



**OFFICE OF HEALTH STRATEGY AND COORDINATION**

February 1, 2023

**NOTICE OF PUBLIC COMMENTS AND RESPONSES**

**OHSC RULES – ALL-PAYER CLAIMS DATABASE  
“RULE 1.1 SUBMITTING ENTITIES”**

The following document summarizes the public comments on the Rule 1.1 Submitting Entities received between December 21, 2022 and January 21, 2023 and the responses to those comments. 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”).

**Total comments received: 18**

**Comments & Responses:**

Data Received	Comment	Response
January 4, 2023	COMMENTER respectfully suggests that given the data from the state Medicaid Agency submission, the burden on health plans to submit to that same agency, then to create a duplicative submission in a different format for the APCD would be burdensome for plans and also add burden for the data aggregator who will be receiving many different streams of data, and this could be accomplished with the Department of Community Service as a single submission.	We appreciate the comment. Having CMOs submit directly to the APCD will improve the program’s ability to perform claims validation, identify and resolve quality issues, and support CMOs in trouble shooting submission challenges in a timely and efficient manner.  No changes to the rules have been made as a result of this comment.
January 4, 2023	COMMENTER respectfully requests the addition of the lower threshold of 500 as outlined in the deck shared on December 21, 2022 as an intended change, but not apparent in the proposed rule language. It is important to eliminate confusion and ensure a consistent approach by placing this requirement as part of the rule language.	We recognize the burden which may be experienced by a very small number of submitters as a result of this threshold. Submitters may request to be exempted from reporting plans with under 500 covered lives.  No changes to the rules have been made as a result of this comment.

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<p>January 4, 2023</p>	<p>Vision data is included in the mandatory submissions; however, most states exclude those services as annual eye exams and eye glasses are low cost items, of very little impact from a data research perspective, and high cost optical procedures are covered under the medical benefit and submitted as part of the medical file.</p>	<p>An update has been made to section 1.1.10 of the rules to provide clarification that non-medical vision data will not be required at this time.</p>
<p>January 4, 2023</p>	<p>Historical data period – again, respectfully request a 3 year historical data reporting period which has served other states well and reflects available data within health plan claims data warehouses, more years increase costs, burden, and lengthen the time it takes to obtain the data which is transformed during the archive process and creates difficult scenarios to reprogram into an APCD submission.</p>	<p>We appreciate the comment. The value to the program of having data going back 5 years is significant. Going back 5 years allows the APCD and its beneficiaries to have pre-pandemic data, which is critical to developing many of analytic uses cases aimed at lowering healthcare costs and improving population health.</p> <p>No changes to the rules have been made as a result of this comment.</p>
<p>January 20, 2023</p>	<p>Rule 1.1.1 Definitions: (d) “Administrator” - Request clarification that the Center for Health Analytics and Informatics of the Georgia Institute of Technology is responsible for collecting Medicare claims data from CMS and that health plans are not required to submit this information.</p>	<p>In alignment with statute, 31-53-45 (a)(1) and in review of practices in other states, the Administrator has determined the most effective manner for collecting Medicare Advantage data is directly from the health plans. Therefore, the health plans will be required to submit this data.</p> <p>No changes to the rules have been made as a result of this comment.</p>
<p>January 20, 2023</p>	<p>Rule 1.1.1 Definitions: (i) “Submitting entity” (3) Medicaid care management organizations - Given the data from the state Medicaid agency submission, the burden on health plans to submit to that same agency, then to create a duplicative submission in a different format for the APCD, would be burdensome for the data aggregator who will be receiving many different streams of data. We respectfully request data be submitted in a single stream to DCH.</p>	<p>We appreciate the comment. Having CMOs submit directly to the APCD will improve the program’s ability to perform claims validation, identify and resolve quality issues, and support CMOs in trouble shooting submission challenges in a timely and efficient manner.</p> <p>No changes to the rules have been made as a result of this comment.</p>
<p>January 20, 2023</p>	<p>Rule 1.1.14 Special Rules for Program Opening: Submission of Historical Data and Calendar Catch-up Data Files: (d) “historical data files for health and pharmacy plans” – We respectfully request</p>	<p>Requests for extensions will be evaluated on a case-by-case basis.</p> <p>No changes to the rules have been made as a result of this comment.</p>

