Governor's Office of PLANNING AND BUDGET
THE STATE OF GEORGIA

OFFICE OF HEALTH STRATEGY AND COORDINATION

February 1, 2023

NOTICE OF ADOPTED RULES FOLLOWING PUBLIC COMMENT PERIOD

OHSC RULES – ALL-PAYER CLAIMS DATABASE "RULE 1.1 SUBMITTING ENTITIES"

To All Interested Parties:

Notice is hereby given that pursuant to its authority under O.C.G.A. § 31-53-51, the Governor's Office of Health Strategy and Coordination has adopted new rules, titled "Rule 1.1 Submitting Entities," relating to the administration of the Georgia All-Payer Claims Database.

The purpose of this rulemaking is to establish the standards, procedures, and deadlines by which health and dental plans must submit data files to the Georgia All-Payer Claims Database.

The Governor's Office of Health Strategy and Coordination is statutorily required to establish the Georgia All-Payer Claims Database in accordance with Title 31, Chapter 53, Article 3 of the Official Code of Georgia Annotated and is given regulatory authority therein via O.C.G.A. § 31-53-51 to promulgate rules and regulations as necessary to support its implementation and ongoing operation.

The adopted rules have been posted to the Office's website at https://opb.georgia.gov/ohsc/georgia-all-payer-claims-database-apcd/proposed-submitter-rules-and-data-submission-guide. These updated rules reflect written comments that were received during the 30-day public comment period.

The Director of the Governor's Office of Health Strategy and Coordination will consider the adopted rules to become effective on or about March 3, 2023.

Grant Thomas
Director
Office of Health Strategy and Coordination

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OHSC RULES - ALL-PAYER CLAIMS DATABASE
RULE 1.1 SUBMITTING ENTITIES

Purpose

This rule provides the standards, procedures, and deadlines by which health and dental plans must submit data files to the Georgia All-Payer Claims Database, established pursuant to Title 31, Chapter 53, Article 3 of the Official Code of Georgia Annotated ("APCD Statute"). In the event of a conflict between this Rule 1.1 and the APCD Statute, the APCD Statute will govern.

Rule 1.1.1 Definitions.

The following definitions are provided as stated within, or in addition to the APCD Statute:

(a) "Director" means the Director of the Governor's Office of Health Strategy and Coordination established pursuant to O.C.G.A. § 31-53-4.

(b) "Office" means the Office of Health Strategy and Coordination established pursuant to O.C.G.A. § 31-53-3.

(c) "GAPCD" means the Georgia All-Payer Claims Database established pursuant to O.C.G.A. § 31-53-40 *et seq*.

(d) "Administrator" means the Georgia Tech Research Institute Center for Health Analytics and Informatics (GTRI-CHAI) designated under O.C.G.A. § 31-53-45 to serve as Administrator for the GAPCD.

(e) "Health plan" means any hospital or medical insurance policy or certificate, health care plan contract or certificate, qualified high deductible health plan, health maintenance organization subscriber contract, any health benefit plan established pursuant to Article 1 of Chapter 18 of Title 45, or any vision care plan or policy, or managed care plan or self-insured plan offering pharmacy or behavioral health or psychological services; but health benefit plan does not include policies issued in accordance with Chapter 31 of this title; disability income policies; or Chapter 9 of Title 34, relating to workers' compensation.

(f) "Health insurer" means an entity subject to the insurance laws and regulations of this state, or subject to the jurisdiction of the Commissioner, that contracts, offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the costs of healthcare services, including those of an accident and sickness insurance company, a health maintenance organization, a healthcare plan, a managed care plan, or any other entity providing a health insurance plan, a health benefit plan, or healthcare services.

(g) "Public self-insured plan" means
   (1) The state employees' health insurance plan established pursuant to Article 1 of Chapter 18 of Title 45 of the O.C.G.A.;
   (2) The health insurance plan for public school teachers established pursuant to Subpart 2 of Part 6 of Article 17 of Chapter 2 of Title 20 of the O.C.G.A.;
   (3) The health insurance plan for public school employees established pursuant to Subpart 3 of Part 6 of Article 17 of Chapter 2 of Title 20 of the O.C.G.A.;
   (4) The Regents Health Plan established pursuant to authority granted to the board pursuant to Code Sections 20-3-31, 20-3-51, and 31-2-4 of the O.C.G.A.; and
   (5) A state entity, city, county, or other political subdivision of the state, or a public joint labor management trust, that offers self-insured or multiemployer-insured plans that pay for or reimburse any part of the cost of health care services.

