



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

Georgia All-Payer Claims Database

Advisory Committee Meeting

October 26, 2021



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

Welcome

Welcome!

10:00 AM – 12:00 PM

Call in: (470) 344-9228

Conference ID: 186 529 560#

E-mail Questions/Comments: APCD@OPB.Georgia.gov



Meeting Agenda

Topic	Presenter	Time
Greeting and Committee Roster	Grant Thomas	10:00 – 10:10
Brief History OHSC and GTRI CHAI	Grant Thomas	10:10 – 10:15
Program Management Office Introduction	Donald Ross, CedarBridge Group	10:15 – 10:20
Committee Charter Review	Donald Ross, CedarBridge Group	10:20 – 10:35
Overview of APCD and Use Cases	Donald Ross, CedarBridge Group	10:35 – 10:45
High-Level Implementation Timeline	Donald Ross, CedarBridge Group	10:45 – 10:50
APCD Market Scan	Amy Zimmerman & Herb Fillmore, CedarBridge Group	10:50 – 11:05
Approach to Georgia's APCD	Jake Star, OHSC IT Consultant	11:05 – 11:35
Workgroup Approach	Donald Ross, CedarBridge Group	11:35 – 11:50
Next Steps	Grant Thomas	11:50 – 12:00
Meeting Adjournment	Grant Thomas	12:00



Advisory Committee Members

Members / Credentials / Roles	Constituency / Appointment
Thomas Bat, MD: CEO, North Atlanta Primary Care	<i>Representative of Medical Providers - by Lt. Governor</i>
Senator Dean Burke, MD: District 11 Georgia State Senate, Chief Medical Officer, Medical Director, Bainbridge Memorial Hospital and Manor, Chair of Senate Appropriations Community Health Subcommittee	<i>Senate Appropriations Community Health Subcommittee - in Statute</i>
Gregg Conley, JD: Executive Counsel, Office of Insurance and Fire Safety	<i>Office of Insurance and Fire Safety Commissioner – in Statute (Designee)</i>
Jon Duke, MD: Director, Center for Health Analytics and Informatics at Georgia Tech Research Institute	<i>Georgia Tech Research Institute - in Statute</i>
Kelly Farr: Director, Governor's Office of Planning and Budget	<i>Office of Planning and Budget - in Statute</i>
Matthew Hicks: Chief Policy Officer, Senior VP, Grady Health System	<i>Representative of Hospital Industry - by Governor</i>
Caylee Noggle: Commissioner, Georgia Dept. of Community Health	<i>Department of Community Health - in Statute</i>
Crysty Odom: (Retired) St. Mary's Foundation Director, St. Mary's Health Care System	<i>Representative of Health Care Philanthropy - by Governor</i>
Representative Butch Parrish, PharmD: District 158 Georgia House of Representatives, Chair of House Appropriations Health Subcommittee	<i>House Appropriations Health Subcommittee - in Statute</i>
Grant Thomas: APCD Advisory Committee Chair Director, Office of Health Strategy and Coordination	<i>Office of Health Strategy and Coordination - in Statute</i>
Kathleen Toomey MD, MPH: Commissioner & State Health Officer Georgia Dept. of Public Health	<i>Department of Public Health - in Statute</i>
Vacant: To be appointed by Georgia Speaker of the House	<i>Representative of Insurance Industry</i>



OHSC and GTRI Staff

Office of Health Strategy & Coordination

- ❖ Grant Thomas
 - Director
- ❖ Melissa Barwick
 - Deputy Director
- ❖ Elizabeth Holcomb, JD
 - Legal Counsel
- ❖ Connor Rahbany
 - Policy Advisor
- ❖ Jake Star
 - IT Consultant

Georgia Tech Research Institute

- ❖ Jon Duke, MD
 - Director, Center for Health Analytics & Informatics
- ❖ John (JW) Wandelt
 - Division Chief, Trusted Interoperable Systems & Architecture Division (TISAD)
- ❖ Megan Denham
 - Senior Research Associate, GTRI & Pediatric Fellow, Children's Healthcare of Atlanta, Pediatric Technology Center
- ❖ Samantha Lie-Tjauw
 - Senior Research Scientist
- ❖ Charity Hilton
 - Branch Head, Health Analytics & Phenotyping



History of OHSC

- Established in 2019 by [HB 186](#), OHSC is charged with ***strengthening and supporting “the health care infrastructure of the state interconnecting health functions and sharing resources across multiple state agencies and overcoming barriers to the coordination of health functions”***
- [SB 482](#), passed in 2020, called on OHSC to create and implement an All-Payer Claims Database in Georgia, to be operated by [Georgia Tech Research Institute \(GTRI\)](#)
- Funding was provided for OHSC in the FY 2022 Appropriations Act and a Director (Grant Thomas) was appointed in June
- Major priorities include the establishment of an APCD, implementation of the state’s 1332 Waiver to the Affordable Care Act (ACA), and other special projects
- Establishing Code: [Title 31, Chapter 53](#)



Georgia Tech Research Institute

- Georgia Tech Research Institute's Center for Health Analytics and Informatics (CHAI) works with a diverse set of federal, state, industry, and academic partners to develop data-driven solutions to the most challenging problems in healthcare.
- CHAI has extensive experience in health data analytics, interoperability, and human factors engineering and applies this expertise to topics of healthcare quality, safety, cost, and access.



