



GAAPCD
GEORGIA ALL-PAYER
CLAIMS DATABASE

Georgia All-Payer Claims Database

Advisory Committee Meeting

March 12th, 2025
11:00 am to 12:00 pm

Welcome

E-mail Questions/Comments: apcd@opb.georgia.gov

Meeting Agenda

Topic	Presenter	Time
Opening Remarks	Anelia Moore, OHSC	11:00 – 11:05
Operations Update	Anelia Moore, OHSC	11:05 – 11:10
Project Status	Katlynn Sifre, OHSC	11:10 – 11:20
Data Access and Governance	Dr. Jon Duke, GTRI-CHAI	11:20 – 11:30
Analytics	Dr. Jon Duke, GTRI-CHAI	11:30 – 11:40
State agency engagement	Anelia Moore, OHSC	11:40 – 11:45
Questions	Anelia Moore, OHSC	11:45 – 12:00
Meeting Adjournment	Anelia Moore, OHSC	12:00

Committee Roster

Members / Credentials	Statutory Position Titles
Vacant	Office of Health Strategy and Coordination Director
Senator Ben Watson, M.D.: District 1 State Senator, Senate Appropriations Health & Human Development Subcommittee Chair	Senate Appropriations Health & Human Development Subcommittee Chair
Representative Darlene Taylor: District 173 State House Rep., House Appropriations Health Subcommittee Chair	House Appropriations Health Subcommittee Chair
Chad Purcell: Chief Technology Officer, Georgia Dept. of Community Health	Department of Community Health Designee
Crysty Odom: (Retired) St. Mary's Foundation Director, St. Mary's Health Care System	Representative of Health Care Philanthropy – Governor Appointee
Vacant	Office of Insurance and Safety Fire Commissioner Designee
Gregory Esper, MD: Chief Clinical Financial Officer, Emory Healthcare	Representative of Medical Providers – Lt. Governor Appointee
Jon Duke, MD: Director, Center for Health Analytics and Informatics	GTRI Center for Health Analytics and Informatics Director
Kathleen Toomey MD, MPH: Commissioner of the Department of Public Health, State Health Officer	Department of Public Health Designee
Matthew Hicks: Sr. VP of Corporate Development, Sellers Dorsey & Associates	Hospital Industry Representative – Governor Appointee
Rick Dunn: Director, Governor's Office of Planning and Budget	Office of Planning and Budget Director
Vacant	Insurance Industry Representative – Speaker's Office Appointee

Key Milestones

Milestone	Date	Status
Secure EASE Medicaid Data	Q2 2025	Not Started
Secure Medicare Data via ResDAC	Q2 2025	In Progress
Resume SHBP Data Ingestion	Q2 2025	Not Started
Validate All Datasets	Q2 2025	Not Started
Build Mock Data Use Cases	Start Q2 2025	Not Started
Stakeholder Engagement & Training	Q2-Q3 2025	In Progress
2025 Eight Use Cases	Q2–Q4 2025	In Progress

Move to Operations

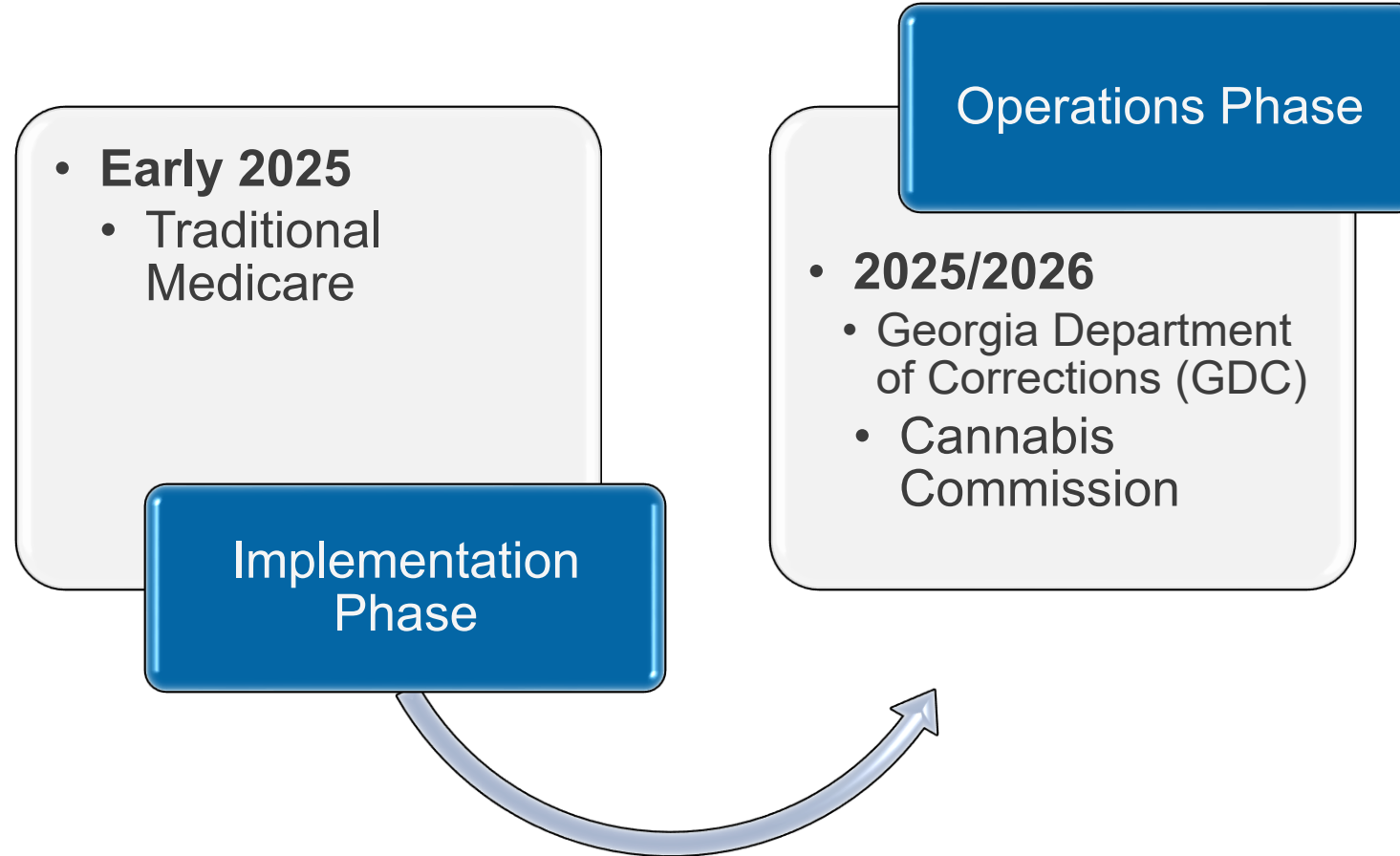
- The Advance Planning Document
 - Approved by CMS on January 6th, 2025.
 - We have moved our operations date to October 2025 to maximize our federal funding.