(h) "Dental Plan" means a specialized health care service plan covering dental services only, a dental-only insurance plan, or a public self-insured plan covering dental services only.

(i) "Submitting entity" means:
   (1) An entity that provides health or dental insurance or a health or dental benefit plan in the state, including without limitation an insurance company, medical services plan, hospital plan, hospital medical service corporation, health maintenance organization, or fraternal benefit society, provided that the entity has covered individuals and the entity had at least 1,000 covered lives in aggregate across all plans in the previous calendar year;
   (2) The Department of Community Health in the administration of Medicaid fee-for-service claims and the State Health Benefit Plan;
   (3) Medicaid care management organizations;
   (4) A health benefit plan offered or administered by or on behalf of the federal government with the agreement of the federal government;
   (5) Any other entity providing a plan of health insurance or health benefits subject to state insurance regulation, including, but not limited to a third-party administrator or pharmacy benefits manager, provided that the entity had at least 1,000 covered lives in aggregate across all plans in the previous calendar year;
   (6) An entity that contracts with institutions of the Department of Corrections to provide medical, dental, or pharmaceutical care to inmates;
   (7) Any other health benefit plan offered or administered by or on behalf of the state or an agency or instrumentality of the state;
   (8) This term does not include an entity that provides health insurance or a health benefit plan that is accident-only, specified disease, hospital indemnity, long-term care, disability income, or other supplemental benefit coverage.

(j) "Voluntarily submitting entity" means a self-funded employer sponsored plan or other plan not within the meaning of submitting entity that has opted in writing to voluntarily submit monthly claims data to the GAPCD pursuant to O.C.G.A. § 31-53-47.

(j) "Plan" means a non-exempt health plan, health insurer, or public self-insured plan; and any voluntarily participating entity.

(k) "Qualified Health Plan" means a qualified health plan offered within the State of Georgia through a state law, a federal law, or regulation or exchange created by the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(m) "Member" means a person who is enrolled in or covered by a plan.

(n) "Registered submitter" means a plan that has registered to submit data to the GAPCD. An entity that is a submitting entity or voluntarily submitting entity that has registered to submit data will be considered a registered submitter.

(o) "Delegated submitter" means an entity identified pursuant to Rule 1.1.5 "Coordination of Data Submissions" as responsible for submitting data to the GAPCD on behalf of a plan.

(p) "Designated submitter representative" means an individual or individuals designated by a registered submitter to submit data on behalf of the registered submitter and receive all communications from the GAPCD, the Office, and the Administrator regarding data submissions.

(q) "Data portal" means the secure data submission mechanism through which plans register to submit data and through which data files are submitted to the GAPCD. The data portal is available via an internet web site provided by the Office.

(r) "Data Submission Guide" means the GAPCD Data Submission Guide, dated December 21, 2022 and hereby incorporated by reference. The Data Submission Guide document is available on, and may be downloaded from, the Office's website.

(s) "APCD-CDL™" means the All-Payer Claims Database Common Data Layout.

(t) "Georgia residents" means any eligible member whose residence is within the State of Georgia, and all covered dependents.

Rule 1.1.2 Voluntary Participation in the Program.

(a) To request to become a voluntarily participating entity, an entity, or authorized agent of the entity, shall submit to the Administrator an application to participate in the program.

(b) The application shall be submitted through the data portal.

(c) Each application will include the type of business entity (see Rule 1.1.1 Definitions - "Voluntarily participating entity"), the number of covered lives, the types of coverage offered, and contact person information.

(d) The Administrator shall notify applicants if they are approved to participate in the program.

Rule 1.1.3 Plan Size Thresholds.

