care for individuals who live in these regions.**

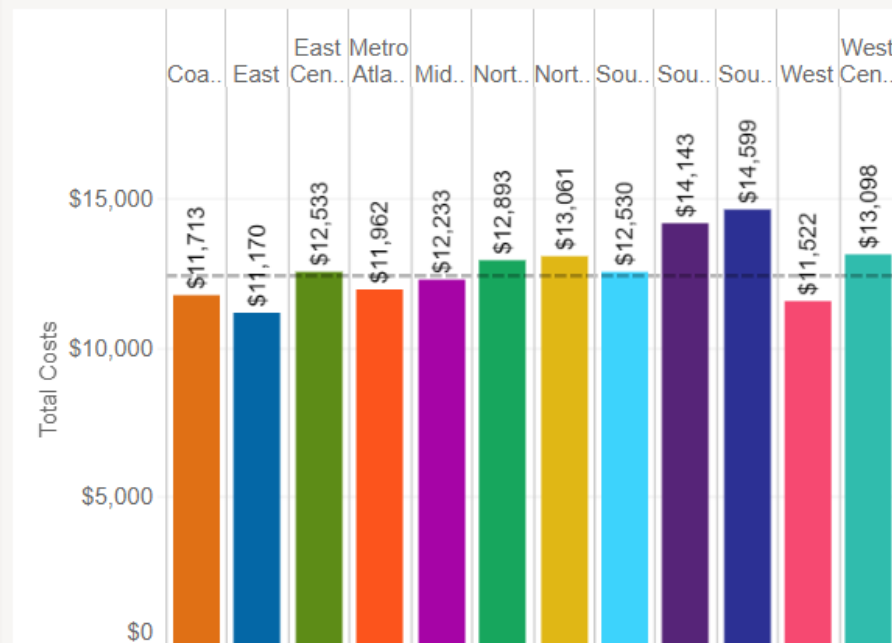


GDEC Regions
<https://www.georgia.org/regions>

Condition-Specific Cost of Care for Hypertension

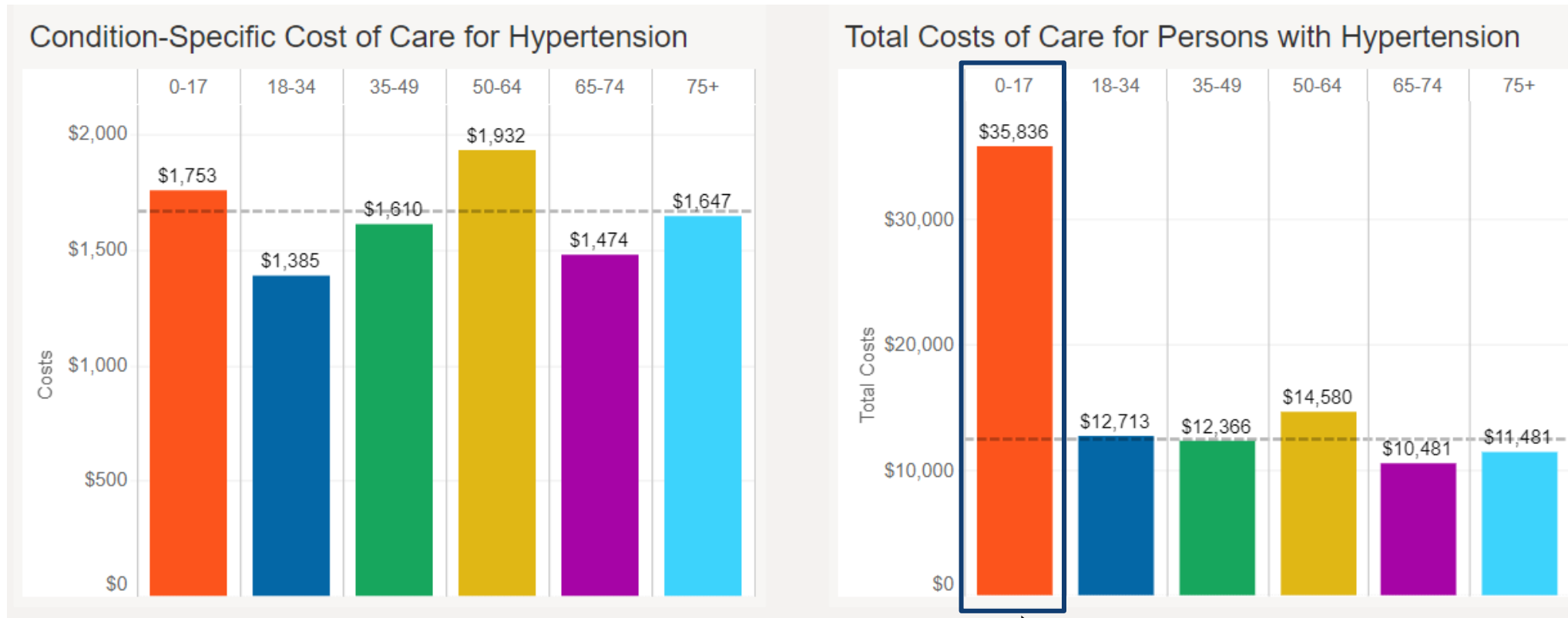


Total Costs of Care for Persons with Hypertension



Example Explorations

- How do costs of medical care for patients with hypertension differ by age?



Surprising?

Perspective Pieces on APCD Website

MARCH 01, 2024

AUTHOR

Jon Duke

Director, GTRI-CHAI

Dr. Jon Duke, MD is Director of Georgia Tech Research Institute's Center for Health Analytics and Informatics (CHAI), the Administrator for the Georgia APCD.

[View all news by this author](#)

Exploring Cost Data in the Georgia APCD

The Georgia APCD began receiving submissions of medical claims data in June 2023 and is poised to become a valuable resource for Georgians, from health care consumers and providers to policymakers and researchers. In the coming months, we will be releasing a variety of dashboards and data from the APCD exploring a number of [use cases](#), ranging from chronic disease to costs of care.

As excited as we are to begin sharing APCD data, we remain cognizant of Mark Twain's classic [cautionary take](#) on statistics. We believe that it is essential for us to provide both context and tools to support informed exploration and use of these data by all citizens of the state.

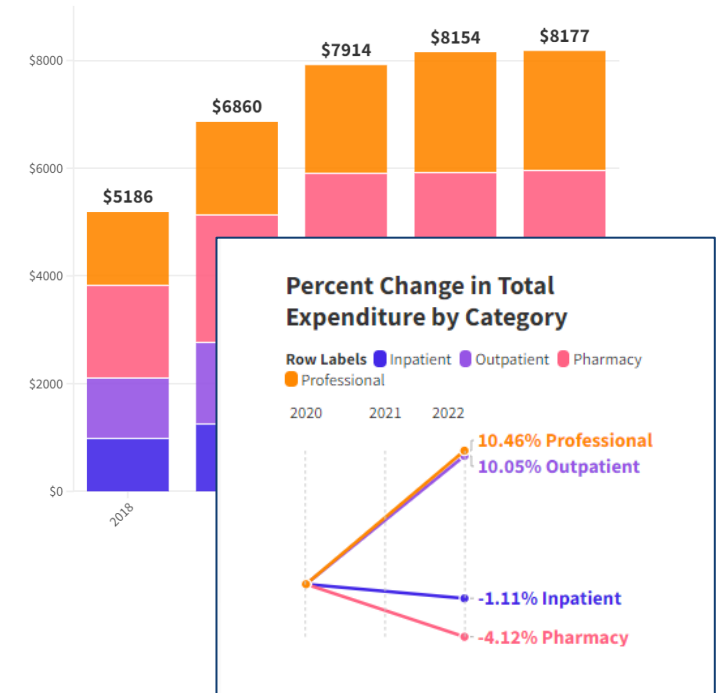
What do Georgians Spend on Health Care?

We begin with this reasonably straightforward question, "What do Georgians spend on healthcare?" The APCD, as a collection of healthcare claims data, is well-positioned to help answer this question. Nonetheless, it is important to note that the population of the Georgia APCD is a subset of the actual Georgia population. The APCD is still growing, and several key

Average Expenditures Per Person Per Year* (2018-2022)

Georgia APCD

Inpatient Outpatient Pharmacy Professional



Analytic Use Cases

As previously discussed, there are **12 initial use cases** targeted for release in 2024

Cost and Utilization

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

Population Health

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

Healthcare Quality

- Low-Value Care
- Preventive Screening

FY25 Use Case Planning

- We will be reconvening the APCD Use Case Workgroup to support development of another round of use cases
- We appreciate and look forward to participation in helping develop these important areas of analysis

Summary

- APCD Analytics is off to a great start, and we have just begun to scratch the surface of what can be done
- We look forward to working with stakeholders throughout the state to ensure that the materials developed by GTRI CHAI align with the needs and objectives of our state, its leadership, and its citizens

Data Access and Governance

Dr. Jon Duke, CHAI

Data Access Overview

There are multiple avenues for accessing APCD data and information.