Project Status

Katlynn Sifre, OHSC

- Quarterly Extract
 - Next extract is slated to be kicked off in March 2025
 - Onpoint is working through the file, and data will be available in April 2025

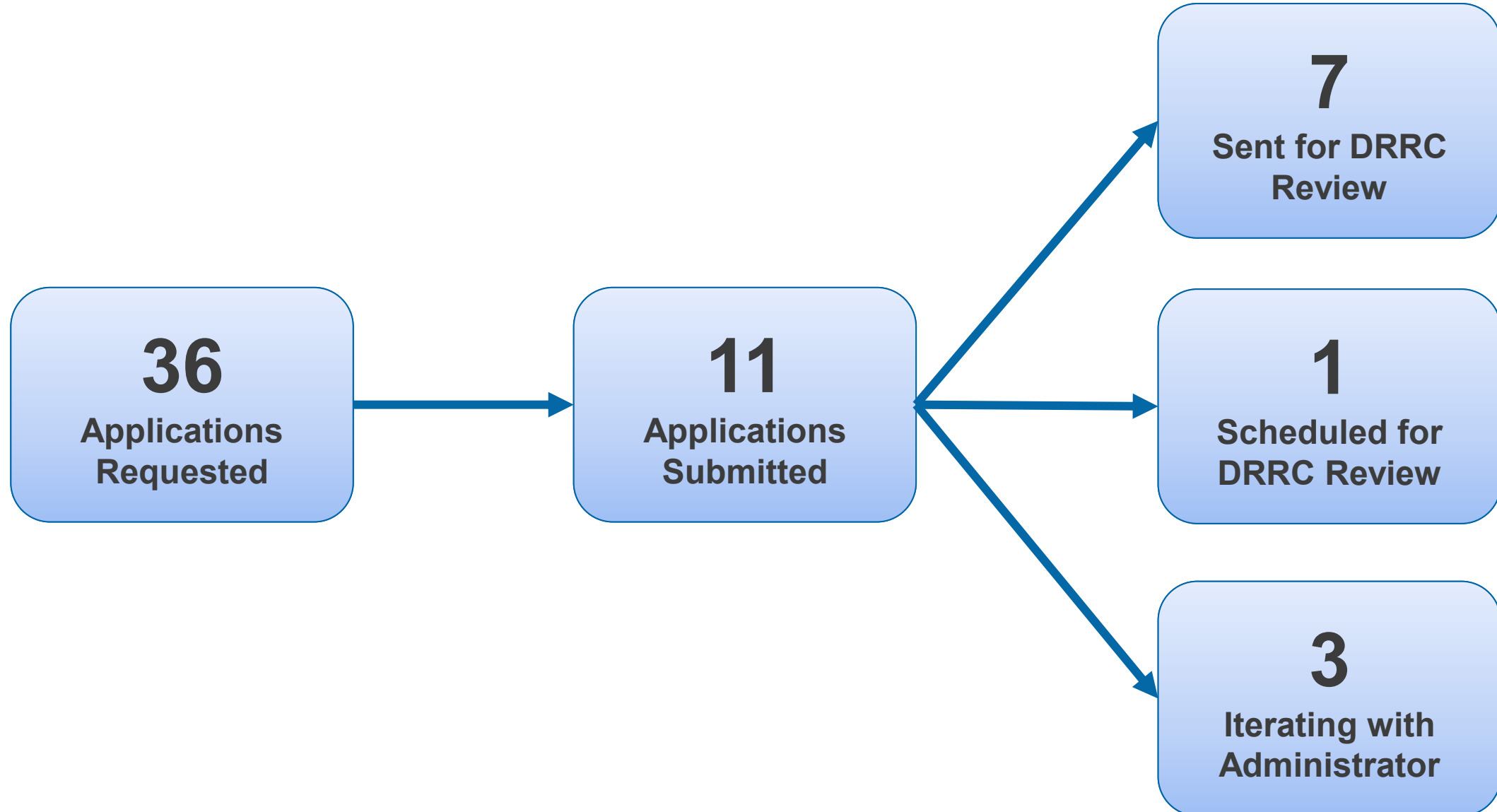
Remaining Statutory Submitters



Data Access and Governance

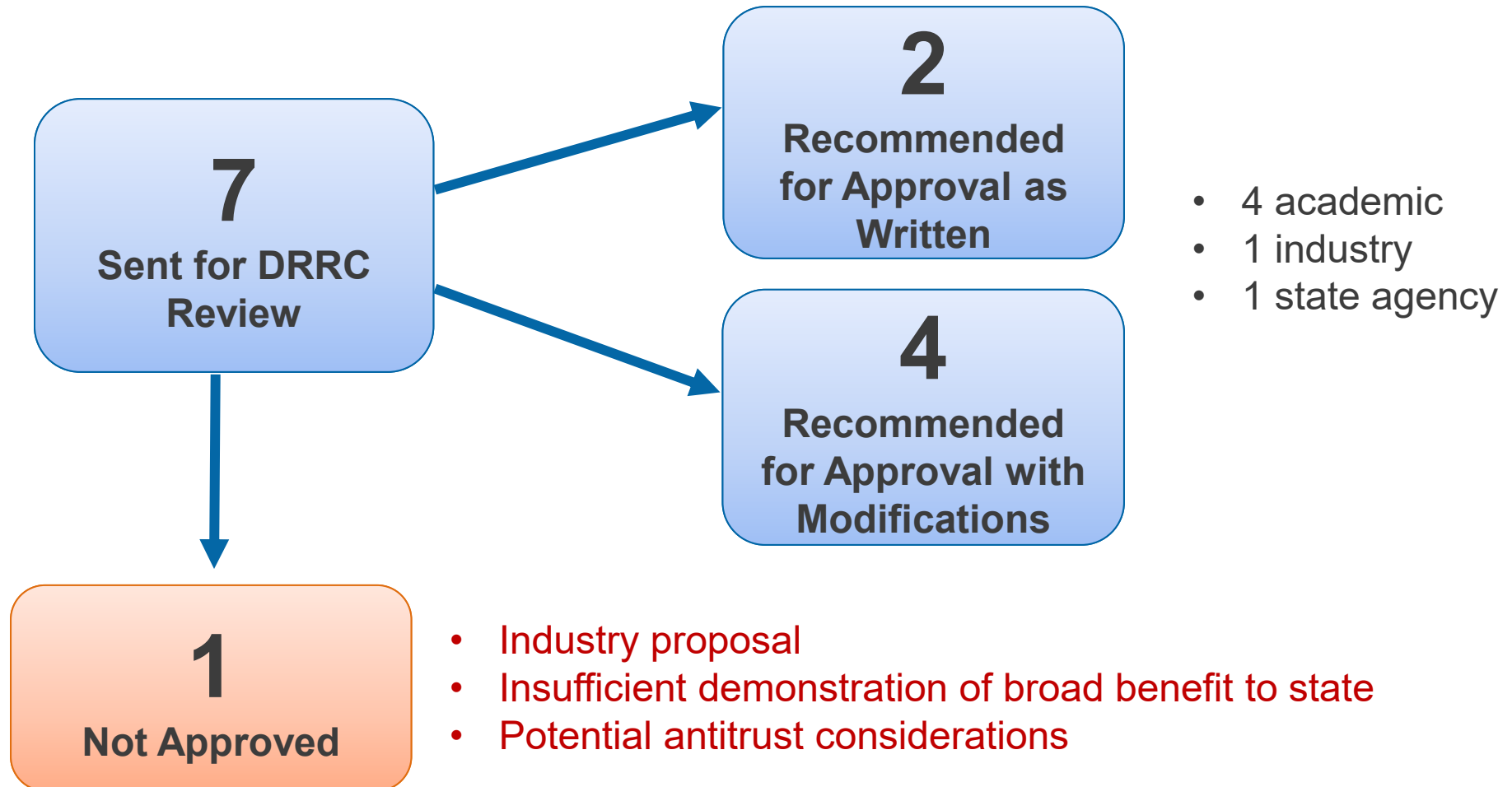
Dr. Jon Duke, CHAI

Application Stats



Data Release Review Committee

- At the monthly DRRC meeting, the committee has a chance to discuss the applications, meet with the requesters, and refine the final data release.



- In December, we unveiled Custom Reports, a mechanism for organizations with less technical expertise to be able to leverage the APCD data. It has proven to be a popular option, with multiple applications submitted in its first 2 months.

Custom Reports

For many organizations, conducting analyses of complex medical claims and maintaining a secure analytics environment may not be an efficient use of time and resources. In these cases, the Georgia APCD analytics team can create custom reports and datasets to meet specific needs and address a wide range of questions based on APCD data. Offerings include written reports, interactive dashboards, and custom datasets.

Applications Open

Applications are now open for custom reports. Please [request an application](#) to get started.

Apply for a Custom Report

Ready to start your application?