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	<p>an extension of the submission of historical data files for health and pharmacy plans from June 1, 2023 to July 1, 2023 given the amount of work required to prepare the data for submission.</p> <p>Some member plans will have difficulty submitting older data files later into the submission cycle due to company-wide data retention/sharing protocols. Being able to submit the oldest data first will ensure plans can capture and submit to the state as much data as possible before enterprise level archival processes begin. Once data has been archived, it can be nearly impossible to retrieve and converted back into formats suitable for APCD submission, leading to gaps.</p>	
<p>January 20, 2023</p>	<p>APCD Common Data Layout, Companion Guide - Within Version 2.1. of the APCD-Common Data Layout, specifically the Companion Guide that outlines what fields are required, the following data points are requested within the monthly files:</p> <ul style="list-style-type: none"> <li>• Subscriber First, Middle, Last Name</li> <li>• Subscriber Social Security Number</li> <li>• Member Social Security Number</li> <li>• Member First, Middle, Last Name</li> <li>• Member Street Address</li> <li>• Member City Name</li> <li>• Member State or Province</li> </ul> <p>The level of detail above would not allude to a de-identified dataset and would put member PHI and PII at risk. The member and subscriber ID is already a requested data field in the table key – both of these should be sufficient primary and/or secondary keys for a database to link the monthly files together for analytical reasons.</p>	<p>While these fields are mandated for submission to the data collection vendor for the purposes of linking person records together from across data submissions, these fields are removed before the data that is transferred from the data collection vendor to the state. The data collection vendor has all of the necessary security policies and protocols in place to keep this data secure, as demonstrated by their HITRUST security certification.</p> <p>This information is required in order to tie individuals together from across health plan submissions. Member and subscriber IDs alone are not sufficient for the level of linking required to generate a complete data set.</p> <p>No changes to the data submission guide have been made as a result of this comment.</p>
<p>January 20, 2023</p>	<p>Calculating covered lives – If the “1,000 covered lives” threshold remains, request a clarification be made to include 1,000 covered lives in aggregate across all plans, not over 1,000 lives in any one specific plan. Once the payer exceeds the 1,000 lives threshold in aggregate, all non-ERISA claims across all plans must be submitted.</p>	<p>Updates have been made within the submitter rules to clarify that the 1,000 covered lives threshold includes 1,000 covered lives in aggregate across all plans.</p> <p>We recognize the burden which may be experienced by a very small number of submitters as a result of this threshold.</p>

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	<p>Additionally, if the 500 lives threshold is not crossed, submitters are not required to submit data for specific plans with less than 500 covered lives in that plan.</p>	<p>Submitters may request to be exempted from reporting plans with under 500 covered lives.</p>
<p>January 20, 2023</p>	<p>Covered lives thresholds – Request the addition of the lower threshold of 500 residents of Georgia versus the 1000 member de minimis that is currently in the proposed rule, which was outlined in the December 21, 2022 deck as a possible change. With the de minimis, if a business unit had only two members residing in Georgia, they would be required to submit monthly files. From a practical perspective, there may be no claims to submit – as such, there is no standard for submitting empty files and it adds great burden to health plans with small membership.</p>	<p>We recognize the burden which may be experienced by a very small number of submitters as a result of this threshold. Submitters may request to be exempted from reporting plans with under 500 covered lives.</p>
<p>January 20, 2023</p>	<p>Historical data period – We respectfully request a three-year historical data reporting period, rather than the current five years outlined in the proposed rules. The three-year model has worked well in other states and reduces the burden and cost to plans while still providing sufficient data for research. Additionally, longer time periods take longer to compile and transform from the archive source and can be more difficult to program into an APCD submission.</p>	<p>We appreciate the comment. The value to the program of having data going back 5 years is significant. Going back 5 years allows the APCD and its beneficiaries to have pre-pandemic data, which is critical to developing many of analytic uses cases aimed at lowering healthcare costs and improving population health.</p> <p>No changes to the rules have been made as a result of this comment.</p>
<p>January 20, 2023</p>	<p>SUD Data – For some plans, inclusion of SUD data in within the APCD dataset must be accompanied by documentation that the agency is authorized to receive such data. This documentation must be reviewed and approved by health privacy/legal departments within the plans before it can be submitted to the state.</p>	<p>We appreciate the comment.</p>
<p>January 20, 2023</p>	<p>Submitting entity - We are confused in the statute and the proposed regulation that a “submitting entity” is defined to include “A health benefit plan offered or administered by or on behalf of the federal government with the agreement of the federal government.” We understand that the Centers for Medicare and Medicaid have stated that federal law supersedes any state laws that would otherwise apply to</p>	<p>In alignment with Georgia statute, federal law, and the precedent set by other state APCDs, Georgia is not required to obtain consent from CMS to compel health plans to submit Medicare Advantage data directly to the APCD. Health plans will be required to submit Medicare claims data directly to the APCD.</p>