Resources Available to the Public

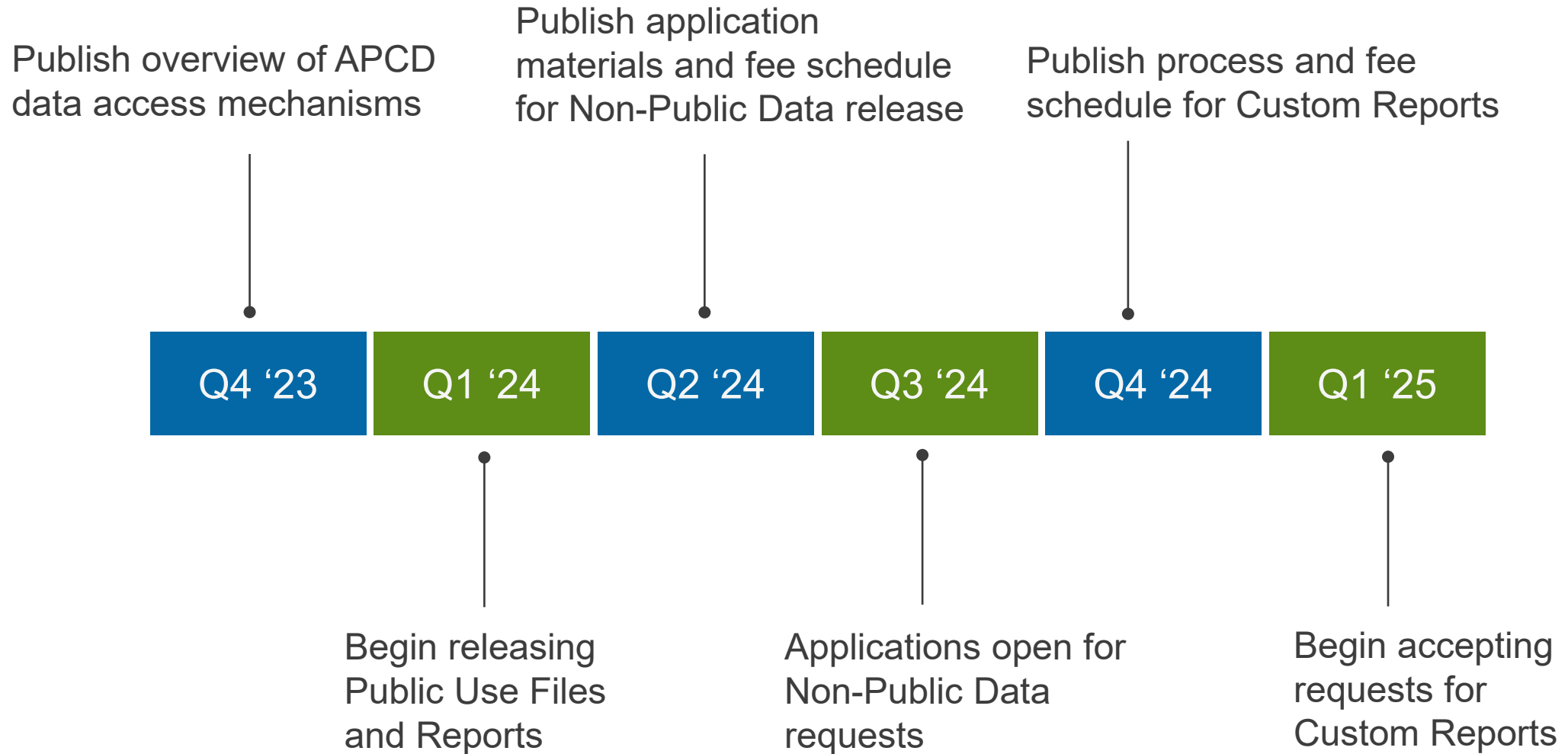
- Dashboards
- Public Use Files (data files containing aggregated, de-identified data)
- Public Reports

