2023 GEORGIA ALL-PAYER CLAIMS DATABASE ADMINISTRATOR ANNUAL REPORT

March 1, 2023

Reporting Period: January 2022 – December 2022

The Georgia Tech Research Institute (GTRI) is providing this report to the General Assembly, pursuant to O.C.G.A. § 31-53-49, detailing the status of implementing the Georgia All-Payer Claims Database for the 2022 Calendar Year.

Georgia Tech Research Institute

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1 Executive Summary

The Georgia All Payer Claims Database (GA APCD) was established in statute by Senate Bill 482 (SB482) in 2020. The goal of the GA APCD is to inform data-driven, evidence-based improvements in access, quality, and cost of health care and to promote and improve public health. The Georgia Tech Research Institute's Center for Health Analytics and Informatics (GTRI-CHAI) was named as APCD Administrator by SB482, and charged with responsibilities including protecting patient privacy, determining the scope and process of data collection, and conducting APCD reporting and data dissemination.

The focus for calendar year 2022 was implementing the APCD in preparation for beginning full operations in 2023. The APCD implementation has been a collaborative effort led by the Office of Health Strategy and Coordination (OHSC) and GTRI-CHAI and supported by multiple entities including the Georgia Data Analytic Center (GDAC) and Georgia Technology Authority (GTA).

Over the past 12 months, the GA APCD team has accomplished the following:

- Created a modular technical design;
- Developed and published a request for proposals (RFP) for the Data Collection Vendor, and awarded the contract to Onpoint Health Data;
- Deployed the submitter registration website;
- Developed the data submission portal;
- Developed the data submission guide;
- Published submitter rules for comment;
- Established technical security requirements;
- Developed data release policies and procedures;
- Created a draft data use agreement for non-governmental entities seeking to utilize GA APCD data;
- Selected and planned the first twelve analytic use cases to be conducted by the Administrator;
- Became the second state to use the APCD-CDL™, a standardized format designed to harmonize APCD data collection throughout the United States;
- Engaged the APCD and National Association of Health Data Organizations (NAHDO) community through conference attendance and presentations, and participation with the APCD CEO Roundtable;
- Met with payers/submitters, healthcare associations, business associations, health policy and community advocacy groups, and Managed Care Organizations; and
- Attended multiple invited meetings and gave presentations to groups such as the Georgia Alliance of Community Hospitals, Georgia Hospital Association, Georgians for a Healthy Future, and Georgia Watch.

The following report includes details on the aforementioned activities as well as required reporting as defined by O.C.G.A. § 31-53-49(a).

2 Introduction

In 2020, Senate Bill 482 (SB482) amended the OHSC statute Chapter 53, Title 31 of the O.C.G.A., by adding a new Article 3 to provide for the establishment of a Georgia All-Payer Claims Database (GA APCD). The objectives of the GA APCD include becoming a resource to inform data-driven, evidence-based improvements in access, quality, and cost of health care and to promote and improve public health. Specific uses for the APCD as identified in O.C.G.A. § 31-53-44 include:

- Establishing baseline health care cost information;
- Monitoring and analyzing health care costs;
- Assessing population health;
- Measuring utilization of health care services;
- Identifying health disparities;
- Informing consumers of cost and quality of health care;
- Supporting the planning and evaluation of health care operations and care;
- Improving coordination of care;
- Enabling oversight of health insurance premium medical loss ratios; and
- Conducting waste, fraud, and abuse studies.

The APCD statute appointed the Georgia Tech Research Institute's Center for Health Analytics and Informatics (GTRI-CHAI) as Administrator for the APCD. The APCD Administrator's responsibilities, as enumerated in Georgia code § 31-53-45(a), include reporting annually to the Governor and the General Assembly on the APCD implementation status, and any recommendations for statutory or regulatory changes that would help advance the APCD.

GTRI is pleased to submit this Administrator's report for the 2022 calendar year.

3 Statutory Reporting

Table 1 enumerates the required reporting areas under O.C.G.A. § 31-53-49(a).

Table 1: Statutory Reporting

Reporting Category	Reporting Requirements from § 31-53-49(a)	Status
Policy Development	*(1) Any policies established or revised pursuant to state and federal medical privacy laws, including the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended;*	During this reporting year, no policies pursuant to State and Federal health privacy laws were established or revised.

