



# Georgia All-Payer Claims Database (GAPCD) Advisory Committee

## Minutes

Quarterly Meeting

Tuesday, October 26, 2021 | 10:00 am – 12:00 pm

Virtual Meeting | [apcd@opb.georgia.gov](mailto:apcd@opb.georgia.gov)

### Attendees

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#### Committee Members

p	Dr. Thomas Bat	p	Mr. Kelly Farr	a	Representative Butch Parrish
p	Senator Dean Burke	p	Mr. Matthew Hicks	p	Mr. Grant Thomas (Chair)
p	Mr. Gregg Conley	p	Ms. Crystine McLeod Odom	a	Commissioner Kathleen Toomey
p	Dr. Jon Duke	p	Commissioner Caylee Noggle	<i>(p)resent; (a)bsent</i>	

#### Supporting Leadership/ Facilitation Present

Office of Health Strategy and Coordination (OHSC): Anand Balasubramanian, Melissa Barwick, Elizabeth Holcomb, Connor Rahbany, Jake Star

Georgia Tech Research Institute (GTRI) and Center for Health Analytics & Informatics (CHAI): Megan Denham, Samantha Lie-Tjauw, Charity Hilton, John Wandelt

CedarBridge Group (APCD Program Management Office): Dawn Bonder, Herb Fillmore, Jamal Furqan, Katie McGee, Kassi Miller, Carol Robinson, Pete Robinson, Donald Ross, Kelly Thompson, Amy Zimmerman

### Discussion Notes

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#### Welcome and Introductions

Mr. Grant Thomas, Director of OHSC and Chairman of the All-Payer Claims Database Advisory Committee, welcomed the attendees and shared the committee roster.

#### Brief History of OHSC and GTRI-CHAI

Chairman Thomas gave a brief history of OHSC, and Dr. Jon Duke shared a history of GTRI.

#### APCD Program Management Office Introduction

Chairman Thomas shared the impetus behind hiring a firm to act as the Program Management Office and introduced Donald Ross from CedarBridge Group. Mr. Donald Ross gave a brief overview of the CedarBridge Group.



## Committee Charter Review

Mr. Ross reviewed the draft APCD Advisory Committee Charter with the Committee and explained the purpose of the Committee. Chairman Thomas asked for questions or comments. Senator Dean Burke thanked the Committee for being at the meeting and shared the importance of the Committee and the work that will be done to support the creation of the APCD, a critical tool that Georgia has been lacking.

Chairman Thomas thanked Senator Burke for his comments and asked if there were any additional comments, and there were none. Chairman Thomas asked if anyone had any objection to the draft APCD Advisory Committee Charter as written. Seeing no objection, the APCD Advisory Committee Charter was adopted.

## Overview of APCD and Use Cases

Mr. Ross gave an overview of key use-cases from the states of Maryland, Vermont, Massachusetts, and Virginia, highlighting the potential value of an APCD in Georgia.

Chairman Thomas thanked Mr. Ross and added that there is significant potential for the APCD to be utilized to help address pressing healthcare issues in the state such as price transparency, avoidable emergency department usage, opioid prescription drug spending, and no surprise billing laws.

## High-Level Implementation Timeline

Mr. Ross shared the high-level APCD timeline through the end of 2023. This timeline was broken down by the initiating, planning, RFP & budget, implementing, onboarding, and operating phases.

Chairman Thomas said that the timeline is very aggressive but that the project team is committed to moving quickly and working with all stakeholders to expeditiously implement the APCD.

## APCD Market Scan

Ms. Amy Zimmerman of CedarBridge Group gave an overview of various APCDs within the country that are structured in a similar way to the anticipated APCD in Georgia. She shared key details from other states including Arkansas, Colorado, Connecticut, Delaware, Massachusetts, Maine, Virginia, and Vermont.

Mr. Herb Fillmore of CedarBridge Group shared the reporting costs across seven states with mandated APCDs to include Arkansas, Colorado, Connecticut, Florida, Kansas, Maine, Virginia, Washington, and New Mexico. He shared that the initial investments range from \$2.2M to \$6.5M over two to five years.