Resources Available with Approved Request

For prospective data users whose research topics are not included in the public use files or reports, the following products can be requested:

- Non-Public Data Extracts
- Custom Reports

Timeline for Data Access (Calendar Year)



Data Request Review Committee

- The DRRC will comprise 12-15 individuals with an array of expertise necessary for evaluating data requests
- In addition to the necessary expertise, members should represent a range of stakeholder groups and perspectives
- DRRC will meet monthly; member terms 1-2 years

Individuals with expertise in:

- Health data and informatics
- Health services research
- Analytic methods
- Data privacy and security
- Research ethics
- IRB and regulatory processes
- Antitrust regulations

From stakeholder groups including:

- Research organizations
- State entities
- Payers
- Health systems
- Provider organizations
- Industry
- Consumer

Data Request Review Committee

We welcome recommendations from the Advisory Committee for experts to serve on the DRRC. Please send to jon.duke@gtri.gatech.edu

Individuals with expertise in:

- Health data and informatics
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- Analytic methods
- Data privacy and security
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From stakeholder groups including:

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- Provider organizations
- Industry
- Consumer

Upcoming Activities and Next Steps

Elizabeth Holcomb, OHSC

Adjournment

Next Meeting – July 2024

Appendix

APCD Deadlines

The submitter rules and data submission guide establish the format, standards, procedures, and deadlines by which health and dental plans must submit data files to the Georgia All-Payer Claims Database.

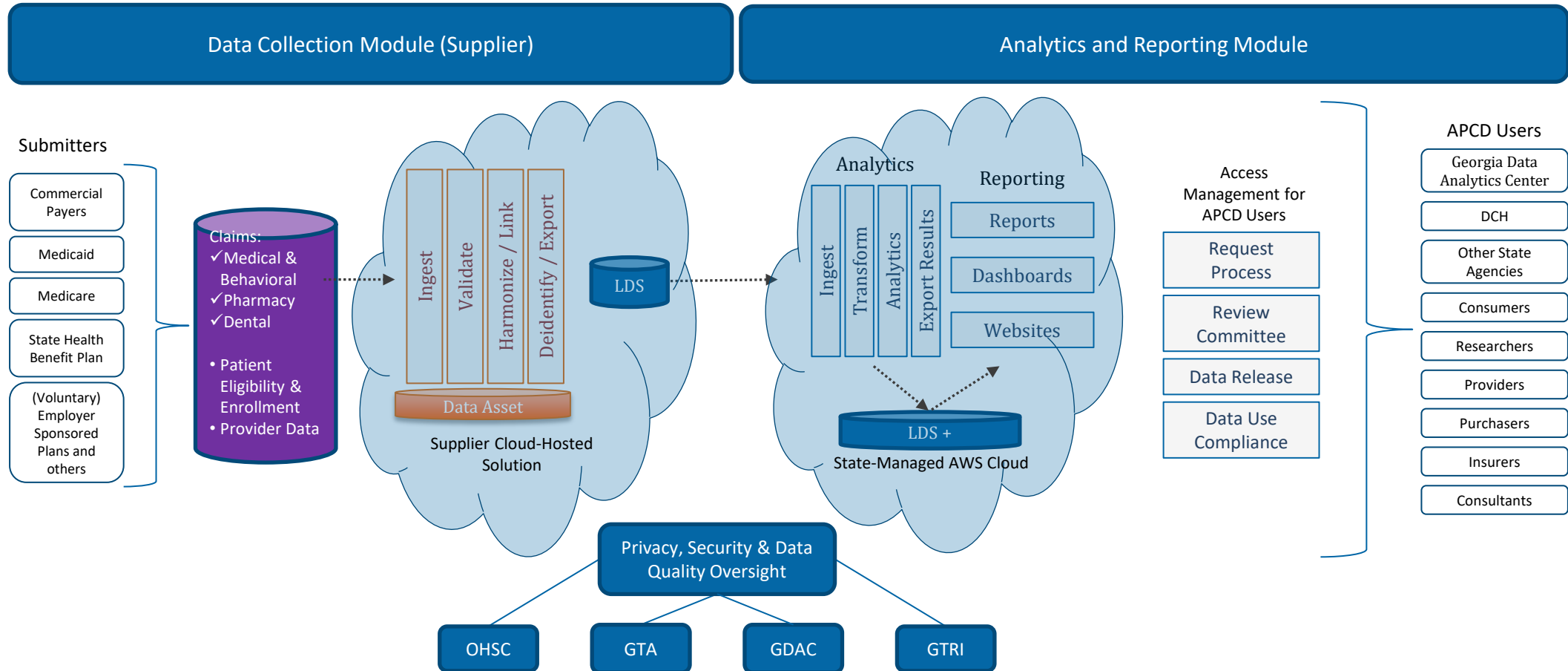
Rules were initially published on December 21, 2022, and became effective on March 3, 2023.