OHSC Program Management Office



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PMO Contractor CedarBridge Group



Don Ross
Senior Director



Carol Robinson
Founder, CEO



Dawn Bonder
Managing Director



Kelly Thompson
Senior Director



Jamal Furqan
Consultant



Amy Zimmerman
Subject Matter Expert



Pete Robinson
Consultant



Katie McGee
Project Manager

- ❖ CedarBridge Group provides **strategic consulting and program management** support to public and private sector organizations that are striving to improve health and make healthcare work better for everyone
- ❖ **We've worked in 34 states** and the District of Columbia
- ❖ We specialize in:
 - ✓ **Supporting complex public/private initiatives** where the delivery of healthcare and social services can be improved through information technology and data
 - ✓ **Bringing diverse stakeholders together** to find common ground
 - ✓ **Identifying opportunities** for bold innovations while moving forward with **incremental progress**
 - ✓ **Managing short timelines** and **producing results**



Herb Fillmore
Subject Matter Expert



Kassi Miller
Project Manager

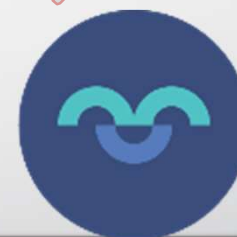




Supported Clients in 34 States

A map of the United States with state boundaries outlined. States are colored either dark blue or light gray. The dark blue states, representing supported clients, are: Washington, Oregon, California, Nevada, Arizona, New Mexico, Idaho, Utah, Wyoming, Colorado, Montana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Minnesota, Iowa, Missouri, Arkansas, Louisiana, Wisconsin, Illinois, Indiana, Michigan, Ohio, Kentucky, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Maryland, Delaware, Pennsylvania, New Jersey, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, Maine, New York, and Hawaii. The light gray states, representing non-supported clients, are: Montana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Minnesota, Iowa, Missouri, Arkansas, Louisiana, Wisconsin, Illinois, Indiana, Michigan, Ohio, Kentucky, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Maryland, Delaware, Pennsylvania, New Jersey, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, Maine, New York, and Hawaii.

Supported States (34)
Alaska
Arizona
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin





Committee Charter



Overview of APCDs & Popular Use Cases



Facts About APCDs

- All-Payer Claims Databases (APCDs) are **centralized statewide repositories for enrollment and claims data** from public payers (Medicaid, Medicare, state employee and retiree benefit plans) and private payers (group and individual commercial health plans).
- Currently, 19 states have established APCDs to **provide transparency of healthcare costs and variability in utilization and services**, and to **identify wasteful healthcare spending** on care that isn't supported by evidence-based guidelines. Another four states are in the process of implementing an APCD (including Georgia).
- A significant preemption disallows states from requiring self-insured Employee Retirement Income Security Act (ERISA) health plans to submit data to an APCD.
- Some states have set up public websites to shed light on **price variations for procedures and services** across provider organizations.
- Some states are combining clinical quality measure data with claims data to **inform value-based healthcare purchasing** by consumers, employers, and state Medicaid agencies.



Facts About APCDs

Data Elements Typically *Included* in APCDs

- Member ID# or encrypted SSN
- Type of product (HMO, POS, indemnity, etc.)
- Patient demographics
- Type of contract
- DRG codes and national drug codes
- Service provider information
- Prescribing physician
- Health plan payments
- Member payment responsibility
- Type of bill and date of payment
- Facility type
- Revenue codes
- Service dates

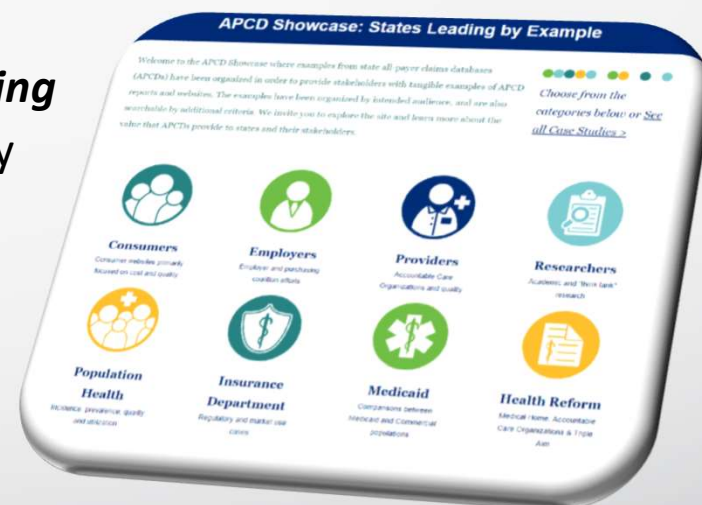
Data Elements Typically *Excluded* from APCDs