(a) A health plan, health insurer, or public self-insured plan that has fewer than 1,000 covered lives in aggregate across all plans is exempt from the requirements of this Rule. For the purposes of this section, the number of Georgia members enrolled in a plan shall be counted as of December 31 of the calendar year preceding the submission deadline.
(b) Application of threshold requirements
  (1) A non-exempt health plan, health insurer, or public self-insured plan with enrollment that drops below 1,000 covered lives in aggregate across all plans as of December 31, shall be responsible for submitting data files for time periods through December. The health plan, health insurer, or public self-insured plan shall notify the Program of its change in status. Such a plan or insurer may elect to become a voluntarily participating entity.
  (2) An exempt health plan, health insurer, or public self-insured plan that gains members to become no longer exempt shall be responsible for submitting data for time periods beginning on January 1 of the next calendar year.
  (3) A newly created health plan, health insurer, or public self-insured plan that on December 31 of the year in which it is created is not exempt because of size shall be responsible for submitting data for time periods beginning on January 1 of the next calendar year.

Rule 1.1.4 Restricted or Limited Plan Data.

A health plan that has contracted with a restricted or limited licensee to perform health plan functions shall be responsible for reporting all required data associated with the functions delegated to the restricted or limited licensee as if the health plan had performed the functions.

Rule 1.1.5 Coordination of Data Submissions.

(a) If a plan contracts with other entities to administer plan benefits, the plan shall be responsible for the submission of all data for the plan's members. Entities that are contracted to administer plan benefits may include but are not limited to, pharmacy benefit managers and behavioral health organizations and, for a health plan, restricted or limited health plan licensees with which they contract. The plan shall either:
  (1) Obtain necessary data from the contracted entity and submit the data to the GAPCD, or
  (2) Ensure that the contracted entity submits the data directly to the GAPCD.
    (A) The plan shall identify each such contracted entity through the registration process.
    (B) Each contracted entity shall register pursuant to Rule 1.1.6 and identify the plan or plans for which it will submit data; the entity will be referred to as a delegated submitter.

Rule 1.1.6 Data Portal Registration Requirement.

(a) A health plan, health insurer, or public self-insured plan shall register to submit data to the data portal.
  (1) Initial registration for the new program must be completed by March 7, 2023.
  (2) When any health plan, dental plan, health insurer, or public self-insured plan becomes subject to this Chapter, it shall register at least 15 calendar days before its first data files are due.

Rule 1.1.7 Data Portal Registration Process.

(a) A plan, and any delegated submitters, must register through the data portal and provide all required information.
(b) Each plan or delegated submitter shall identify two or more designated submitter representatives and provide business title, email, and phone contact information for each person.
(c) Each registering plan will identify all delegated submitters, and which files each delegated submitter will be submitting on behalf of the plan.
(d) Each delegated submitter must identify the plan or plans for which they will be submitting data, and which data file types they will submit for each.
(e) A plan and any delegated submitter(s) will be notified when registration is approved.

Rule 1.1.8 Data Portal Registration Information Update.

(a) Each plan or other entity that has registered to submit data must update registration information within 15 calendar days of any change in the required contact information.
(b) Each plan or other registered entity must review and update or confirm all registration information annually by the last calendar day of February.

Rule 1.1.9 Monthly Data Submission Generally.

(a) Plans shall submit data files monthly through the data portal for all claims for Georgia residents, regardless of where the service was delivered.
(b) Each monthly file shall be submitted by the first business day of the second month after the report month.

Rule 1.1.10. Monthly Data Submission; Data File Contents.

(a) The following files, as specified in the Data Submission Guide in conjunction with the APCD-CDL™ shall be submitted.
  (1) Member Eligibility File (ME) – contains demographic information for each individual member residing in Georgia, regardless of whether the member utilized services during the reporting period.
  (2) Medical Claims File (MC) – contains service-level medical claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.
  (3) Pharmacy Claims File (PC) – contains detailed pharmacy claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(4) Dental Claims File (DC) – contains service-level dental claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.
(5) Provider File (PV) – contains demographic-type data on every provider included on the ME, MC, PC or DC files during the reporting period.

(b) At this time, non-medical vision data is not included.

Rule 1.1.11 Monthly Data Submission; Data File Technical Requirements.