Milestone	Deadline
Registration Deadline	Due March 7, 2023
Test File Submission	Due April 7, 2023
Health & Pharmacy Data	Due June 1, 2023
Dental Data	Due December 1, 2023

APCD Submitter Rules

Topic	Rule
Covered lives baseline	Covered lives as of 12/31 of the previous year.
Covered lives threshold	1,000 covered lives
Population	All claims for Georgia residents and their dependents, regardless of where the service was delivered.
Submission frequency	<ul style="list-style-type: none">• Monthly submission• All claims adjudicated during the reporting period.
Submission sequencing	No phased onboarding within payer types but provide a path for extensions.
Penalties	\$1,000 per day
Registration deadline	Registration by no later than March 7, 2023
Health & Pharmacy Data	Due June 1, 2023
Dental Data	Due December 1, 2023

APCD Design Refresher



OHSC: Office of Health Strategy and Coordination
 GTA: Georgia Technology Authority
 GDAC: Georgia Data Analytics Center
 GTRI: Georgia Tech Research Institute Center for Health Analytics and Informatics
 AWS: Amazon Web Services
 DCH: Department of Community Health (Georgia Medicaid Agency)

Analytic Use Case Categories

Cost & Utilization

- Total Costs of Care
- Chronic Disease Costs of Care
- Avoidable ED Costs
- Behavioral Health Costs of Care
- Median Negotiated Rates
- Pharmaceutical Costs

Population Health

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

Health Care Quality

- Opioids in Low Back Pain
- Preventive Screening Rates

Medical Covered Lives Breakdown

*Some submitters submit for more than one plan type in a single submission, so the number of plans will be greater than the total number of submitters.

Plan Type	Medical Plans	Medical Covered Lives
Small-Employer Health Insurance Plans	12	292,301
Exchange Plans	11	521,337
Self-Insured ERISA Plans	9	400,897
Self-Insured Non-ERISA Plans	11	652,842
Medicare Part C (Medicare Advantage)	9	1,214,283
Medicaid FFS	0	0
Medicaid Managed Care	4	2,115,836

Timeline of Data Extracts



Jan 7, 2024
Extract (Nov 1 cutoff)
Medical /Pharmacy
Historical data
2018 - through
Q3 2023*

Jul 18th, 2024
Extract (Jun 3 cutoff)
• Medical /Pharmacy
data 2018 – Mar
2024
• Dental Data 2018-
Mar 2024

Jan 16th, 2025
Extract (Dec 2 cutoff)
• Medical /Pharmacy data
2018 – Sep 2024
• Dental Data 2018-Sep
2024

Apr 15th, 2024
Extract (Mar 1 cutoff)
• Medical /Pharmacy
data 2018 – 2023*
• Dental Historical
Data 12/1/20 –
2023**

Oct 17, 2024
Extract (Sept 2 cutoff)
• Medical /Pharmacy
data 2018 – Jun
2024
• Dental Data 2018-
Jun 2024

*Missing from
Medical/Pharmacy Data
through Apr 15th extract:
• DCH Medicaid
• Express Scripts
• Trustmark

**Missing from Dental Data
through Apr 15th extract:
• DCH Medicaid
• Delta Dental
• Guardian Life

Budget Update

State Funding

	FY22	FY23	FY24	FY25	FY26	Total
FY 2022 Encumbrance (DCH)	\$ 2,815,000					
GTA Tech Empowerment Fund (TEF)		\$ 1,230,000				
OHSC APCD State Base			\$800,000	\$800,000	\$800,000	
Total State Budget	\$ 2,815,000	\$ 1,230,000	\$ 800,000	\$ 800,000	\$ 800,000	\$7,245,000

Implementation Budget

Total Budget	\$11,373,430
Total Encumbered	\$4,994,274