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	<p>Medicare Advantage plans, except for licensing and plan solvency laws. Since the All-Payer Claims Database does not have to do with licensing or plan solvency issues, we assume that carriers would not need to submit any data for Medicare Advantage plans unless the federal government agrees otherwise as noted in clause 4 of the submitting entity definition. Will the State of Georgia be obtaining that consent?</p>	<p>No changes to the rules have been made as a result of this comment.</p>
<p>January 20, 2023</p>	<p>Submission sequencing – We request a no phased onboarding approach within payer types but provide a clear path for extensions if needed.</p>	<p>Plans are welcome to submit their data submissions all at once if preferred. The state will consider requests for extensions after the submitter has registered in accordance with the rule.</p> <p>No changes to the rules have been made as a result of this comment.</p>
<p>January 20, 2023</p>	<p>Vision data - Vision data is included in the mandatory submissions; however, most states exclude those services as annual eye exams and eyeglasses are low cost items and of very little impact from a data research perspective. High-cost optical procedures are covered under the medical benefit and submitted as part of the medical file.</p>	<p>An update has been made to section 1.1.10 of the rules to provide clarification that non-medical vision data will not be required at this time.</p>
<p>January 21, 2023</p>	<p>Rule 1.1.1 Definitions - We recommend defining the meaning of Georgia resident. In Rule 1.1.9 (a), submitters are required to submit monthly data files on the claims for “Georgia residents,” but there is no definition of Georgia resident in the rules. Failing to define who qualifies as a Georgia resident may result in plans submitting data that is not relevant to the APCD and creating an overwhelming amount of data. We recommend defining a Georgia resident as “any eligible member whose residence is within the State of Georgia, and all covered dependents.” This definition is in-line with other states’ ACPD data submission requirements.</p>	<p>An update has been made to section 1.1.1 to add the definition of Georgia resident as any eligible member whose residence is within the State of Georgia, and all covered dependents.</p>
<p>January 21, 2023</p>	<p>We also encourage OHSC to consider expanding the type of data included in the APCD. Specifically, we recommend OHSC include non-claims data to support extended use cases. This data may include</p>	<p>We appreciate the comment and have designed the APCD in anticipation of additional data types in the future.</p>

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	<p>alternative payment models, such as capitation, to track value-based payments and better estimate total health care spending. Non-claims data can also include prescription drug pricing such as requiring additional information from pharmacy benefits managers (PBMs) when a specific price trigger is hit or requiring insurers to report the aggregate dollar amount of prescription drug rebates granted by pharmaceutical manufacturers. Including this type of prescription pricing data would allow stakeholders to better understand the drivers of prescription drug costs and assess potential solutions.</p>	
<p>January 21, 2023</p>	<p>Rule 1.1.5 Coordination of Data Submissions - We appreciate OHSCs requirement of submitters to coordinate data submissions with entities contracted to administer plan benefits. Requiring the coordination of data submissions protects the accuracy of the GAPCD by designating which organization is required to submit data in cases where a health plan contracts with a third-party administrator, such as a PBM. We recommend having a single option for plans and contracted third-party entities to submit data. As the rule is currently written, plans have the option to either obtain the necessary data from the contracted entity and submit to the APCD or ensure that each contracted entity submits data to the GAPCD directly. Having two options for how plans can coordinate data submission leaves open the possibility of miscommunication between the plan and contracted entity on who is responsible for submitting data. This increases the risk that some data may not be submitted at all or may be submitted more than once. A single option for who is required to submit information from contracted entities means that all plans are following a consistent procedure and there is less risk that the data will be compromised.</p>	<p>We appreciate the comment. Multiple options are provided in order to allow voluntary submitters the maximum flexibility when choosing to participate in the APCD.</p> <p>Ultimately the health plan is responsible for ensuring that contracted third parties submit the data if they have chosen to delegate submission responsibility.</p>
<p>January 21, 2023</p>	<p>Rule 1.1.6 Data Portal Registration Requirement - We applaud OHCS for the</p>	<p>We appreciate the comment.</p>

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	<p>registration deadlines and for creating a timeline that is fair to submitting entities, while maintaining the progress of GAPCD development. We believe that the registration deadline of February 28th, 2023, is important to allow for swift, yet thoughtful, implementation of the GAPCD and encourage OHSC to adopt rule 1.1.6 as is.</p>	
<p>January 21, 2023</p>	<p>Rule 1.1.10 Monthly Data Submission File Content - We commend OHSC for following APCD best-practices and utilizing a standardized data format. Requiring plans to submit data in-line with the technical specifications of APCD-CDL will simplify claims collection efforts and reduce the burden of data submission. To ensure data quality, we recommend specifying the demographic data that must be submitted for the Member Eligibility File. Specifically, we recommend requiring plans to submit the age, gender, race, ethnicity, language, zip code and sexual orientation of the subscriber and all covered dependents. Specifying this level of demographic data will increase the ability of GAPCD data to be used to better understand and address issues of health equity.</p>	<p>Per the national APCD-CDL data standard, we are including age, gender, race, ethnicity, language, and zip code, in addition to many other demographic fields.</p>
<p>January 21, 2023</p>	<p>Rule 1.1.11 Monthly Data Submission; Data File Technical Requirements - We applaud OHSC for setting data submission guidelines that require claims data to be submitted in a timely manner to allow it to be most useful to APCD end users. The 60-day and 180-day timelines allow submitters enough time to gather and format data, while still maintaining an up to date GAPCD. We encourage OHSC to adopt rule 1.1.11 as is.</p>	<p>We appreciate the comment.</p>
<p>January 21, 2023</p>	<p>Privacy - Finally, we know data privacy and security are of the utmost importance to OHSC, the GAPCD administrator, submitting entities, researchers, and advocates. We encourage data privacy to remain at the center of GAPCD development, including data submission requirements, to allow the GAPCD to produce meaningful, accurate, and timely</p>	<p>We appreciate the comment. Data privacy and security have been key pillars of our approach to the APCD and will continue to be integral to the success of the program moving forward.</p>

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	data collection and fulfillment while protecting data.	
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