Requirements for APCD Data vs Reports

Data Request

- **Purpose**
 - Must align with Georgia APCD objectives
 - Must benefit the citizens of Georgia
- **Requester characteristics**
 - Must have methodological expertise to analyze the data
 - Security infrastructure to protect data
- **Constraints on data received**
 - Can receive row-level data
 - Limited to minimum data necessary to answer a research question
 - Justification required for certain data elements

Custom Report Request

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 - Does not require technical expertise
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Requirements for APCD Data vs Reports (highlights)

Data Request

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A Note for State Agencies

If you are a Georgia state agency interested in working with APCD data, please contact OHSC Interim Director Anelia Moore at anelia.moore@opb.georgia.gov

All Other Requesters

Visit <https://apcd.georgia.gov/data-reports/>

Georgia.gov logo

An official website of the State of Georgia. How you know

English Organizations



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DATABASE

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APCD Data

Public Data

Non-Public Data

Custom Reports

Data & Reports

About APCD Data

The APCD primarily contains medical, dental, and pharmacy insurance claims. Insurance claims refers to information related to healthcare services provided to patients and the associated costs that are submitted to health insurance providers for reimbursement. Common data elements found in claims data include information about visits, procedures, diagnoses, medication dispensing, costs of care, and demographics.

What data are in the Georgia APCD?

For Data Users

- [Explore Public Data](#)
Access APCD reports, dashboards, and public datasets free of charge
- [Request a Custom Report](#)
For APCD information needs not covered by public data offerings
- [Request Non-Public Data](#)
Detailed non-public data for advanced data users

Analytics

Dr. Jon Duke, CHAI

What Data are in the APCD?

Quick Facts



1.52+ billion claims

Including years 2018-2024



13.6+ million patients (2018-2024)

53.1% Female | 46.4% Male



39 submitters

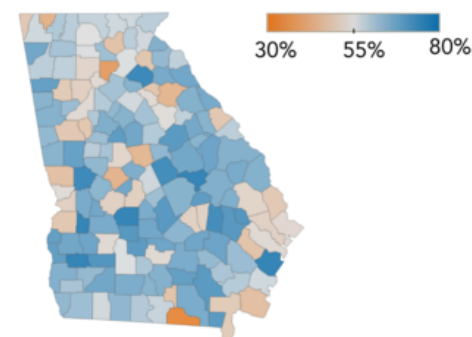
95% private payers



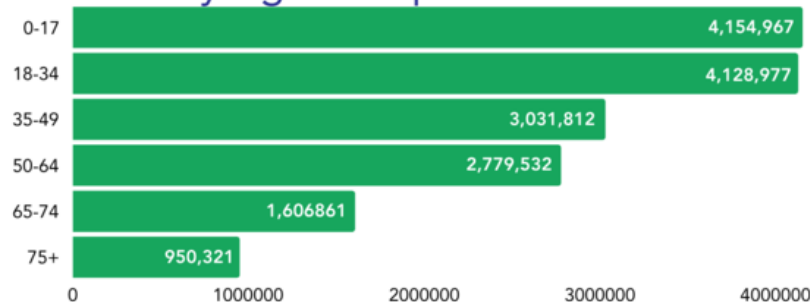
64% of insured GA residents 2023 (medical)

85% (pharmacy) | 50% (dental)

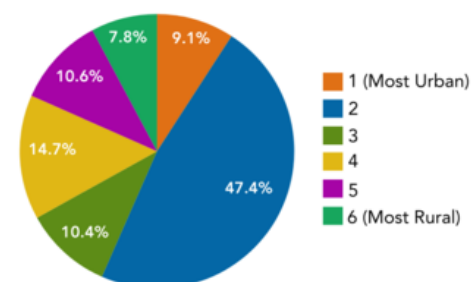
Percentage of GA Population*



Patients by Age Group



Rural or Urban?**



Limited data based on GA APCD as of January 2025, from years 2018-2024

* Population based on 2023, U.S. Census

** NCHS 2013 Urban-Rural Classification (https://www.cdc.gov/nchs/data_access/urban_rural.htm)

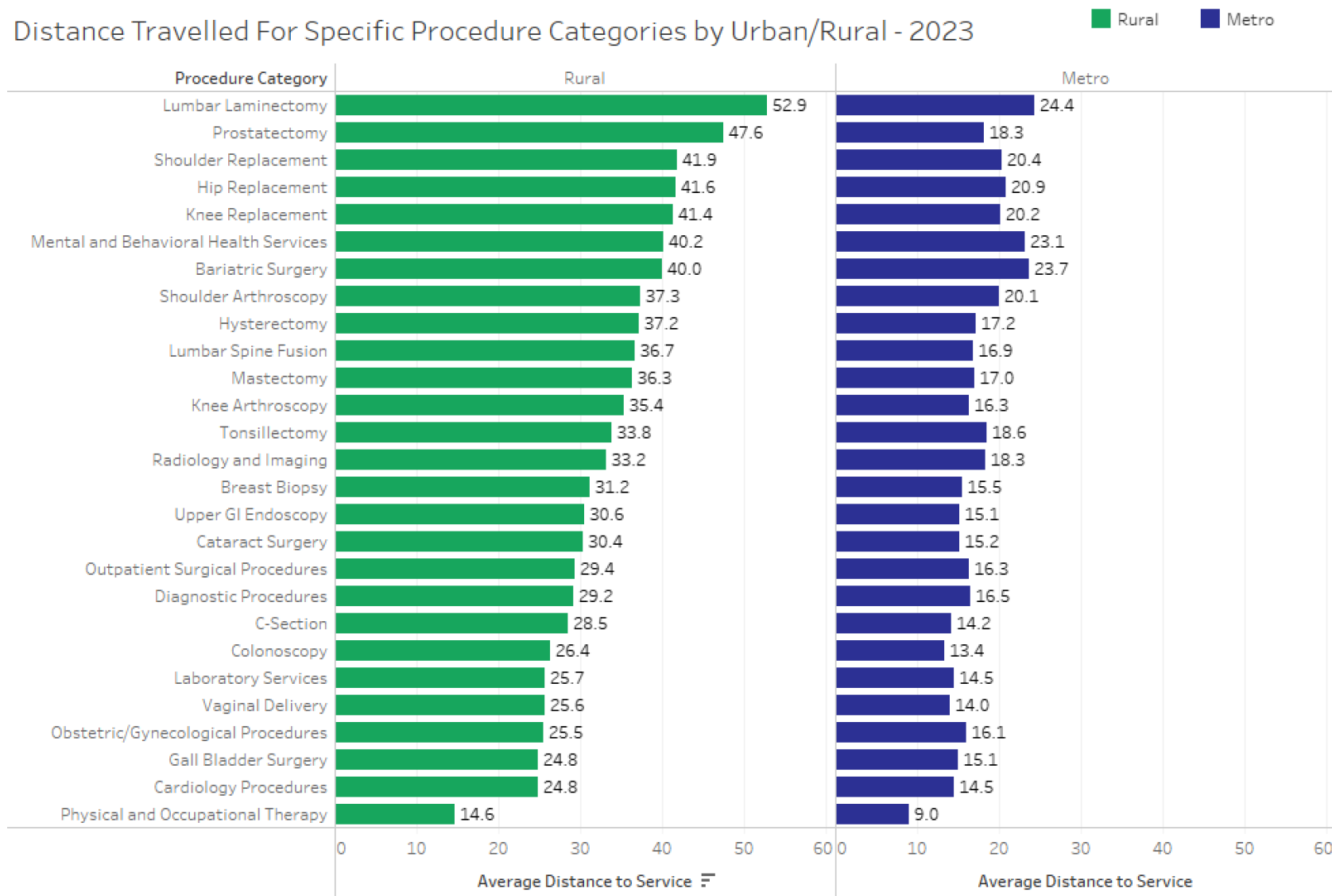
+ Icons by Chanut is Industries, CC by 3.0 DEED (<https://creativecommons.org/licenses/by/3.0/>)

Use Case Updates

- Use Case work ongoing for
 - UC1 - Access to Care in Rural Areas
 - UC2 - Telemedicine Utilization and Cost
 - UC3 - Consumer Cost Transparency Dashboard
 - UC4 - Provider Workforce Characterization

