



## Georgia All-Payer Claims Database (APCD) February Advisory Committee Brief

### APCD Project Plan Update

#### **Q1 2022:**

- Advisory Committee (AC) meeting #2
- Launch of AC workgroups
- Development of Advanced Planning Document (APD)
- Development of Request for Proposals (RFP)

#### **Upcoming:**

- RFP Publication – Q1 2022
- **APD Submission to CMS – Q1 2022**
- CMS Funding Determination – Q2 2022
- Implementation – Q3 2022 thru Q2 2023

### APCD Advisory Committee Workgroup Updates

#### **Use Cases Workgroup:**

The Use Case Workgroup develops strategies for the use of Georgia's APCD, working closely with the Data Privacy, Security, and Access Committee. This group reviews and discusses prominent use cases in other APCD states and meets regularly with the Data Privacy, Security, and Access Workgroup to establish key privacy and security considerations for use case summaries. Supported use cases are recommended to the Advisory Committee.

→ **Update:** Meetings 1 and 2 were held in December and January. Identified five initial use case priority topics (health disparities, accessing population health, monitoring, and analyzing healthcare costs, surprise billing, and consumer pricing portal). Discussed data release considerations including need for standardized data use agreement.

#### **Data Privacy, Security, and Access (DPSA) Workgroup:**

The DPSA reviews industry best practices for safeguarding the privacy and security of the GAPCD data. This group will also consider privacy, security, and access policies and procedures, and make recommendations to the Advisory Committee.

→ **Update:** Meetings 1 and 2 were held in December and January. Provided background on other APCD state practices. Level-set on existing privacy and security safeguards. Discussed Limited Data Set (LDS) and Identifiers (when and how personally identifiable information is encrypted, removed, de-identified), and potential list of policies and procedures that need to be developed.

#### **Technical Design Review (TDR) Workgroup:**

The TDR Workgroup is focused on technical infrastructure design and functionality overall. The TDR is advising OHSC and GTRI-CHAI on technical design in advance of the implementation of APCD, including the production of an RFP for the APCD data asset vendor.

→ **Update:** Meetings 1 and 2 held. Reviewed key design concepts and experiences of other states and suppliers. Reviewed strategies to achieve legislated start date for APCD of January 2023. Surfaced questions and comments from workgroup members to achieve understanding and concurrence with design approach and timeline. Arrived at a "modular" design approach:



- Data Collections Module delivered by contracted Supplier
- Analytics and Reporting Module delivered by GTRI-CHAI in collaboration with OHSC, GTA, DCS, and Oversight committees

### Request for Proposal (RFP)

For the Georgia APCD, the RFP seeks to procure the services and systems associated with the Data Collection Module. The RFP incorporates findings from workgroups, discussions with industry, and multiple inter-agency meetings. The draft RFP is nearing completion and will be going through internal and CMS review. This process takes place in parallel with the APD process, described below. The APCD Data Collection Module build will take a phased approach to data collection— a limited number of commercial payers and Medicaid/SHBP, followed by more commercial payers over the course of two years.

- Target Date for Release to Submitters: **February 2022**
- Date for Data Collections Module first phase completion, **January 2023**

### Advanced Planning Document (APD)

An APD serves as the mechanism by which states obtain federal support for certain systems related expenditures. Regulations establishing the different types of APDs and requirements for each can be found at 45 CFR 95.610. As part of the APD review, CMS considers the state's proposed program outcomes for any Medicaid Enterprise Systems (MES) project.

APD funding requires the state to contribute some state funding; this is referred to as the state match. Funding amounts are tied to the Medicaid population and use cost allocations to determine the federal share.