



Georgia All-Payer Claims Database

Advisory Committee Meeting

August 10, 2023
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 Update	Colin Stauffer, OHSC	11:05 – 11:10
Submitter Onboarding	Colin Stauffer, OHSC	11:10 – 11:15
Analytics	Dr. Jon Duke, GTRI-CHAI	11:18 – 11:25
Stakeholder Engagement	Dr. Jon Duke, GTRI-CHAI	11:25 – 11:28
Data Requests	Dr. Jon Duke, GTRI-CHAI	11:28 – 11:50
Project Budget Update	Colin Stauffer, OHSC	11:50 – 11:55
Upcoming Activities and Next Steps	Elizabeth Holcomb, OHSC	11:55 – 12:00
Meeting Adjournment	Elizabeth Holcomb, OHSC	12:00



Advisory Committee Members Update

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
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
Gregg Conley, JD: 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 at	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



Project Schedule Update

Colin Stauffer, OHSC



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	Extensions Processed
Mandatory Submissions – Dental	December 1, 2023	On Track
Initial Analytic Use Cases	January 2024	At Risk
Payer Onboarding Completed	December 2024	On Track



Submitter Onboarding

Colin Stauffer, OHSC



Medical and Pharmacy

- Historical data
 - 6/1/2020 - 12/31/2022 due **June 1, 2023**
 - 1/1/2018 - 5/31/2020 due **November 1, 2023**
- Calendar-year catch-up data (1/1/2023 - 5/31/2023) due **July 3, 2023**
- Monthly production data (beginning with June 2023) due **August 1, 2023**

Dental

- Initial submission is due December 1, 2023



Overall Projected Covered Lives

Medical

***5,660,864**

Pharmacy

***4,722,076**

Dental

***3,671,936**

**Does not include estimates for the Medicare FFS
Numbers based on registration data as of May 2023*



Payer Onboarding Progress (submitters)

Category	Total	%
Total registered payers	45	100%
Required to submit medical and/or pharmacy	37	82%
Completed ANY production data submissions	22	59%
Completed ALL production data submissions	15	41%
Submitted extension requests	17	46%
Late that have not submitted extension requests	5	14%



Payer Onboarding Progress (covered lives)

Category	Total	%
Total anticipated covered lives	5,660,864	100%
Covered lives for ANY production data submissions	5,027,813	89%
Covered lives for ALL production data submissions	3,477,402	61%
Submitted extension requests	1,841,480	33%
Late that have not submitted extension requests	341,830	6%

Numbers based on registration data as of May 2023



Analytics

Dr. Jon Duke, CHAI



Data Preparation

- Data sent from Onpoint are being converted to a standardized health analytics data model (OMOP CDM)
- Once in OMOP CDM format, data will be assessed through a series of preparatory analyses prior to analytics being run
 - 1630 quality checks
 - 270 data characterizations



Progress on Analytic Use Cases

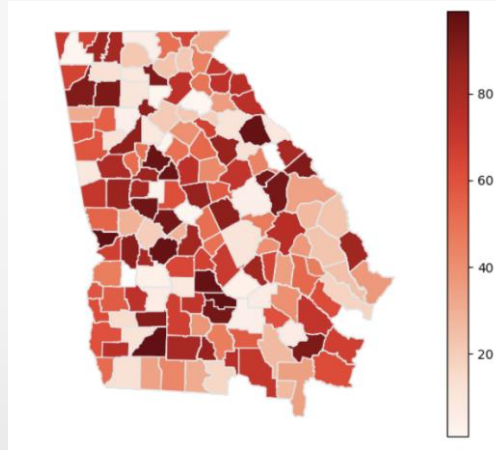
- Twelve Use Cases in active development
- The recent data extract enables testing with real-world data, but is not comprehensive enough to generate final analytic products
- Based on timing of extensions and catch-up data submissions, we expect to begin release of analytic products (reports, datasets, dashboards) in January 2024.