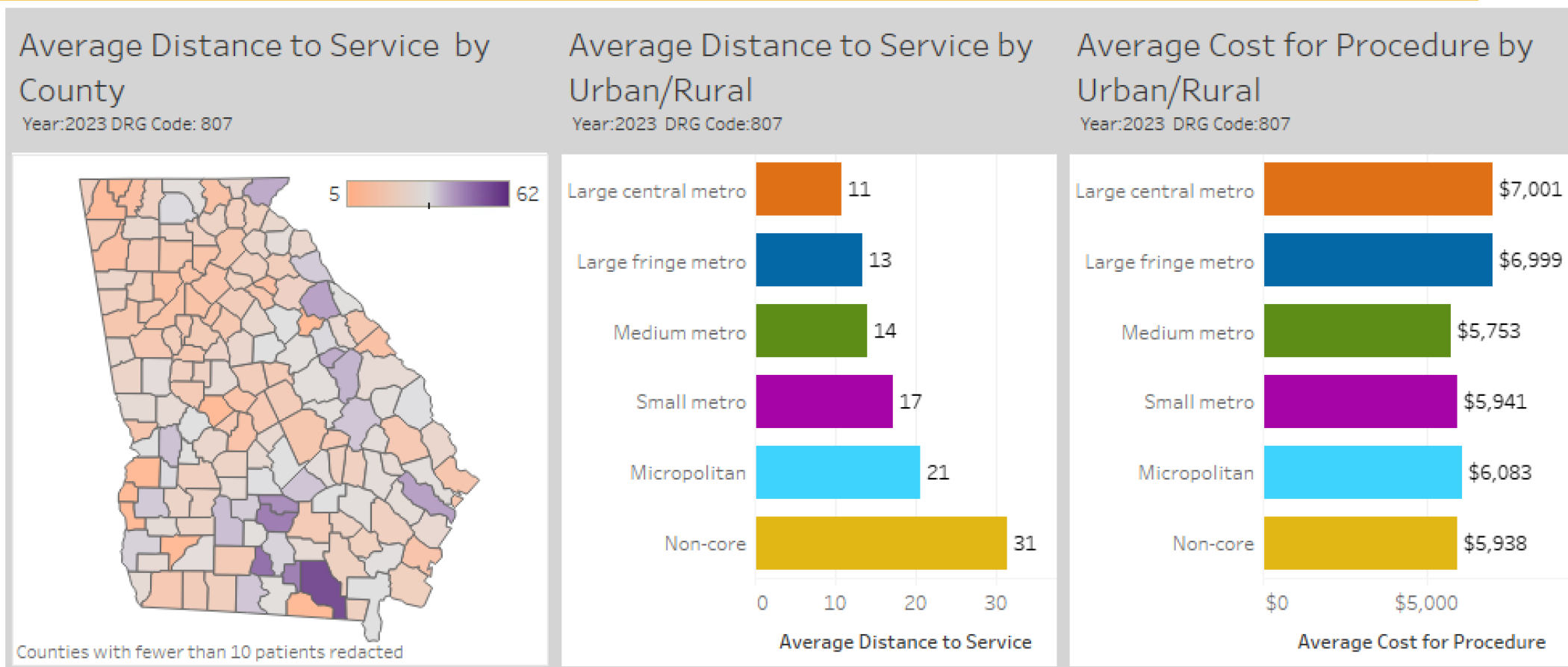
Use Case 1: Urban/Rural Distance Travelled

Distance Travelled For Specific Procedure Categories by Urban/Rural - 2023



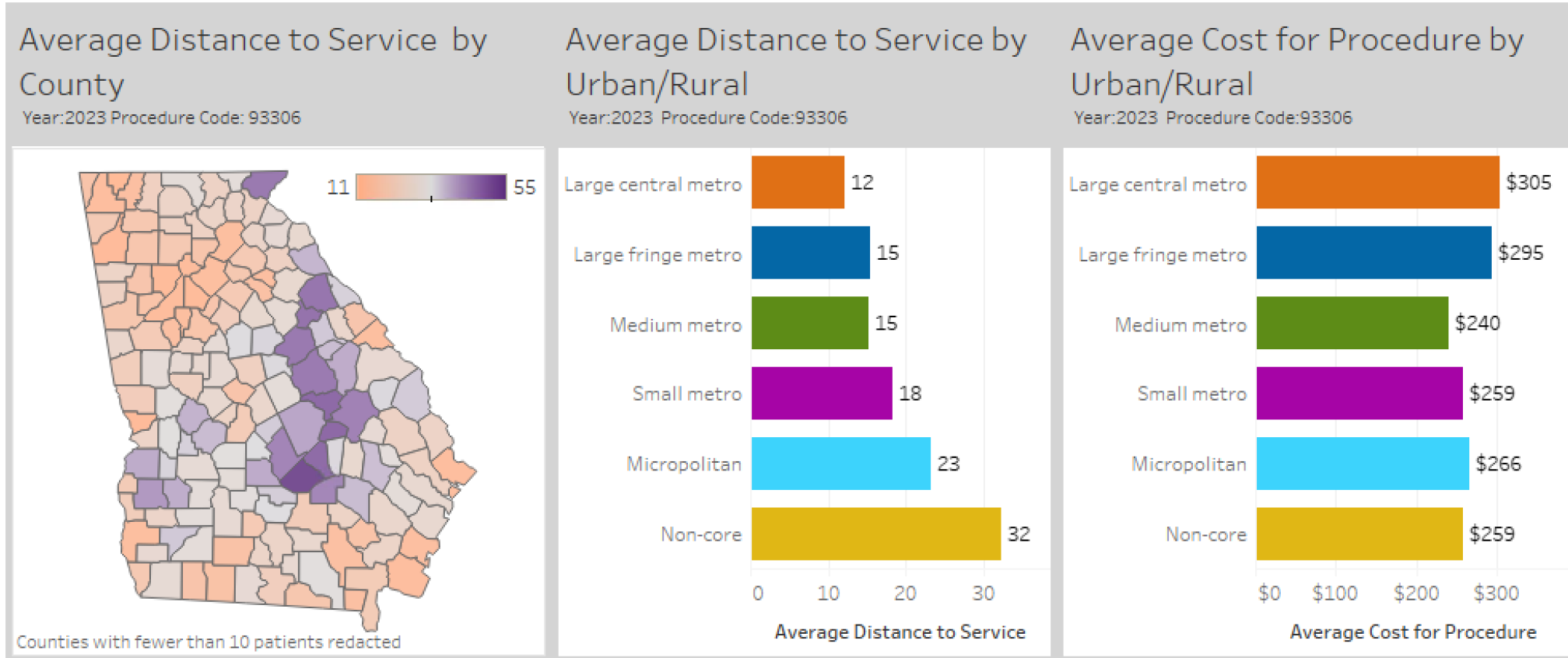
- Select procedure categories from 2023 claims, with patients categorized as urban and rural based on NCHS classification of their counties
 - Mix of common diagnostic and treatment procedures to be displayed on a dashboard
- Notably, average distance travelled by rural patients higher than urban patients for all procedure categories:
 - For example, rural patients travelled twice the average distance (52.9 miles) for a Lumbar Laminectomy compared to rural patients (24.4 miles)

Use Case 1: Uncomplicated Delivery, Urban/Rural



- Vaginal deliveries without complications or sterilization in 2023 had a total cost of about \$160 million for all Georgians
- Average distance to service varies based on county and increases slightly for more rural counties (more notably for non-core counties)
- Average costs are about \$1000 higher in the large central and fringe metro counties compared to other counties
- Similar patterns for distance to service and average cost were observed for C-sections

