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

CedarBridge Group®

Georgia All-Payer Claims Database (GAPCD) Advisory Committee

Minutes

Quarterly Meeting

Friday, February 4, 2022 | 10:00 am – 12:00 pm

Virtual Meeting | apcd@opb.georgia.gov

Attendees

Committee Members

p	Dr. Thomas Bat	p	Mr. Kelly Farr	p	Representative Butch Parrish
p	Senator Dean Burke	p	Mr. Matthew Hicks	p	Mr. Grant Thomas (Chair)
p	Mr. Gregg Conley	a	Ms. Crysty Odom	a	Commissioner Kathleen Toomey
p	Dr. Jon Duke	p	Mr. Chad Purcell		

(p)resent; (a)bsent

Supporting Leadership/ Facilitation Present

- *Office of Health Strategy and Coordination (OHSC)*: Anand Balasubramanian, Melissa Barwick, Elizabeth Holcomb, Jake Star
- *Georgia Tech Research Institute Center for Health Analytics & Informatics (GTRI-CHAI):* Megan Denham, Samantha Lie-Tjauw, John Wandelt
- *CedarBridge Group (APCD Program Management Office):* Herb Fillmore, Amy Zimmerman, Dawn Bonder, Kassi Miller, Carol Robinson, Donald Ross, Jamal Furqan

Discussion Notes

Opening Remarks, Introductions, Meeting Minutes

Mr. Grant Thomas, Director of the Office of Health Strategy and Coordination (OHSC) and Chairman of the All-Payer Claims Database Advisory Committee, welcomed the attendees to the second meeting of the APCD Advisory Committee.

Chairman Thomas asked the Committee if there were any comments or objections to the meeting minutes from the October meeting and there were none. The minutes were approved by unanimous consent.

Chairman Thomas introduced Mr. Chad Purcell of the Department of Community Health (DCH) as a new committee member, serving as the DCH Commissioner's designee, and asked all members to introduce themselves. He then asked Mr. Jake Star to give an update on the project plan.

Project Plan Update

Mr. Jake Star presented an update on the progress toward the goal of having the APCD operational in early 2023. He explained that great progress has been made on the Advanced Planning Document (APD) and reminded the group that the APD will serve as a request for funding from the Centers for Medicare

and Medicaid Services (CMS). Mr. Star also explained that the Request for Proposal (RFP) for services to collect data for the APCD has made progress toward its deadline.

Mr. Star reminded the group of the three workgroups convened since the last advisory committee meeting and their respective purposes: Use Case; Data Privacy, Security, and Access; and Technical Design Review.

Use Case Workgroup Update

Ms. Amy Zimmerman provided an update on work to date from the Use Case Workgroup. She explained that during their initial two meetings the workgroup has identified five initial use case priority topics based on legislation: 1) health disparities, 2) assessing population health, 3) monitoring and analyzing healthcare costs, 4) surprise billing practices, and 5) the consumer pricing portal. To support development of these use case topics, use case stories were presented and discussed with specific goals of understanding potential critical technical considerations, data considerations, data analytics, data access/release considerations for APCD, and what will be available for use initially in the APCD (compared to what will become available over time).

Ms. Zimmerman shared key considerations and lessons learned from the first two workgroup meetings to include the importance of: developing a plan for adding or linking additional data over time (e.g., additional data sources as the APCD progresses); applying value-added tools (such as geocoding and risk adjustment), including as much historical data as possible; establishing a data release review committee; creating transparency regarding who APCD users are and their intended use of the data; and developing a standardized data use agreement.

Data Privacy, Security, and Access Workgroup Update

Mr. Don Ross provided an update on the Data Privacy, Security, and Access (DPSA) Workgroup. He shared that the workgroup has met twice and has discussed an overview of APCDs in other states and the relationship between data submitted and possible outputs. The workgroup also considered limited data sets (LDSs) and identifiers, and the workgroup expressed that there is a strong desire for transparency on data access within the APCD.

The DPSA workgroup has also discussed hypothetical use case scenarios, focusing on health disparities in Medicaid and population health data. Mr. Ross explained that the workgroup prefers the LDS to be robust enough so that substantive analysis and support for policymaking can occur.

Senator Dean Burke asked if a subscription model for accessing the data to help with costs associated with the APCD has been discussed yet. Dr. Jon Duke explained that discussing a subscription model is one of the goals of this workgroup and that it will certainly be a topic for discussion. Mr. Star added that the discussions about revenue streams will likely start in June or July of 2022.