Data Requests	*(2) The number of requests for data and reports from the GAPCD, whether the request was submitted by a state agency or private entity, the purpose of the project, a list of the requests for which the administrator was advised that the release was consistent with rule and the federal Health Insurance Portability and Accountability Act of 1996*	The APCD has not yet begun accepting requests for data and reports. No data has been submitted to the APCD or released yet.
Data Requests	*(3) For each request recommended, the administrator must provide the federal regulation pursuant to which the use or disclosure was recommended, and whether a data use agreement or limited data set data use agreement was executed for the use or disclosure*	The APCD has not yet begun accepting requests for data and reports. No data has been submitted to the APCD or released yet.
Incident Reporting	*(4) A description of any data breaches, actions taken to provide notifications, if applicable, and actions taken to prevent a recurrence*	There were no data breaches or security incidents.
APCD Data Use	*(5) The uses of the data in the GAPCD*	The APCD has not yet begun to receive, analyze, or release data. Planned use cases for 2023 can be found in section 4.4.
APCD Data Use	*(6) Public studies produced by the administrator*	The APCD has not yet begun receiving data. As a result, the Administrator has not begun analyzing data or producing public studies.
Financials	*(7) The cost of administering the GAPCD, the sources of the funding, and the total revenue taken in by the GAPCD*	See budget details below. The APCD has not yet begun accepting requests for data and reports, thus no revenue has been taken in.
Data Requests	*(8) The recipients of the data, the purposes of the data requests, and whether a fee was charged for the data*	The APCD has not yet begun accepting requests for data and reports. No data has been submitted to the APCD or released yet.
Financials	*(9) A fee schedule displaying the fees for providing custom data reports from the GAPCD*	The APCD has not yet published a fee schedule for providing custom data reports. The fee schedule will be published in Q3 2023.

The implementation budget for APCD is $9,835,000, and remains on track. To date, the total expenditures for the project amount to $1,524,509. This total includes CedarBridge Group, OnPoint, GTRI, the independent verification and validation (IV&V) vendor, and project management support. Federal matching funds for APCD implementation costs will significantly supplement state funding.

Table 2 details out funding schedule by state fiscal year.

Table 2: Funding Schedule

	FY22	FY23	FY24 (proposed)
Total State Budget	$ 3,615,000	$ 2,030,000	$ 800,000

Table 3 details the expenditures by supplier.

Table 3: Expenditures by Supplier

Agency	Supplier	Spent
OPB	Resultant – Project Manager	$ 138,012.19
	Onpoint Health	$50,800
	CedarBridge Group	$506,333.28
	GTA – PCG IV&V	$54,139.50
DCH	GTRI-CHAI	$775,223.94
	Total:	**$1,524,508.91**

4 APCD Implementation Update

The APCD implementation has been a collaborative effort led by the Office of Health Strategy and Coordination (OHSC) and the Georgia Tech Research Institute (GTRI), supported by multiple entities. Collaborators include the Georgia Data Analytics Center (GDAC) and Georgia Technology Authority (GTA). Collaborator roles are shown in Table 4.

Table 4: APCD Team Roles

Member Group	Program Role
Office of Health Strategy and Coordination	Mandated to create and implement the GA APCD
Georgia Tech Research Institute Center for Health Analytics and Informatics	Statutory GA APCD administrator
Georgia Technology Authority Technology Empowerment Fund	Project assurance
Georgia Data Analytics Center	Analytics environment
OnPoint Health Data	Data collection partner

Workgroups comprising a diverse range of subject matter experts were established to make recommendations to the APCD Advisory Committee regarding the design and implementation of the APCD. The objectives and outputs of each workgroup are described in Appendix A.

This annual report includes APCD updates for the following categories: (1) technical design, (2) data collection, (3) privacy, security, and access, (4) use cases, (5) federal harmonization, and (6) outreach.

4.1 Technical Design

The technical design for data submission, de-identification, analysis, and dissemination has been developed through a collaborative process. Collaborators include OHSC, GTRI, GTA, GDAC, and the Technical Design Workgroup.

The APCD technical design is modular. Submitters will submit data to the Data Collection Module hosted by the Data Collection Vendor (Onpoint Health Data). The Data Collection Module will ingest, validate, harmonize, and de-identify data. The end product of the Data Collection Module is a limited data set (LDS) that will be exported to the Analytics and Reporting Module. The analyses and outputs for the Analytics and Reporting Module are defined and prioritized by the Use Case Workgroup and described in Section 4.4.