Use Case 1: Echocardiogram, Urban/Rural

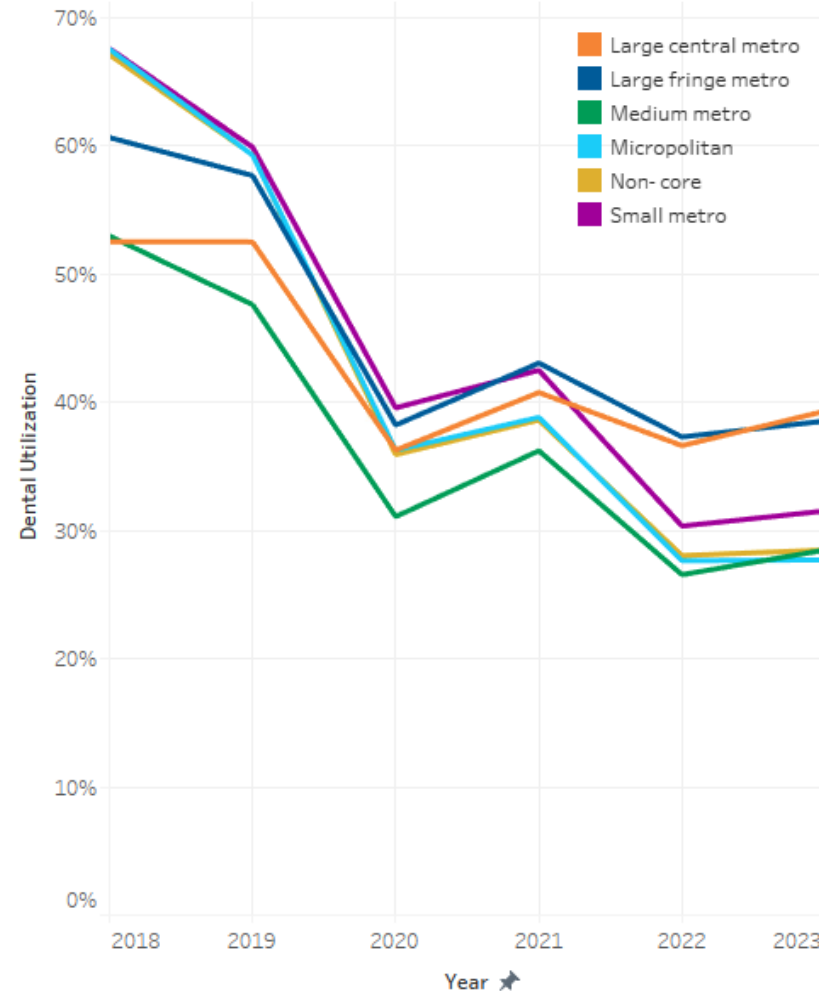


- Comprehensive cardiac imaging and echocardiography in 2023 had a total cost of about \$109 million for all Georgians
- Average distance to service varies based on county and again increases for more rural counties
- Average costs were slightly higher in large central and fringe metro counties

Use Case 1: Downward trend in Dental Visits

- The proportion of people with dental insurance who had at least 2 preventive or diagnostic visits per year has been declining, regardless of urban/rural status
- Covid-19 certainly played a role, but we have not seen the expected bounceback
- Will be reviewing to determine if any other unexpected patterns with dental care trends (eg could higher levels be an artifact of patients with dental insurance 2018)

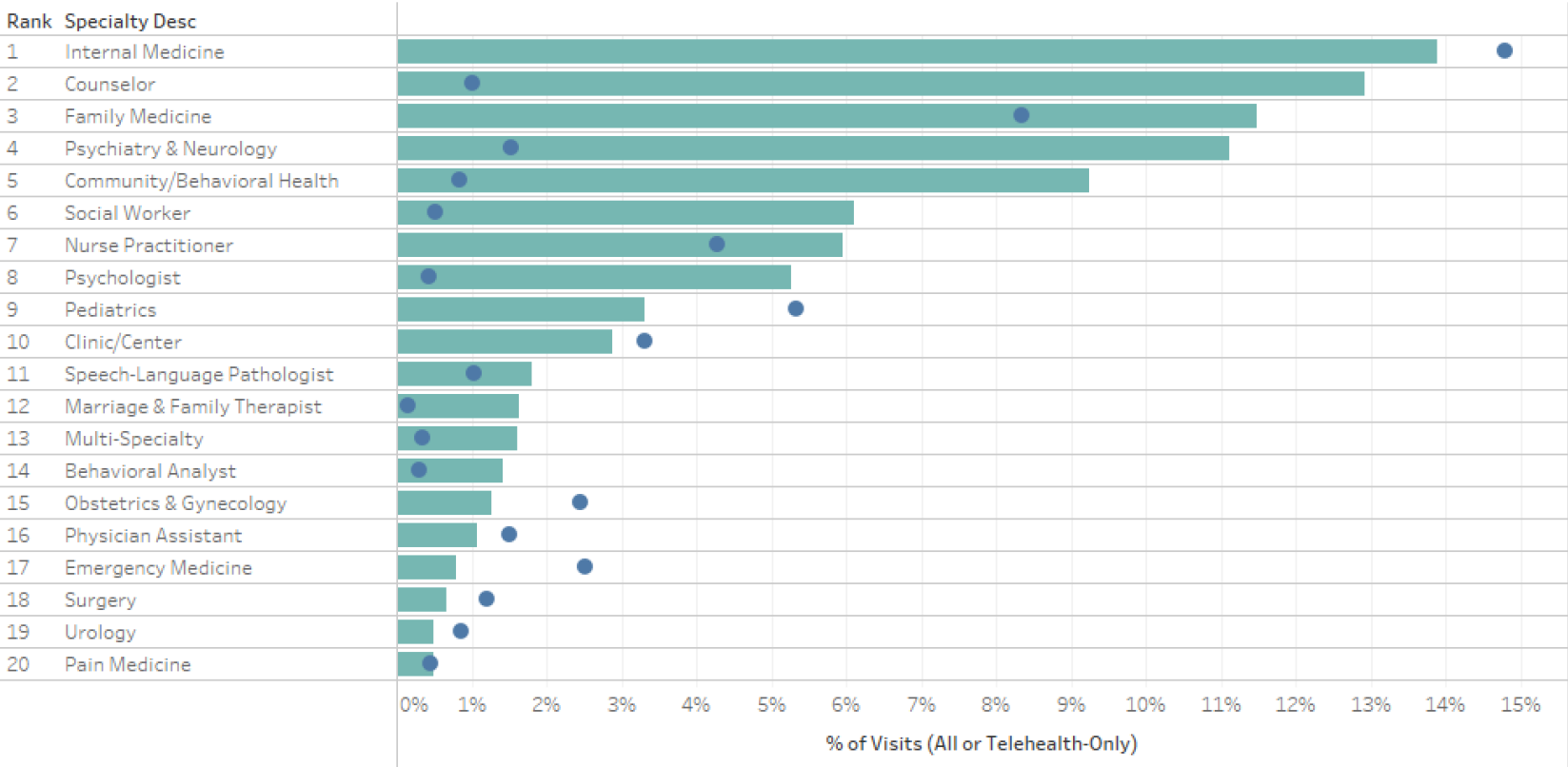
Trends in Preventive and Diagnostic Dental Visits
by Rural/Urban - % Eligible with 2+ Visit/Yr



Use Case 2: Telehealth Specialty Variation (1/2)

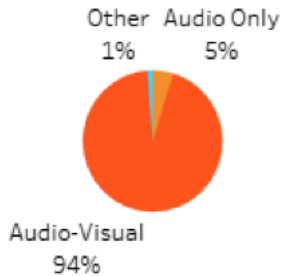
Top Provider Specialties for Telehealth Visits

Year: 2023, Age Group: All, Sex: All, Setting: All. Excludes unspecified or invalid specialties