## Approach to Georgia's APCD

Chairman Thomas explained that OHSC and GTRI have developed a shared understanding of the needs for the APCD ecosystem with a secure and trusted environment for all stakeholders. He then asked Mr. Jake Star of OHSC to review the proposed approach to the APCD in Georgia.

Mr. Star shared a proposed architecture diagram, RFP, and a diagram showing how to leverage the existing ecosystem. Mr. Star explained that GTRI has the responsibility for administering the environment for the APCD and walked through how the data flows within the ecosystem. He highlighted the importance of understanding that all data within the APCD is de-identified and discussed some of



the requirements pertaining to the statute mandates. Jake explained the budget projections with three possible scenarios ranging from 50% to 90% in CMS matching funds.

Mr. Star asked if there were any questions, and Dr. Thomas Bat asked for clarification between the potential matching scenarios. Mr. Star explained there are several different CMS match rate scenarios based on the type of work being undertaken (90/10; 75/25; 50/50). He also explained that CMS will likely only pay for a portion of the total APCD at the appropriate match rate because the system benefits more than just the Medicaid program. The ability to obtain matching funds is contingent on the benefit that APCD will provide to Medicaid.

Mr. Gregg Conley shared that the independence of the database will provide the insurance industry with a much greater level of comfort when submitting data and speaks well to how the data will be used. Further, Mr. Conley stated that the approach outlined by Chairman Thomas and Mr. Star is also the Office of Insurance and Safety Fire Commissioner's (OCI) preferred approach.

Chairman Thomas asked for additional questions, and there were no further questions. He shared his confidence in the state's approach which will allow for data to be housed within a secure and independent cloud within the OPB and CHAI. Further, he stated that OHSC will be working closely with DCH. Dr. Bat shared that he agreed with the comments from Chairman Thomas, and he stated that keeping the APCD neutral and independent will be critical, especially from a provider point of view.

Chairman Thomas asked the Committee if there were any objections to the recommended approach as outlined by Mr. Star. Seeing no objection, the Committee agreed to move forward with the recommended approach.

#### Workgroup Approach

Mr. Ross shared overviews of the proposed workgroups and subgroups to support the Advisory Committee and a timeline of events over the next several months. These workgroups include the Technical Design Review (TDR) Workgroup; APCD Use Case Workgroup; Data Privacy, Security, and Access (DPSA) Workgroup; Data Submissions Standards (DSS) Subgroup; and Data Use Agreements (DUA) Subgroup.

Dr. Duke of GTRI asked for more information on the output of the Technical Design Review Workgroup, and Mr. Star said that the objective of this workgroup is to issue an RFP modeled after approaches that have been used in other states. He explained that it is important that the RFP incorporates the workgroup's feedback so that GTRI can ensure the vendor is meeting requirements. Mr. Star further explained that the workgroup will require participation from members who have a strong technical background and understanding of claims and database architecture.

Dr. Duke also asked if it would be possible to obtain responses that have been submitted in response to other state RFPs, and Mr. Star said it is possible but that these responses would likely be heavily redacted.

Chairman Thomas thanked Mr. Ross for his overview, reiterated that the workgroups will start meeting very soon given the aggressive timeline, and that OHSC welcomes recommendations for workgroup members from any member of the committee.

#### Next Steps



Chairman Thomas explained that CedarBridge Group, OHSC, and the state's Medicaid Agency (DCH) will be working to develop an APD to submit to CMS. Additionally, he stated that the CedarBridge Group, OHSC, and GTRI would be working to develop an RFP. Chairman Thomas asked the group for any remaining questions or comments.

Mr. Matthew Hicks of Grady Health System thanked the OHSC staff for their work, and Ms. Melissa Barwick and Chairman Thomas thanked him for his comments. Chairman Thomas further thanked all members of the committee for their time and willingness to have individual meetings with OHSC during the last several months.

### **Meeting Adjournment**

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The meeting adjourned at 11:30 am.