A diagram of the modular design architecture is provided in Appendix B.

4.2 Data Collection

The GA APCD team successfully developed, published and awarded the Data Collection Vendor request for proposals (RFP) during this reporting period. Onpoint Health Data (Onpoint) was selected as the APCD vendor and a contract was executed in October 2022. Onpoint is a prominent APCD vendor, supporting nearly half of the State APCDs. Their extensive experience and streamlined approach to submitter onboarding were key considerations to ensure successful implementation in an extremely short timeline.

Table 5 outlines the timeline for GA APCD submitter onboarding, including milestones completed in 2022 and plans for the year ahead.

Table 5: GA APCD Submitter Onboarding Timeline

Milestone	Target Date
Data Collection Vendor Awarded	October 24, 2022
Data Submission Guide Released	December 21, 2022
APCD Portal in Production	April 2023
Mandatory Submissions Begin – Medical and Pharmacy	June 1, 2023
Mandatory Submissions Begin – Dental	December 1, 2023

In consultation with the Data Submissions Standards Workgroup, the APCD Common Data Layout (APCD-CDL) was selected as the data format for claims submissions. Onpoint developed and deployed a website for submitter registration. User acceptance testing of the registration process was completed in December 2022. Submitter training, webinars, and onboarding are slated for January 2023. Onpoint also developed a submitter-facing data submission portal, called the collection data module (CDM), which is scheduled to go live in April 2023.

Proposed submitter rules were published for public comment between December 21, 2022 and January 21, 2023. Submitter Rules are anticipated to go into effect in March 2023, with the submission schedule outlined in Table 6.

Table 6: Data Submission Schedule

Submission	Target Date
Health and Pharmacy data files for 6/1/2020-12/31/2022	June 1, 2023
Health and Pharmacy calendar year catchup for 1/1/2023-5/31/2023	July 2, 2023
Health and Pharmacy historical data files for 1/1/2018- 5/31/2020	November 1, 2023
Dental files for 12/1/2020-12/31/2022	December 1, 2023
Dental calendar year catchup for 1/1/2023-1/2/2024	January 2, 2024
Dental files for 1/1/2018-11/30/2020	May 1, 2024

4.3 Privacy, Security, and Access

A core pillar for GA APCD design and implementation is to develop rigorous and comprehensive data security and privacy controls, ensure data utilization aligns with the GA APCD goals and objectives, and permit the access and release of data for approved uses. The GA APCD has taken a multi-prong approach to this challenge, which includes: 1) establishing technical security requirements; 2) developing policies and procedures for the release of APCD datasets; and 3) creating data use agreements and a data request framework.

4.3.1 Data Security and Privacy

The data security and privacy policies and procedures reflect current best practices for the protection of health and identifiable information. These include meeting national standards, such as NIST 800-53 and HITRUST. The APCD Data Collection Vendor is required to provide documentation detailing their security protocols including, but not limited to:

- Data Security Plan to protect data in transit and at rest
- Access Management Plan
- Disaster Recovery and Business Continuity Plan
- Incident Response Plan

The Data Analytics environment, which will be provisioned and maintained by GDAC, will follow the same standards for securing the LDS environment.

4.3.2 Data Release Policies and Procedures

The Data, Privacy, Security and Access (DPSA) Workgroup was established to develop recommendations for the processes and rules for requesting data, as well as the content of the GA APCD Data Request Application. While no data has been submitted or released, the GA APCD has been developing the data release infrastructure.

The data request policies and procedures recommended by the DPSA will be used to inform the criteria by which the Data Review Committee will evaluate future data request applications. The Administrator has final decision-making authority to approve or deny data requests. The GA APCD team will finalize the policies and procedures for the Data Review Committee. These policy documents will be published to the APCD website for transparency of operations.

4.3.3 Data Use Agreements

The GA APCD team, in collaboration with the Data Use Agreement (DUA) Workgroup, developed a draft DUA that outlines the acceptable uses of APCD data and responsibilities for organizations and data stewards. The DUA will be finalized in early 2023. The DUA is designed for use by non-governmental entities seeking to utilize GA APCD data. A separate Memorandum of Understanding (MOU) is being drafted to facilitate use of GA APCD data by state agencies and entities.