Initial Analytic Use Cases

Cost and Utilization	Population Health	Healthcare Quality
<ul style="list-style-type: none">• Total Cost of Care• Chronic Disease Costs of Care• Avoidable Costs• Behavioral Health Costs of Care• Surprise Billing• Pharmaceutical Costs	<ul style="list-style-type: none">• Chronic Disease Trends• Cancer Trends• Behavioral Health Trends• Maternal Health	<ul style="list-style-type: none">• Low-Value Care• Preventive Screening

Progress on Analytic Use Cases

- In addition to Use Case-specific analytics development, we have also built foundational libraries to enable more efficient use of the APCD in the future
- Examples include geospatial visualization, risk modeling, and integration of data elements such as census, social vulnerability index, and provider characteristics



County_Name	% Poverty	% Unemployed	Per Capita Income	% w/o HS Diploma
Appling	22.23%	5.16%	\$18,977	24.93%
Atkinson	28.00%	10.02%	\$15,456	33.30%
Bacon	16.48%	6.82%	\$17,110	27.39%
Baker	30.05%	6.46%	\$16,379	24.93%
Baldwin	25.20%	7.69%	\$17,488	21.99%
Banks	15.88%	8.14%	\$19,497	27.00%
Barrow	12.57%	10.11%	\$20,882	21.13%
Bartow	14.01%	7.18%	\$22,241	21.65%
Ben Hill	26.94%	14.35%	\$15,529	30.12%
Berrien	23.12%	8.57%	\$16,049	31.10%
Bibb	22.39%	9.71%	\$21,436	18.76%
Bleckley	19.51%	4.88%	\$18,960	26.78%
Brantley	21.42%	7.74%	\$18,905	24.31%
Brooks	16.98%	8.39%	\$20,346	21.83%
Bryan	10.99%	5.79%	\$28,365	11.62%
Bulloch	28.44%	8.47%	\$17,812	14.80%
Burke	25.73%	8.88%	\$15,934	24.89%
Butts	12.36%	8.80%	\$20,963	23.53%
Calhoun	28.82%	10.37%	\$12,452	31.71%
Camden	15.27%	9.55%	\$22,022	10.90%
Candler	22.26%	9.73%	\$16,068	22.53%
Carroll	17.31%	10.41%	\$20,523	21.17%
Catoosa	11.19%	6.96%	\$22,563	17.93%
Charlton	19.76%	10.42%	\$16,652	27.41%
Chatham	16.56%	6.90%	\$25,397	12.63%



Stakeholder Engagement

Dr. Jon Duke, CHAI



Stakeholder Engagement


- While the early focus has been on submitter engagement, we are now expanding stakeholder outreach more broadly
 - APCD website is up (apcd.ga.gov)
 - Planning stakeholder Town Halls for this Fall
- We have seen a rise of inbound information requests from potential users of the APCD



An official website of the State of Georgia. How you know ▾ English Organizations

ALL-PAYER CLAIMS DATABASE SEARCH

About ▾ Data & Reports ▾ Governance ▾ News



GAPCD
GEORGIA ALL-PAYER
CLAIMS DATABASE

The Georgia All-Payer Claims Database (APCD) is a collection of healthcare claims data for both public and private insurance plans in Georgia.

[LEARN MORE →](#)

Key Goals

- Assessing population health
- Identifying health disparities
- Measuring utilization of healthcare services

- Improving coordination of care
- Informing consumers of cost and quality of healthcare
- Supporting the planning and evaluation of healthcare operations and care


- Establishing baseline healthcare cost information
- Monitoring and analyzing healthcare costs
- Enabling oversight of health insurance premium medical loss ratios
- Conducting waste, fraud, and abuse studies

For Submitters

- Submitter Rules**
Standards, procedures, and deadlines for submitting data
- Data Submission Guide**
How to format data submissions
- Submitter Portal**
Claims Data Manager

Learn More

- GA OHSC**
Additional information on Georgia's Office of Health Strategy and Coordination
- National APCD Council**
Learn more about APCDs across the nation



NAHDO Rising Star Megan Denham
July 19, 2023
Congratulations to Megan Denham on receiving the 2023 NAHDO Rising Star Award!

apcd.ga.gov



Data Requests

Dr. Jon Duke, CHAI



Background

- The APCD Data Privacy, Security, and Access (DPSA) Working Group was empaneled in 2022 to develop recommendations for ensuring the privacy, security, and accessibility of the GA APCD
- The WG comprised a range of perspectives including payers, providers, Privacy & Security officers, Compliance officers, policy experts, and healthcare organizations
- The DPSA WG presented its recommendations to the APCD Advisory Committee in June 2022
- A key recommendation was the development of a formal process for submitting, reviewing, and approving APCD data requests

Balancing Data Privacy and Accessibility

Data Privacy, Security and Protection



Facilitate Data Access for Research Aligning with APCD Objectives

“Protect patient privacy in compliance with state and federal health record confidentiality laws...”