Technical Design Review Workgroup Update

Mr. Herb Fillmore gave an update on the two Technical Design Review (TDR) workgroup meetings. He explained that the workgroup reviewed strategies to achieve a start date of early 2023 for the APCD including: RFP release and award as soon as possible; strong support for submitters; phased approach to onboarding submitters; and close collaboration between agencies and suppliers. He shared key learnings and recommendations from the workgroup to include deidentification occurring post-

submission, APCD technology environment as cloud-based, a modular approach to APCD development, and support for the APCD common data layout. The workgroup also discussed that payers may not have all data necessary to support the proposed use cases, and engagement by the payers is encouraged.

Mr. Fillmore also shared some details on the modular approach to the APCD with two major modules: 1) a data collection module delivered by the contracted supplier; and 2) an analytics and reporting module delivered by Georgia Tech Research Institute – Center for Health Analytics and Informatics (GTRI-CHAI) in collaboration with OHSC, DCH, the Georgia Technology Authority (GTA), and the APCD Advisory Committee. These two modules and the overall modular approach was discussed with the workgroup, with special attention being given to Module 1 functions including: managing data submissions and aggregation by securely ingesting, validating, linking, and deidentifying claims data. Mr. Fillmore explained that the RFP will only be focused on Module 1.

RFP Update

Mr. Star provided an update of the progress being made on the RFP and APD. He began with the architecture diagram to visualize the modules from Mr. Fillmore's descriptions and gave further information on the roles of the data collection supplier, state agencies, and GTRI-CHAI. He explained that the data collection module is the most complicated aspect of the APCD, largely due to the vast differences that can occur between claims from Payer A and Payer B – it is critical to understand these differences and how to map them for trustworthy data.

Mr. Star shared that research done to prepare for the RFP included calls with four different organizations who are providing APCD services in other states, the APCD Council, and the agency responsible for the APCD in Virginia. Key findings from these research calls include the importance of understanding cloud hosting restrictions, considering the appropriate frequency of data submissions, distinguishing between Medicare data and other data types, and keeping in mind that data standards continue to evolve.

Mr. Star thanked the Georgia Department of Administrative Services (DOAS) for its support on the tight timeline for the RFP. He explained that the RFP is pending review by GTA and CMS and is expected to be released in March 2022. The team of reviewers for the RFP include OHSC, GTRI-CHAI, and representatives from GTA. The RFP will have basic requirements that provide for: the system to be operational within six months of contract signature; a three-year term with subsequent renewals; data submissions from Medicaid, the State Health Benefit Plan (SHBP), commercial payers, and Medicare; and payer engagement and support in submitting files.

Mr. Star asked for questions and there were none.

APD Update

Mr. Star presented an update on the process of requesting funding from CMS and thanked the team at DCH for their attention and support to shepherd the funding request amidst many priorities. He explained that the next step for the APD is a draft to the CMS officer. Mr. Star then explained the APD alternatives analysis which compares the three approaches: "do nothing"; "build it ourselves"; "have it built by the DCH Medicaid Enterprise System Transformation (MEST) integrator"; "an RFP for the entire project"; or "data collection in an RFP, analytics built by GTRI-CHAI." He said that the chosen approach is the final option.

Mr. Star then shared a high level APCD project timeline with the first major milestone of launch in January 2023 and culminating with the last data sources in June 2025. He explained that the APD includes a 10-year budget for development and ongoing operations.

Finally, Mr. Star shared a proposed cost sharing allocation for the four phases of APCD development beginning with 90% from CMS in phase 1 and ending with just under 70% in phase 4. The remaining costs must come from the state.

Mr. Star asked for questions and there were none.

Next Steps

Mr. Ross shared details on upcoming activities and reminded the group that any feedback or comments are welcomed and encouraged either in-meeting or after the fact through e-mail or follow up conversations. He shared that the Use Case and DPSA workgroups will have several more meetings, including a joint meeting where the two workgroups will come together to discuss overlapping topics. Mr. Ross explained that two new subgroups are being formed: the Data Use Agreements subgroup and the Data Submission Standards subgroup. Mr. Ross explained that eight more members are needed for the two subgroups and asked committee members to email Chairman Thomas or Ms. Melissa Barwick at OHSC with any recommendations or volunteers.

Adjournment

Chairman Thomas said that he appreciated the support being received by state agencies involved with the project. He thanked OHSC, GTRI-CHAI, CedarBridge Group, DCH, and GTA for all the hard work on finalizing the APD and RFP. He thanked the workgroups and asked for questions and there were none.

Meeting Adjournment

The meeting adjourned at 11:30 am.