4.4 Use Cases

The APCD will be leveraged for a wide range of use cases, including analyses conducted by the Administrator based on priority state needs, independent analyses conducted by state entities, and independent analyses conducted by third party entities such as universities and research organizations. For prioritizing Administrator analyses, the Use Case Workgroup convened and developed scenarios describing the potential use of APCD data to target the objectives defined by SB482. The scenarios were prioritized based on value to state stakeholders, availability of data, and ability to deliver results quickly. Twelve initial analytic uses cases (Table 7) were selected to be conducted by the Administrator in the first 12 months following establishment of the APCD analytic environment. These scenarios were classified into three categories: Cost and Utilization, Population Health, and Healthcare Quality. For more details on the planned analyses, refer to Appendix C. Analyses will begin in August/September 2023 following the start of data submissions. Subsequent use cases will be selected based on continued prioritization at the state level as well as third party requests.

Table 7: Initial Analytics Use Cases

Cost and Utilization	Population Health	Healthcare Quality
• Total Cost of Care • Chronic Disease Costs of Care • Avoidable Costs • Behavioral Health Costs of Care • Surprise Billing • Pharmaceutical Costs	• Chronic Disease Trends • Cancer Trends • Behavioral Health Trends • Maternal Health	• Low-Value Care • Preventive Screening

4.5 Federal Harmonization

The GA APCD is both supporting and leading efforts for national APCD initiatives. In 2021 the national APCD Advisory Committee recommended the adoption of the APCD-CDL as the standardized format for voluntary submissions to all state APCDs. The APCD-CDL was designed to harmonize APCD data collection throughout the United States, and the GA APCD is the second state APCD to use this standardized data submission format.

The Georgia APCD has worked closely with the National Association of Health Data Organizations (NAHDO) and the APCD Council. The GA APCD team had two presentations accepted for the APCD Council/ NAHDO annual virtual conference, including the igniter session to kick off the conference.

- Denham, M., Zelko, J., NAHDO 2022 37th Annual Conference: *A Phenotype Library for APCDs,* Virtual Conference Ignitor Session, October 2022.
- Zelko, J., NAHDO 2022 37th Annual Conference: *Using the APCD Common Data Layout with the OMOP Common Data Model,* Virtual Conference Session, October 2022

Additional Administrator efforts to engage the National APCD community and remain informed on state and national harmonization efforts include participation in NAHDO's 2022 In-Person Networking Event and APCD CEO Roundtable Membership. These efforts will continue in 2023, with emphasis on building collaborations with other state APCDs and will include activities such as serving on the Data Review Committee for an established APCD.

4.6 Outreach

To be successful, the GA APCD must be well understood by stakeholders and effectively address concerns and needs of the community. This past year, the GA APCD undertook significant efforts around stakeholder engagement, community outreach, and opportunities for public comments and feedback. Stakeholder engagement for this report period focused on payers/submitters, and on organizations that represent stakeholder groups, including: healthcare associations, business associations, health policy and community advocacy groups, and Managed Care Organizations.

The GA APCD team attended multiple invited meetings and gave presentations. These activities included providing overviews of the GA APCD to organizations including the Georgia Alliance of Community Hospitals, Georgia Hospital Association, Georgians for a Healthy Future, and Georgia Watch.