O.C.G.A. § 31-53-45

“Provide for custom data requests from communities, individuals, researchers, organizations, and private companies...”

O.C.G.A. § 31-53-48



APCD Outputs

RESOURCES AVAILABLE TO THE PUBLIC

Dashboards

Public Use Files

- De-identified & Aggregated

Public Reports

**DATA REVIEW
NOT REQUIRED**

RESOURCES AVAILABLE WITH APPROVED REQUEST

Data Extracts

- Standard Extracts
- Custom Extracts

Reports

- Standard Reports
- Custom Reports

**DATA REVIEW &
APPROVAL
REQUIRED**



Considerations for Data Release

DATA REQUEST CONTEXT

What? – Nature of the requested data

- Identifiability
 - De-identified data (no identifiers)
 - Limited data (contains certain PHI, such as zip code)
- Sensitivity
 - Sensitive diagnoses or procedures (e.g., HIV/AIDS, substance use, mental health)
 - Anti-trust considerations (e.g., payer identifiers)
- Other Factors
 - Planned data linkages (possibility for re-identification)
 - Provider identifiers (consider in tandem with sensitivity)

Why? – Purpose of the data request

- Alignment with APCD objectives such as
 - Understanding care costs and utilization
 - Improving population health
 - Improving quality of care
 - Improving coordination of care

Who? – Who is requesting the data

- Requestor type
 - Researcher, state agency, payer, health system, etc.
 - Alignment with privacy & anti-trust considerations
- Requestor capabilities
 - Infrastructure to protect data privacy
 - Analytics expertise



Example Policies and Processes

POLICY

- Criteria for APCD Objectives Alignment
- Data Release Restrictions/Limitations
- Data Use Agreement/Requirements
- Data Request Prioritization

PROCESS

- Data Request Application
- Data Request Review
- Data Release and Monitoring
- Data Use Transparency



Policies Vary Significantly Across States

Important Areas of Variation

- Emphasis on de-identified vs. limited data
- Emphasis on standard vs. custom data extracts
- Sensitivity designation of provider data
- Strategies for payer and health system requests
- IRB / privacy board functions
- Pricing strategies

COLORADO (CIVHC)



Standard Reports • \$2,500 - \$4,000

Looking for insights to help you make strategic decisions quickly?
Standard reports focus on specific topics and are readily available in an easy to use, interactive online format. These reports cover a variety of topics and can provide insights into your specific employees or population.

Current Standard Reports

Patient Outmigration (IP/OP)	Low Value Care	Potentially Avoidable ED Visits
Common Prices for Procedures (CPT/HCPS)	Medicare Reference Pricing	Top Cost Drivers
Chronic Conditions	Generic Drug Alternatives	Top Procedures Cost Savings



Standard Data Sets • \$13,500 - \$24,000

Need a data set for a specific research or innovation project?
Standard data sets from the CO APCD are available for those who have analytic capability and need access to health care claims data.

Data Elements Included	Level 1	Level 2A	Level 2B	Level 3
Mental & Physical Health Info.	✓	✓	✓	✓
Paid Amounts (Plan & Member)	✓	✓	✓	✓
Diagnosis & Procedure Codes	✓	✓	✓	✓
Basic Member Demographics	✓	✓	✓	✓
Out-of-Network Flag	✓	✓	✓	✓
Prescription & Pharmacy Info	✓	✓	✓	✓
Dental Data	✓	✓	✓	✓
Payer-Specific Information		✓		✓
Provider-Specific Information			✓	✓



Examples from Established APCDs

Elements	ELEMENTS HERE	Security Level
Billing_Provider_Composite_ID	X	De-Identified
Billing_Provider_ID	X	De-Identified
Claim_ID	X	De-Identified
Member_Composite_ID	X	De-Identified
Member_ID	X	De-Identified
ICD_Primary_Procedure_Cd	X	De-Identified
ICD_Vers_Flag	X	De-Identified
Admit_Diagnosis_Cd	X	De-Identified
Principal_Diagnosis_Cd	X	De-Identified
Admit_Dt		Limited
Admit_Dt_Day		Limited
Admit_Dt_Month		Limited
Admit_Dt_Year	X	De-Identified
Admit_Time		Limited
Discharge_Dt		Limited
Discharge_Dt_Day		Limited
Discharge_Dt_Month		Limited
Discharge_Dt_Year	X	De-Identified
Discharge_Time		Limited
Paid_Dt		Limited
Paid_Dt_Day		Limited
Paid_Dt_Month		Limited
Paid_Dt_Year	X	De-Identified
Service_End_Dt		Limited
Service_End_Dt_Day		Limited