- Services provided to the uninsured
- Denied claims
- Workers' compensation
- Premium information
- Capitation fees
- Administrative fees
- Back-end settlement amounts
- Referrals
- Test results from lab work, imaging, etc.
- Provider affiliation with group practice
- Provider networks



Use Cases: Driving and Monitoring Healthcare Reform Efforts

- **Maryland's Legislature** used its APCD to develop reports that allow policymakers to closely track important trends in utilization and billing to ***review surprise billing of patients for out-of-network services***; and ***report compliance*** with state law preventing providers from self-referring for imaging services.
- A six-year research study of **Vermont's** APCD confirmed that Vermont's All-Payer Medical Home Model achieved the "Triple Aim" by ***reducing expenditures and utilization while increasing delivery of high-quality care***.
- Using APCD data, **Massachusetts** Center for Health Information and Analysis (CHIA) offers ***a procedure pricing tool*** that displays by insurer, the median payment to any provider of 295 services. Besides finding the cheapest procedure price, ***consumers can also find quality information about different providers when shopping for care***.





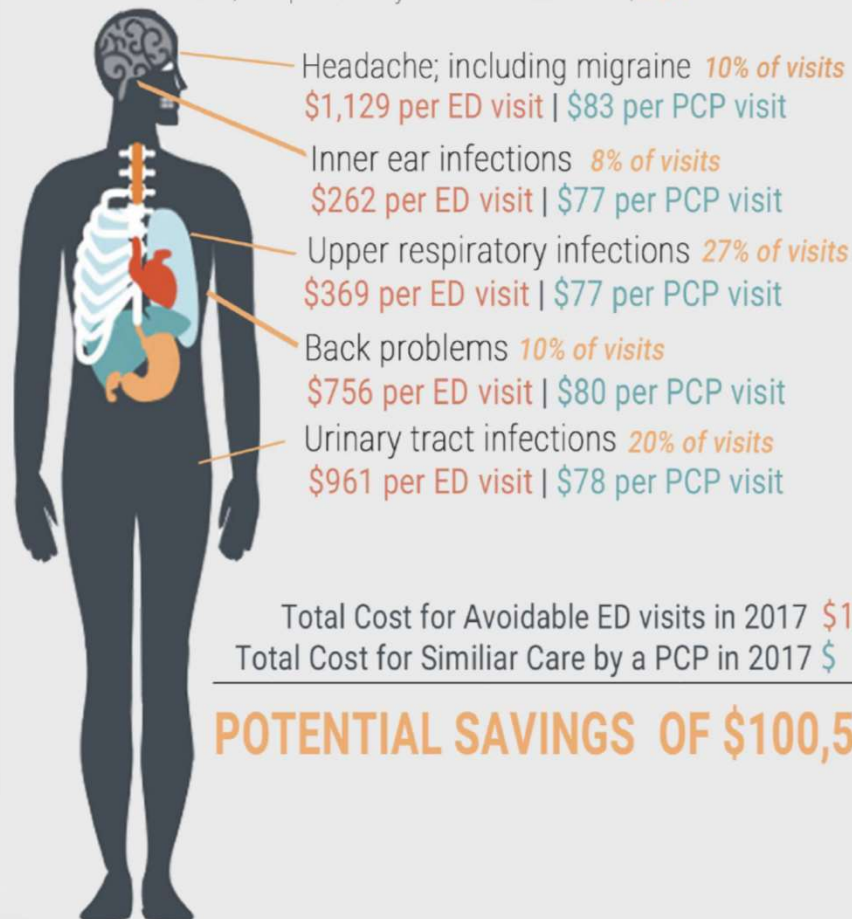
Use Case: Comparing Cost of Services for Potentially Avoidable ED Visits (Virginia)

- Utilizing its APCD, Virginia identified that roughly 14% of the 1.5 million emergency department visits in 2017 may have potentially been avoided* and treated with lower cost care in a primary care provider's office.
- The total cost for emergency department visits in 2017 when compared to the total cost for similar services by primary care providers in the same year revealed a potential savings of \$100,515,823.