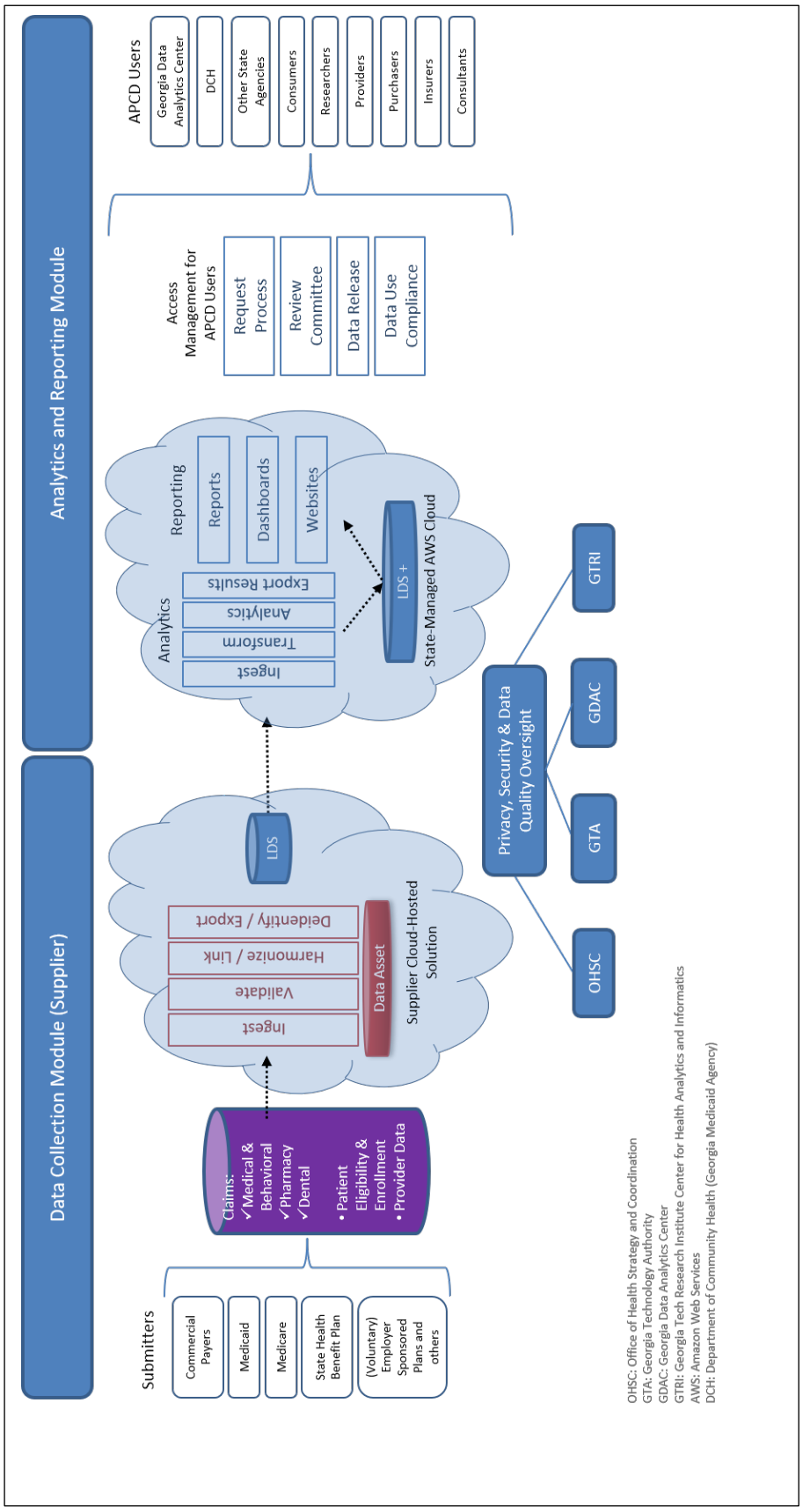
In summary, the 2022 calendar year reflected significant progress in the implementation of the Georgia APCD, which will begin receiving submissions in Q2 2023. The success of this past year owes a great deal to the effective and ongoing collaboration amongst multiple state entities and stakeholders. The benefits of this collaboration will grow in 2023 as the APCD begins generating actionable information for the benefit of all Georgians.

Appendix A: APCD Workgroups

Workgroup	Objectives	Outputs[1]
Use Case Workgroup	To develop use case scenarios that target the GACPD objectives as defined in O.C.G.A. 31-53-44 "*To facilitate data-driven, evidence-based improvements in access, quality, and cost of health care and to promote and improve public health through the understanding of health care expenditure patterns and operation and performance of the health care system"*	A prioritized list of initial use cases to inform analyses by the APCD administrator.
Technical Design Workgroup	To review and discuss technical design options for the APCD	Technical Design recommendations, informed by lessons learned from other state APCDs, and data privacy and security best practices
Data Submissions Standards Subgroup	To determine the APCD data submission format	A Data Submission Guide for payers and other submitters
Data Privacy, Security and Access Workgroup	To determine the policies and processes to secure and protect the APCD data, while permitting access to and release of datasets that align with the intent and approved use of the APCD	Recommended data release policies and procedures
Data Use Agreement Subgroup	To provide recommendations on the provisions and obligations for inclusion in agreements that will be executed between the APCD and data requestors	DUA draft for GA APCD data requests

[1] For more details on workgroup outputs, refer to the workgroup reports located on the OHSC APCD website.