Telehealth Claims by Type

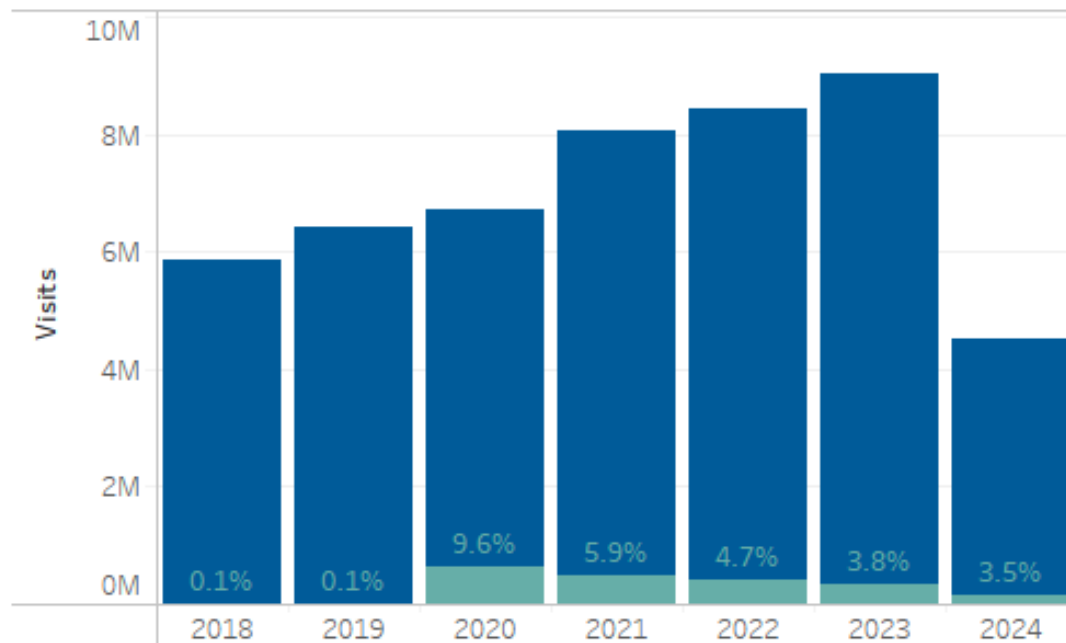
Year: 2023



- Providers of telehealth visits were primarily concentrated in primary care (e.g. internal medicine, family medicine, pediatrics) and in mental and behavioral health specialties (e.g. counselor, psychiatry, community/behavioral health)
- Internal medicine providers comprised 13.9% of telehealth visits in 2023, which is slightly less than the proportion for total visits (14.8%). Telehealth visits comprised only 3.8% of total visits with internal medicine providers in 2023.

Use Case 2: Telehealth Specialty Variation (2/2)

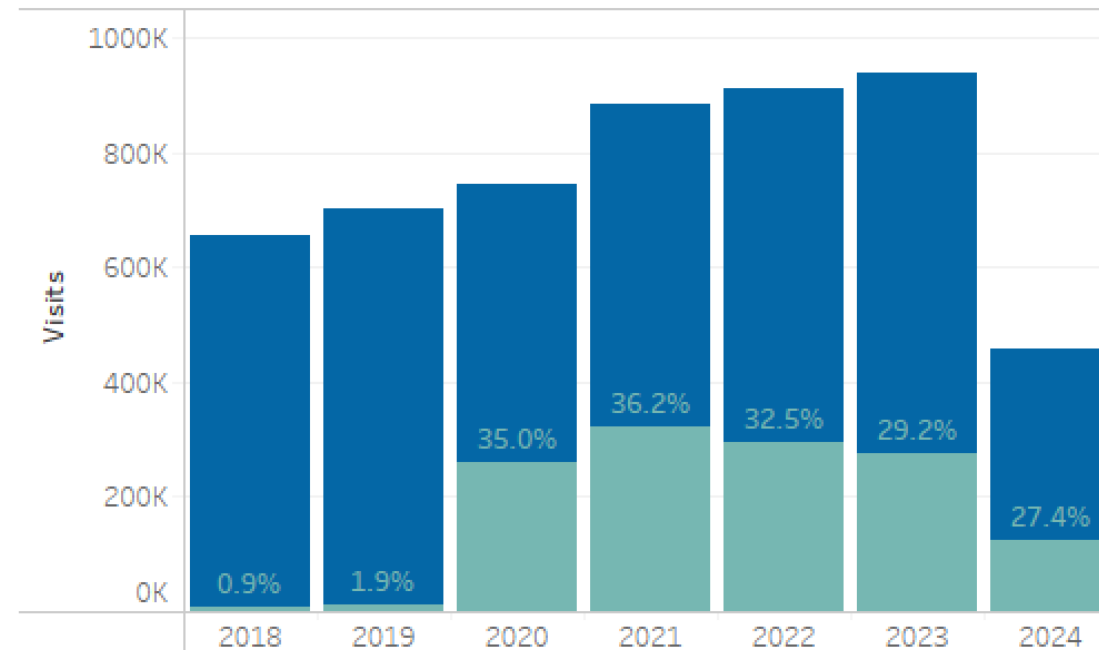
Total Visits of Internal Medicine Specialty (with % Telehealth Visits) -- All Ages, Sex, and Settings:



Year-over-Year Change in Total and Telehealth Records for Internal Medicine -- All Ages, Sex, and Settings:

	2019	2020	2021	2022	2023
YoY Δ Total	9.9%	4.3%	20.3%	4.6%	7.0%
YoY Δ Telehealth	25.5%	7218.3%	-26.2%	-16.1%	-14.5%

Total Visits of Psychiatry & Neurology Specialty (with % Telehealth Visits) -- All Ages, Sex, and Settings:

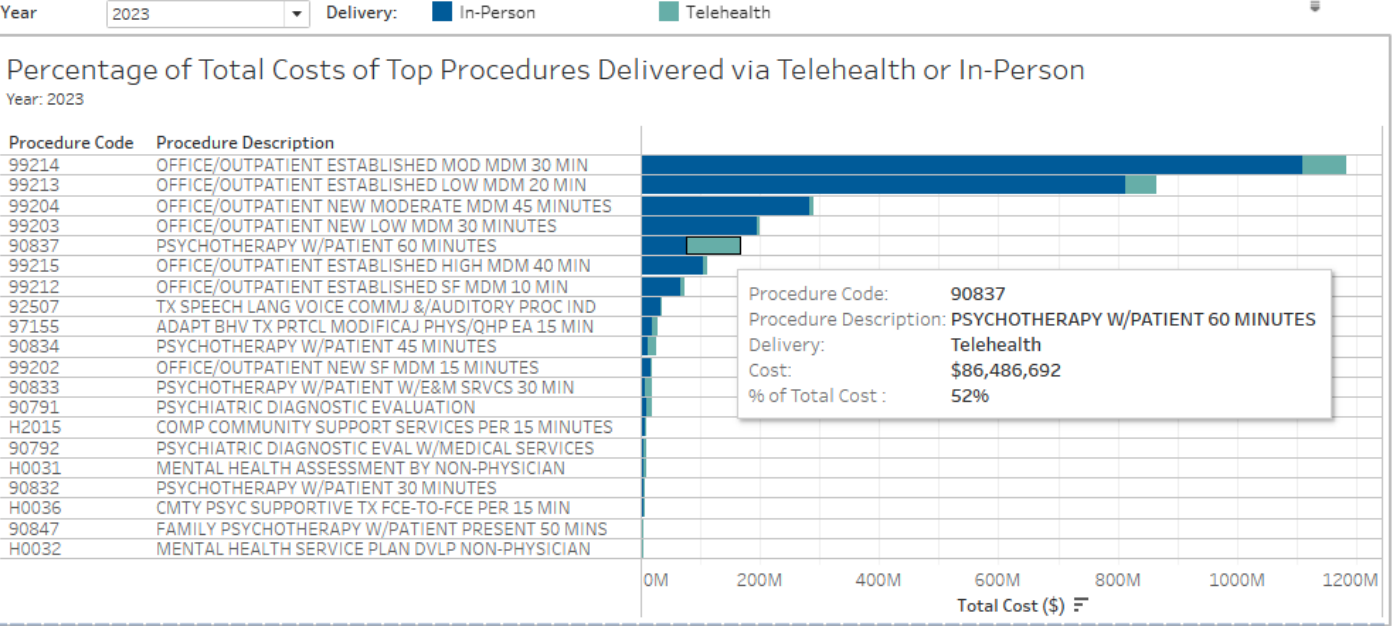


Year-over-Year Change in Total and Telehealth Records for Psychiatry & Neurology -- All Ages, Sex, and Settings:

	2019	2020	2021	2022	2023
YoY Δ Total	7.4%	5.7%	19.1%	2.8%	3.1%
YoY Δ Telehealth	123.4%	1851.9%	23.0%	-7.5%	-7.4%

Use Case 2: Telehealth in Psychotherapy, Costs

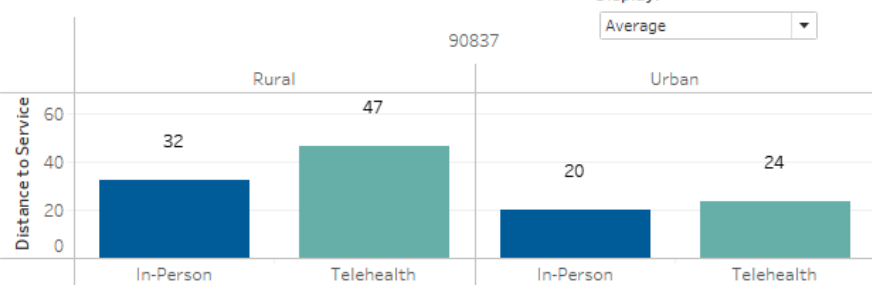
Top Telehealth Procedures: Cost and Distance Comparison



Selecting a procedure code above will limit the content below to that given procedure code. The year of data is based on the Year dropdown menu in the top left corner.

Average Distance to Service (DTS) by Delivery & Setting

Year: 2023 Procedure: 90837 - PSYTX W PT 60 MINUTES



Average Cost per Service Quantity by Delivery and Setting

Year: 2023 Procedure: 90837 - PSYTX W PT 60 MINUTES

Delivery	90837	
	Rural	Urban
In-Person	\$95	\$100
Telehealth	\$98	\$101

- About 52% of total costs for procedure code 90837 (for 60 minutes of psychotherapy) were delivered via telehealth
- Average unit costs were comparable between in-person and telehealth visits and between urban and rural settings
- On average, telehealth providers for this procedure were located further from their patient compared to patients who went in-person, potentially allowing patients to seek care from a broader pool of providers
- Theoretical savings were calculated based on average distance travelled for in-person visits, based on mileage cost estimates

Roundtrip Mileage Savings:

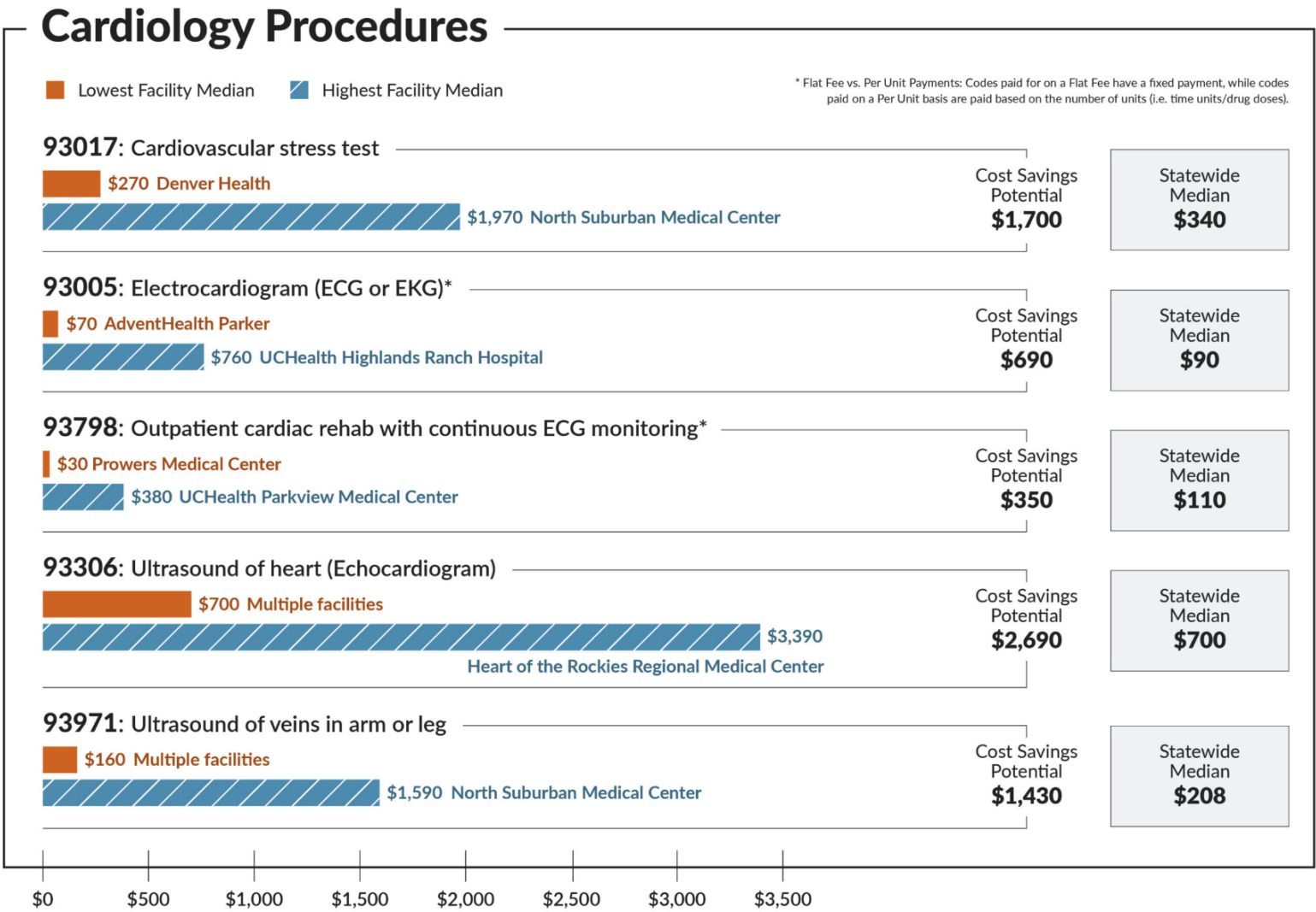
Procedure Code		Rural	Urban
90837	Mileage Savings - AAA	\$53	\$33
	Mileage Savings - IRS	\$42	\$26

Use Case 3: Consumer Cost Transparency Tool

- **Background**

- Healthcare consumers in Georgia have traditionally had limited insight into expected healthcare costs
 - A primary function of many APCDs is to provide the public with information to promote price transparency and better decision-making
- The goal of UC3 is to provide a powerful health transparency resource for Georgia citizens
- The tool will provide information on healthcare prices and quality ratings for common procedures across healthcare facilities

Use Case 3: Consumer Dashboard Example (CO)



Use Case 3: Consumer Dashboard Example (CO) cont'd

Cardiology

Select Service:

Select Your ZIP Code:

Sort List By:

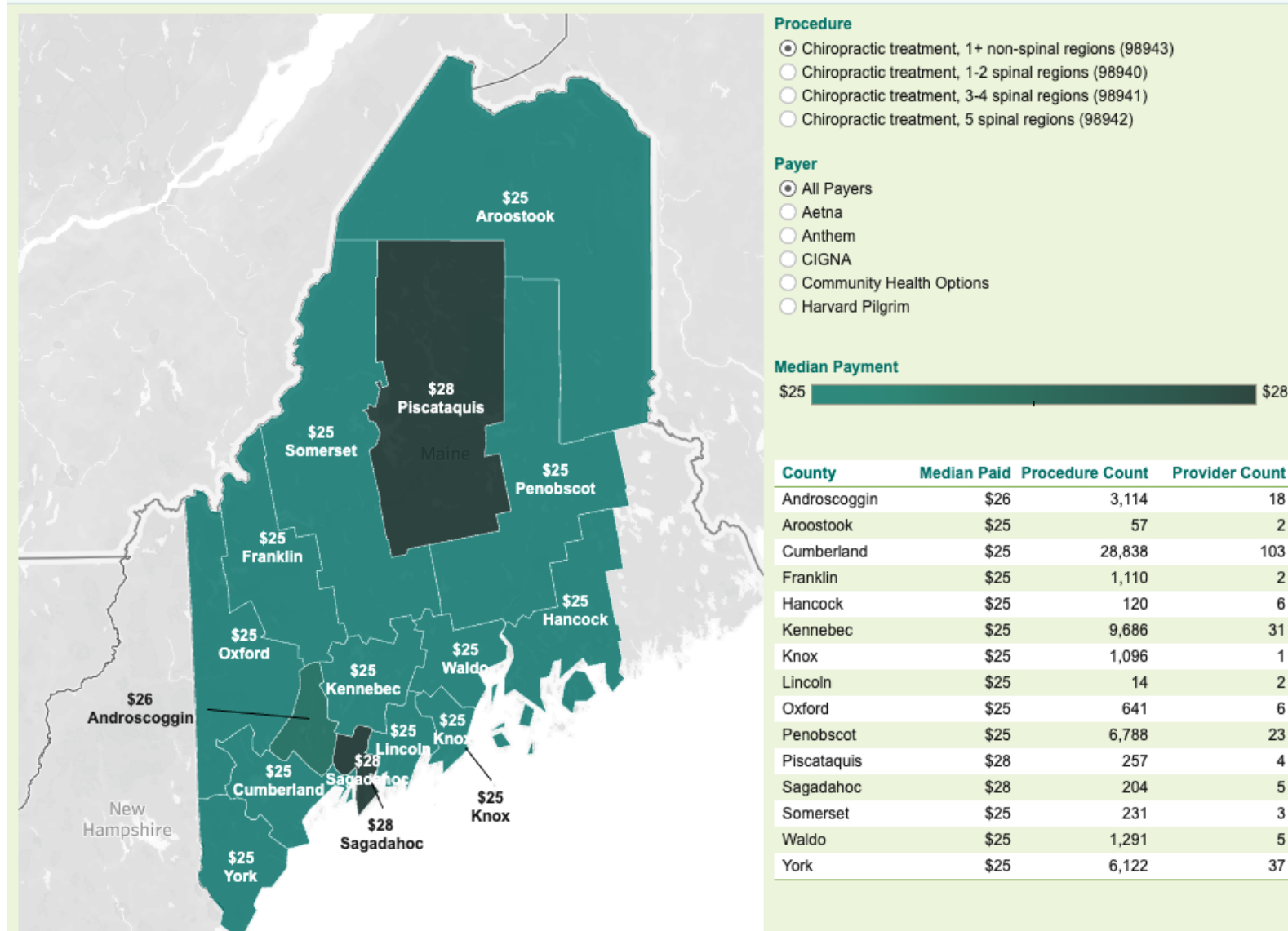
Cardiovascular stress test (CPT 93017)

80001

Facility Name (A-Z)

Facility Name	Distance (Miles)	Price Estimate		Quality	
		Flat Fee		Patient Experience	Overall Hospital Quality
		Average Price	Price Range		
AdventHealth Avista	10.8	\$350	\$280–\$460	★★★★☆	★★★★★
AdventHealth Castle Rock	29.5	\$410	\$280–\$550	★★★★☆	★★★★★
AdventHealth Littleton	16.5	\$410	\$290–\$550	★★★★☆	★★★★☆
AdventHealth Parker	24.2	\$370	\$240–\$420	★★★★☆	★★★★★
AdventHealth Porter	10.9	\$340	\$320–\$380	★★★☆☆	★★★★★
Aspen Valley Hospital District	102.5	\$460	\$440–\$550	*	*
Banner Fort Collins Medical Center	49.8	\$510	\$500–\$510	★★★★☆	★★★☆☆
Banner McKee Medical Center	42.3	\$510	\$500–\$770	★★★☆☆	★★★★☆
Banner North Colorado Medical Center	46.8	\$540	\$500–\$880	★★★☆☆	★★★☆☆
Boulder Community Health	16.7	\$1,050	\$880–\$1,190	★★★★☆	★★★★☆
CommonSpirit - Penrose	66.2	\$410	\$290–\$550	★★★☆☆	★★★★★

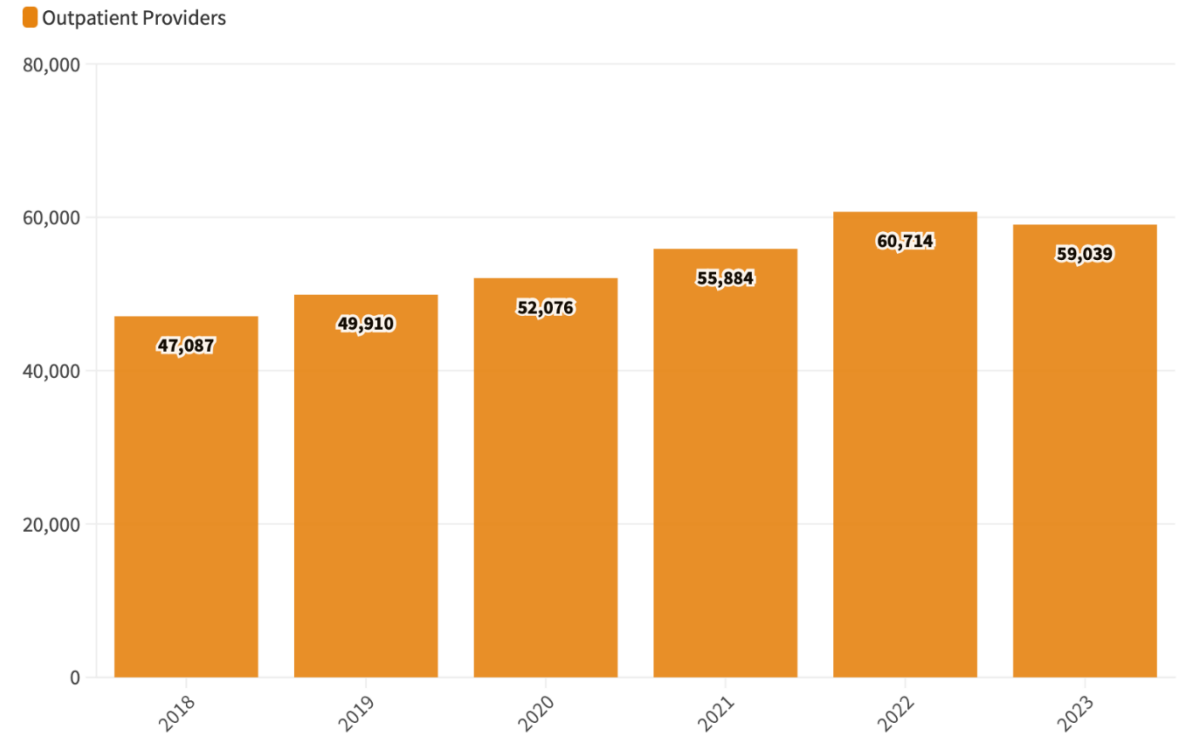
Use Case 3: Consumer Dashboard Example (ME)



Use Case 4: Provider Workforce Characterization

- **Goal:** To measure the availability of healthcare providers in Georgia based on claims utilization
- **Availability** will be broken down by:
 - Provider Type
 - Specialty Type
 - Day-of-the-week
 - Patient volume
 - Year of service
 - Geography
- **Artifacts** for delivery:
 - Provider Availability Dataset
 - Interactive Dashboard

Outpatient Providers with More Than 10 Visits
Georgia All-Payer Claims Database (2018-2023)



Analytics Environment

- The APCD analytics team GDAC and GTRI have built out a robust analytics environment
- Production systems for automating ingestion and data validation are in place
- Continued expansion of environment capabilities and security protocols

State Agency Engagement Update

Anelia Moore, OHSC

Questions?

Adjournment

Next Meeting – Targeting May 2025