(a) Submitting entities shall submit 95 percent of data within 60 days from the day that the adjudicated claims were paid, and 100 percent of data within 180 days from the day adjudicated claims were sent for payment, pursuant to O.C.G.A. § 31-53-47.
(b) Data files shall comply with file format, technical specifications, and other standards specified in the Data Submission Guide and the APCD-CDL™.

Rule 1.1.12 Monthly Data Submission; Completion of Data Submission.

If a registered plan has identified one or more delegated submitters to submit information directly to the data portal on behalf of the plan, the plan's data submission shall not be considered complete until all required files have been received.

Rule 1.1.13 Monthly Data Submission; Test File Submission.

(a) Registered submitters shall use the data portal to submit test files to confirm and test their ability to successfully transfer or upload files. Test files do not need to align with the Data Submission Guide for the purposes of transfer/upload validation, any sample file is sufficient. Test files will not be considered to have been submitted to the program.
(b) Registered health, pharmacy, and dental plan submitters shall successfully submit test files by April 7, 2023.

Rule 1.1.14 Special Rules for Program Opening; Submission of Historical Data and Calendar Catch-Up Data Files.

(c) Plans shall submit historical data files including, to the extent the plans have such data available, all data that would have been included in monthly files for the calendar years 2018, 2019, 2020, 2021, and 2022.
(d) Historical data files for health and pharmacy plans for the period of 6/1/2020 through 12/31/2022 shall be filed by no later than June 1, 2023.
(e) Historical data files for health and pharmacy plans for the period of 1/1/2018 through 5/31/2020 shall be filed by no later than November 1, 2023.
(f) Historical data files for dental plans for the period of 12/1/2020 through 12/31/2022 shall be filed by no later than December 1, 2023.
(g) Historical data files for dental plans for the period of 1/1/2018 through 11/30/2020 shall be filed by no later than May 1, 2024.

(h) Plans shall submit calendar year catch-up data files including, to the extent the plans have such data available, all data that would have been included in monthly files for the months in 2023 prior the first monthly production data load.
(i) Calendar year catch-up data files for health and pharmacy plans for the period of 1/1/2023 through 5/31/2023 shall be filed by July 3, 2023.
(j) Calendar year catch-up data files for dental plans for the period of 1/1/2023 through 11/31/2023 shall be filed by January 2, 2024.

Rule 1.1.15 Special Rules for Program Opening; Initiation of Monthly File Reporting.

(a) Health and pharmacy plans shall begin regular monthly reporting with monthly files for May 2023, or earlier at their election, by July 3, 2023. By July 3, 2023, health and pharmacy plans shall file all data that would have been included in monthly files for the months of 2023 prior to their first regular monthly submission.
(b) Dental plans shall begin regular monthly reporting with monthly files for November 2023 by January 2, 2024. By January 2, 2024, dental plans shall file all data that would have been included in monthly files for the months of 2023 prior to their first regular monthly submission.

Rule 1.1.16 Data Acceptance.

(a) Data files that are submitted to the data portal but do not meet the intake specifications detailed in the Data Submission Guide will not be accepted.
(b) A plan and the delegated submitter will be notified within 3 business days of whether a data file submission has been accepted or rejected.

Rule 1.1.17 Data Review and Correction.

If the Office or the Administrator determines that accepted files contain initially unidentified errors or anomalous data inconsistent with data standards, historical trends, or benchmarks, such files may be flagged, and the submitter requested to address the issues by either confirming that the data are correct or correcting and resubmitting the file within 45 days or as specified by the Office.

Rule 1.1.18 Requesting a Variance.

(a) A plan that is unable to submit accepted data files may request a temporary variance to data standards.
(b) Variance requests shall be submitted through the data portal, and shall clearly identify the current issues, the plan for correction, and the anticipated date of correction.

Rule 1.1.19 Response to Variance Request.

The Administrator may grant variances to allow a plan time to review and correct data file submissions.

Rule 1.1.20 Penalties for Non-compliance.

(a) Any submitting entity that is not a state or federal agency that fails to submit claims data in accordance with these rules shall be subject to penalty in accordance with O.C.G.A. § 31-53-50.
(b) The Director shall assess a penalty of $1,000.00 per day of violation.
(c) The Director is authorized to remit or mitigate any penalty with consideration for what is proper and consistent with the public health and safety.