Appendix B: APCD Technical Design



Appendix C: APCD Use Case Analysis Plans

Category	Analysis	Summary
Total Costs of Care	Total costs of care, overall population	This analysis will examine total costs of care for the overall population, with breakdowns by service type (e.g., inpatient, outpatient, pharmacy, other services) as well as broad demographic categories. The analysis will also include year-over-year (YoY) trends in total costs of care. For an example of this type of analysis, see the Health Care Cost Institute's "2019 Health Care Cost and Utilization Report."
Chronic Disease Costs of Care	Total costs of care, patients with diabetes mellitus (DM), hypertension (HTN), cardiovascular disease (CVD), congestive heart failure (CHF)	This analysis will examine costs of care for specific chronic disease populations. The analysis will look at patients with diabetes mellitus, hypertension, cardiovascular disease, and congestive heart failure. Costs will be looked at by service type as well as YoY trends.
Avoidable Costs	Potential avoidable emergency department (ED) visits	This analysis will examine rates of emergency department visits for outpatient-appropriate conditions that do not warrant emergency care. The analysis will evaluate condition category and YoY trends. A list of avoidable conditions to be analyzed can be found in "Ambulatory Care: Avoidable Emergency Department Visits" by the Oregon Health Authority.
Behavioral Health Costs of Care	Medical costs for behavioral health and substance use disorders	This analysis will look at trends in costs of care for behavioral and mental health as well as substance use disorders. A list of diagnoses to be examined can be found in "Behavioral Health and Substance Use Disorder Claims in the Colorado All Payer Claims Database (CO APCD), 2017-2019" by the Center for Improving Value in Health Care (CIVHC).
Surprise Billing	Calculate median in-network rates to support the GA Department of Insurance in determining qualifying payment amounts under the No Surprises Act.	This analysis will utilize guidance provided by federal regulation for using an APCD to calculate median in-network rates. Its primary use is in support of surprise billing regulations.
Pharmaceutical Costs	Prescription drug use and spending	This analysis will examine top pharmaceutical costs by individual drug and by therapeutic class. The analysis will also look at brand vs generic expenditures.

Chronic Disease Trends	Prevalence trends, DM, HTN, CVD, and CHF	This analysis will examine YoY trends in the prevalence of four chronic diseases: diabetes, hypertension, cardiovascular disease, and congestive heart failure. The analysis will look at disease-specific complications as well as characterization by demographics, geography, and social vulnerability index.
Cancer Trends	Prevalence trends, lung, colorectal, pancreatic, breast, prostate, liver	This analysis will look at YoY trends in the prevalence of six categories of malignant neoplasms: lung, colorectal, pancreatic, breast, prostate, and liver. Characterization will be conducted by demographics, geography, and social vulnerability index.
Behavioral Health Trends	Prevalence trends, behavioral and substance use disorders	This analysis will look at YoY trends in the prevalence of behavioral and substance use disorders (codes enumerated in detail in CIVHC's "Behavioral Health and Substance Use Disorder Claims in the Colorado All Payer Claims Database (CO APCD), 2017-2019"). Characterization will be conducted by demographics, geography, and social vulnerability index.
Maternal Health	Prevalence of maternal mortality, preeclampsia, and premature labor, and neonatal low birth weight and neonatal intensive care unit (NICU) utilization	This analysis will look at YoY trends in the prevalence of maternal mortality, preeclampsia, and premature labor as well as neonatal low birth weight and NICU utilization. Characterization will be conducted by demographics, geography, and social vulnerability index.
Low-Value Care	Opioid use in low back pain	This analysis will analyze rates of opioid prescribing for patients with low back pain, a well-documented example of low value care that has limited benefit to back pain and can lead to negative health consequences.
Preventive Screening	Geographic variation in screenings recommended by US Preventive Services Task Force (USPSTF)	This analysis will look at YoY rates of compliance with cancer screening guidelines as defined by the USPSTF. Characterization will be conducted by demographics, geography, and social vulnerability index.