Examples from Established APCDs

Attribute	Individual Data Package Model	Subscription Model
One-time, single project use	✓	✗
Multi-project use	✗	✓
Claims-based data refreshed biannually	✗	✓
Non-claims-based data refreshed annually	✗	✓
Linkage available with non-claims-based data	✓	✓
Discounts available	✓	✓
Customization available	✓	✓
Data use agreement required	✓	✓

Data Request Examples	Price Range*	Other Information
Single calendar year of any one claims-based data file type	\$2,800 to \$5,000	A single use data request, with no custom requirements, containing a standard set of data elements. Selected standard data request allows for minor selection criteria, no custom programming.
Single calendar year of enrollee data + claims data + provider data (all file types in package)	\$11,000 to \$15,000	A standard data request includes single use data requests with no custom requirements containing a standard set of data elements. Selected standard data request allows for minor data selection criteria, no custom programming.
Multiple years of standard enrollee data + claims data + provider data (all file types in package)	\$17,000 to \$65,000	A standard data request includes single use data requests, with no custom requirements, containing a standard set of data elements. Selected standard data request allows for minor data selection criteria.
Customized data pull	Pricing upon request	Dependent upon the complexity of data specifications and may contain non-standard data elements.
Annual subscriptions	\$200,000 to \$300,000	Subscriptions allow for multiple uses of requested data. Includes bi-annual data refresh.
Supplemental add-ons (e.g., additional technical support, enrollee to claims linkages, collision probability model, HIOS ID, etc.)	Pricing upon request	Available on request.

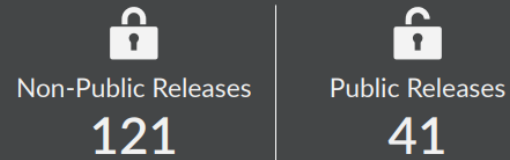


APCD Usage

Percentage of Change Agents by Sector Using Non-Public CO APCD Data from FY 2015-2016 through FY 2021-2022



Total CO APCD Releases in FY 2021 - 2022



Forty-five Change Agents received 121 releases of non-public CO APCD data in FY 2021-2022.

Number of Non-Public CO APCD Data Releases by Change Agent Sector in FY 2021-2022



Number of Organizations That Received Non-Public CO APCD Data by Change Agent Sector in FY 2021-2022





I. DATA REQUEST APPLICATION SUBMISSION

II. DATA REQUEST APPLICATION INTAKE

III. DATA REQUEST REVIEW

IV. DATA RELEASE





High-Level Process for GA APCD Data Requests

I. DATA REQUEST APPLICATION SUBMISSION

- Requestor submits data request pre-application
- Intake Coordinator helps requestor refine request
- Data application submitted

II. DATA REQUEST APPLICATION INTAKE

- Data Request Officer reviews for completion
- Data Analytics Review Team reviews Data Elements Request Form
- Data Request Officer routes application for Committee(s) Review

III. DATA REQUEST REVIEW

- Scientific Advisory Committee Review (if required)
- Security Team Review (if required)
- Data Request Review Committee recommends approval/denial

IV. DATA RELEASE

- Administrator reviews DRRC recommendation & approves/denies
- Data Contract Team executes DUA and collects fees
- Data Elements Request form routed to APCD Analytics extract queue



The responsibilities of the DRRC include

- Working with administrator to develop principles and policies for APCD data release
- Determining elements of standard data extracts, appropriate use of identifiers, data sensitivity categories, IRB policies
- Final review of all data requests including conducting scientific and security reviews as appropriate
- Ensuring alignment of data release with APCD objectives and regulatory requirements
- Communicating decisions to administrator



