

	<b>Office of Health Strategy and Coordination</b>
<b>Title:</b>	<b>Georgia All-Payer Claims Database Advisory Committee Charter</b>
<b>Approval Date:</b>	10-26-21
<b>Synopsis:</b>	Charter outlines the purpose, organization, and responsibilities and duties of the GAPCD Advisory Committee.

**PURPOSE**

The Georgia All-Payer Claims Database Advisory Committee (“GAPCD AC”) was created pursuant to SB 482, which amended Chapter 53 of Title 31 of the Official Code of Georgia Annotated. The primary function of the GAPCD AC is to make recommendations to the director of the Office of Health Strategy and Coordination (“OHSC”) regarding the creation of the framework and implementation plan for the GAPCD to facilitate the reporting of health care and health quality data resulting in transparent and public reporting of safety, quality, cost, and efficiency information at all levels of health care

The GAPCD AC will also provide consultation and input to The Center for Health Analytics and Informatics of the Georgia Institute of Technology (“GTRI”), administrator of the GAPCD as articulated in SB 482 and codified in Chapter 53 of Title 31, and more specifically detailed in the Responsibilities and Duties section of this charter.

The GAPCD AC will rely upon the expertise and knowledge of its members, with input from OHSC and GTRI, as well as subject matter experts, workgroups, and sub-groups convened by the chairperson, in fulfilling its statutory obligations.

## **ORGANIZATION**

The GAPCD AC shall consist of the following members:

- (1) The director of the Office of Health Strategy and Coordination, who shall serve as chairperson;
- (2) The chairperson of the Senate Appropriations Community Health Subcommittee;
- (3) The chairperson of the House Appropriations Health Subcommittee;
- (4) The director of the Office of Planning and Budget, or his or her designee;
- (5) One member from the hospital industry to be appointed by the Governor;
- (6) One member from the health care philanthropic community to be appointed by the Governor;
- (7) One member from the insurance industry to be appointed by the Speaker of the House of Representatives;
- (8) One member who is a medical provider to be appointed by the Lieutenant Governor;
- (9) The commissioner of public health, or his or her designee;
- (10) The commissioner of community health, or his or her designee;
- (11) The Commissioner of Insurance, or his or her designee; and
- (12) The director of the Center for Health Analytics and Informatics of the Georgia Institute of Technology.

Appointed members of the GAPCD AC shall each serve for a term of two years. A vacancy in an appointed seat shall be filled by appointment for the remainder of the term, and each appointing authority retains the right to reappoint members whose terms of appointment have expired.

The GAPCD AC shall meet at the call of the chairperson; however, it shall meet at least quarterly.

Members of the GAPCD AC shall serve without compensation but shall be entitled to receive reimbursement for per diem and travel expenses as provided in Code 93 Section 45-7-21.

The director shall be authorized to appoint ad hoc, nonvoting members to the GAPCD AC, convene one or more panels, and consult with experts when expertise is deemed necessary in the performance of the functions of the GAPCD AC.

The director may establish panels, taking the form of workgroups and sub-groups, to deliver specific focus and expertise to critical components of the GAPCD development and implementation.

All Committee meetings must be held in compliance with the Open Meetings Act of Georgia (O.C.G.A. § 50-14-1 et. seq.)

## **RESPONSIBILITIES AND DUTIES**

The GAPCD AC shall make initial recommendations to the director regarding the creation and operation of a state all-payer claims database that:

- (1) Include specific strategies to measure and collect data related to health care safety and quality, utilization, health outcomes, and cost;
- (2) Focus on data elements that foster quality improvement and peer group comparisons;
- (3) Facilitate value based, cost-effective purchasing of health care services by public and private purchasers and consumers;
- (4) Result in usable and comparable information that allows public and private health care purchasers, consumers, and data analysts to identify and compare health plans, health insurers, health care facilities, and health care providers regarding the provision of safe, value based, cost-effective, high-quality health care services;

- (5) Use and build upon existing data collection standards and methods to establish and maintain the GAPCD in a cost-effective and efficient manner;
- (6) Are designed to measure the following performance domains: safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness;
- (7) Incorporate and utilize claims, eligibility, and other publicly available data to the extent it is the most cost-effective method of collecting data to minimize the cost and administrative burden on data sources;
- (8) Include recommendations about whether to include data on the uninsured;
- (9) Address the harmonization of the GAPCD with other states', regions', and federal efforts concerning all-payer claims databases;
- (10) Address the harmonization of the GAPCD with federal legislation concerning an all-payer claims database;
- (11) Address a limit on the number of times the administrator may require submission of the required data elements;
- (12) Address a limit on the number of times the administrator may change the required data elements for submission in a calendar year considering administrative costs, resources, and time required to fulfill the requests; and
- (13) Address compliance with the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended, and other proprietary information related to collection and release of data.

The GAPCD AC shall make ongoing recommendations to the director to ensure the operations and design of the GAPCD continue to be effective and meet the objectives of the GAPCD.

The Center for Health Analytics and Informatics of the Georgia Institute of Technology ("GTRI"), administrator of the GAPCD, shall consult with the GAPCD AC to enable GTRI to:

- (1) Determine the data to be collected from submitting entities and the method of collection, including mandatory and voluntary reporting of health care and health quality data;

- (2) Seek to establish agreements for voluntary reporting of health care claims data from health care payers that are not subject to mandatory reporting requirements in order to ensure availability of the most comprehensive and system-wide data on health care costs and quality;
- (3) Seek to establish agreements or requests with the federal Centers for Medicare and Medicaid Services ("CMS") to obtain Medicare health claims data;
- (4) Determine the measures necessary to implement the reporting requirements in a manner that is cost-effective and reasonable for data sources and timely, relevant, and reliable for public and private health care purchasers and consumers, providers, and policymakers;
- (5) Determine the reports and data to be made available to the public with recommendations from the GAPCD AC in order to accomplish the purposes of the enabling legislation, including conducting studies and reporting the results of the studies;
- (6) Collect, aggregate, distribute, and publicly report performance data on quality, health outcomes, health disparities, cost, utilization, and pricing in a manner accessible for public and private health care purchasers and consumers, providers, and policymakers;
- (7) Protect patient privacy in compliance with state and federal health record confidentiality laws while preserving the ability to analyze data and share with providers and submitting entities to ensure accuracy prior to the public release of information;
- (8) Report to the Governor and the General Assembly on or before March 1 of each year on the status of implementing the GAPCD and any recommendations for statutory or regulatory changes, with input from the GAPCD AC, that would advance the purposes of the enabling legislation; and
- (9) Provide leadership and coordination of public and private health care quality and performance measurements to ensure efficiency, cost-effectiveness, transparency, and informed choice by public and private health care purchasers and consumers.

The GAPCD AC shall provide input to GTRI to enable GTRI to:

- (1) Incorporate and utilize publicly available data other than administrative claims data, if necessary, to measure and analyze a significant health care quality, safety, or cost issue that cannot be adequately measured with administrative claims data alone;
- (2) Require submitting entities to submit data necessary to implement the GAPCD;  
and
- (3) Determine the data elements to be collected, the reporting formats for data submitted, and the use and reporting of any data submitted. Data collection shall align with national, regional, and other uniform all-payer claims databases' standards when possible.

GAPCD AC may be asked to provide input to GTRI to allow it to:

- (1) Audit the accuracy of all data submitted;
- (2) Contract with third parties to collect and process the health care data collected pursuant to this article; and
- (3) Share data regionally or help develop a multistate effort