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

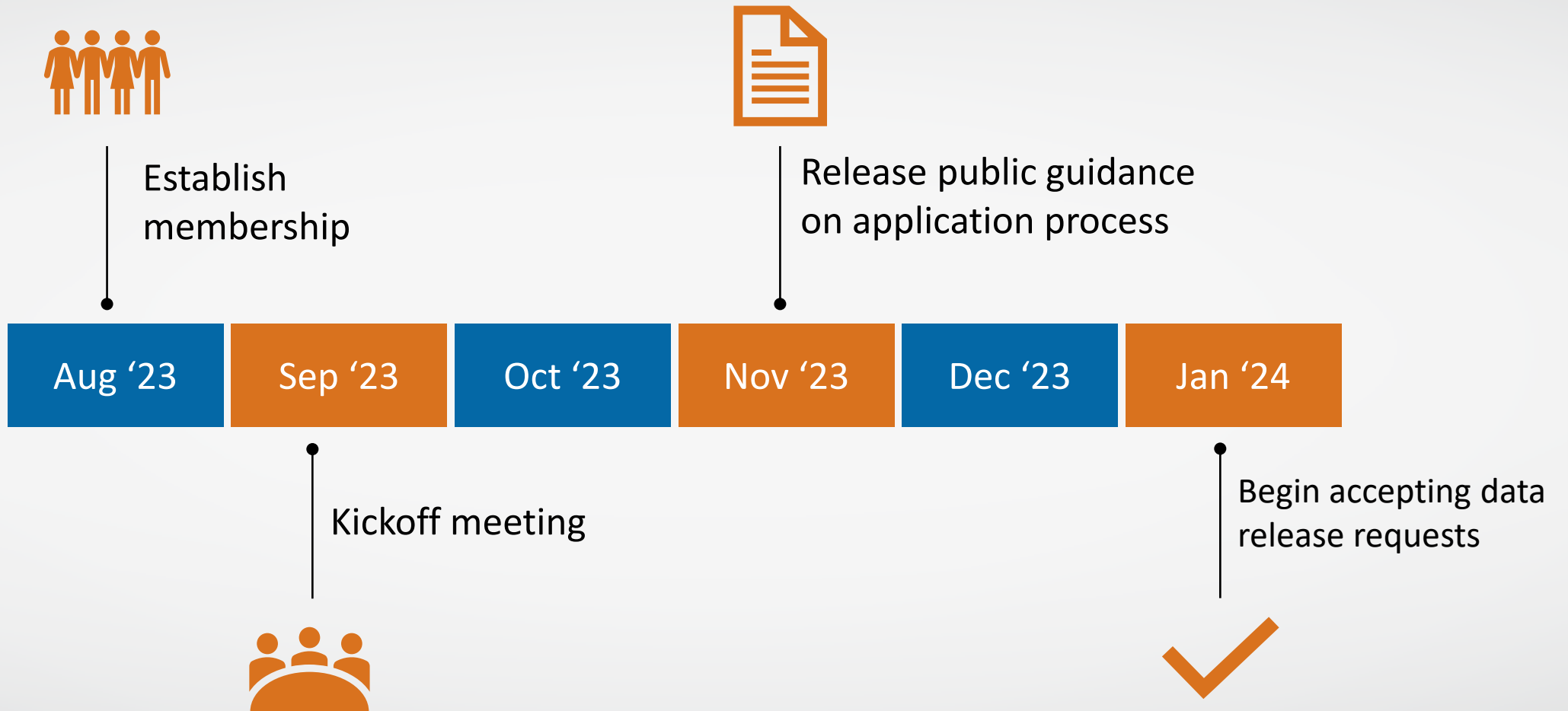
We welcome recommendations from the Advisory Committee for experts to serve on the DRRC. Please send to jon.duke@gtri.gatech.edu

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Project Budget Update

Colin Stauffer, OHSC



Advanced Planning Document (APD) Revisions

APD:

- Document submitted to the Centers for Medicare and Medicaid Services (CMS) to approve federal funding for the majority of the APCD budget
- Approved in February 2022 and required to be revised annually

Updates Made:

- Updated timelines to reflect:
 - Longer data collection vendor procurement
 - Revised submitter onboarding strategy
- Updated actual costs incurred to date
- Accounted for potential additional costs resulting from changes to the CMS certification process

Key Takeaway:

- Not anticipating requesting additional state appropriation for AFY24 or FY25



Upcoming Activities and Next Steps

Elizabeth Holcomb, OHSC



Adjournment

Next Meeting – November 2023