*Potentially avoidable ED visits were defined using the Oregon Health Authority methodology
<http://vhi.org/Media/flyers/Potentially%20Avoidable%20ED%20Visits.pdf>

COMMON AVOIDABLE VISITS ACROSS VIRGINIA

Of the 205,347 potentially avoidable ED visits, **75%** were for:

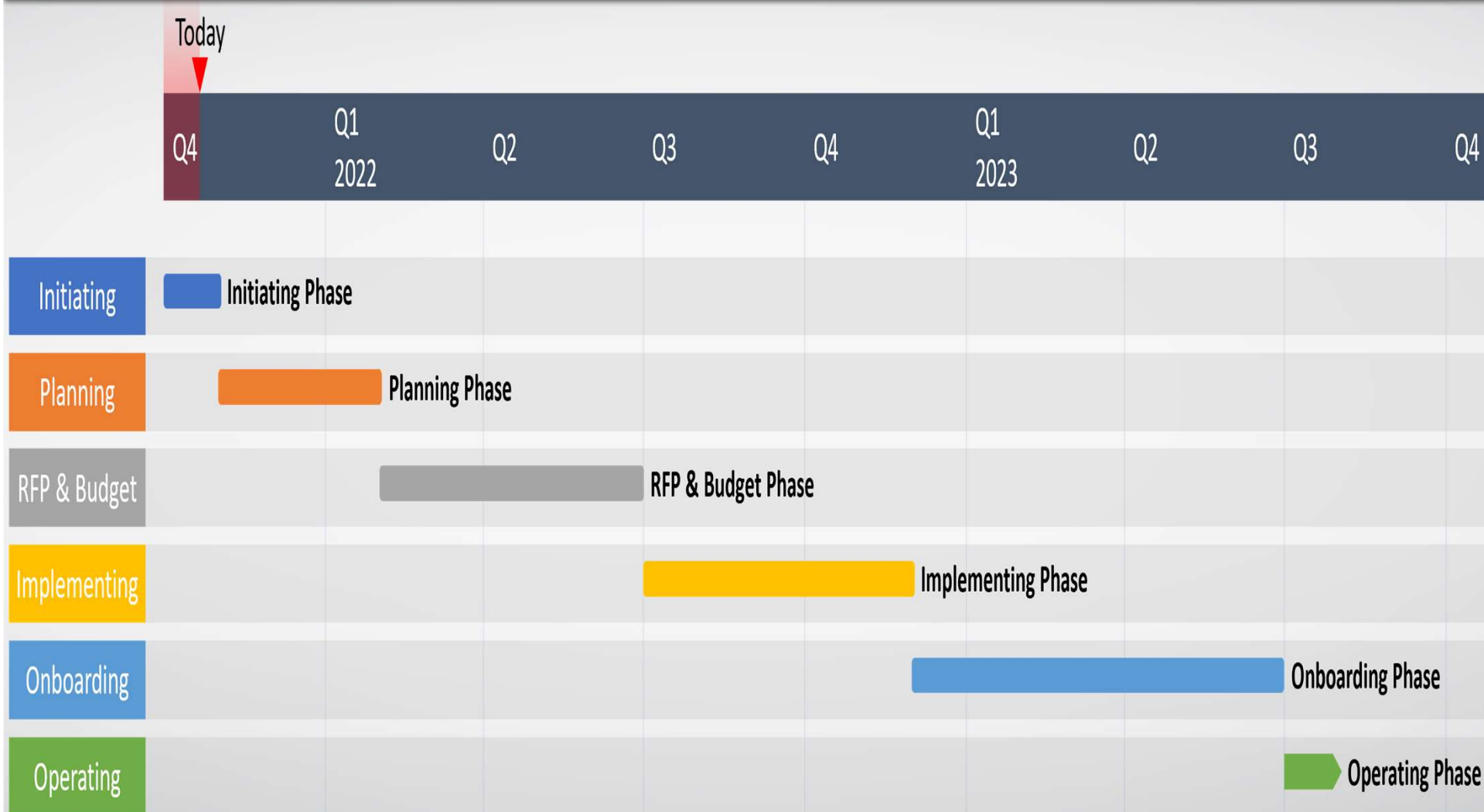


Total Cost for Avoidable ED visits in 2017 **\$114,046,525**
Total Cost for Similar Care by a PCP in 2017 **\$13,530,702**

POTENTIAL SAVINGS OF \$100,515,823



High Level Timeline to APCD Operations





APCD Market Scan



Relationships Between APCD and Medicaid in Sample States

State	APCD Entity (Administrator)	APCD Entity Type	Medicaid Contribute Claims	Medicaid APD Funding	Built In House or Vendor
AR	Arkansas Center for Health Improvement	Independent Health policy Center	Yes	Yes	Developed in House
CO	Center for Improving Value in Health Care	Non-Profit; Deemed by Colorado Health Care Policy & Finance (Medicaid Agency)	Yes	Yes	HSRI/NORC
CT	Connecticut Office of Health Strategy (OHS). APCD program was originally administered by AccessCT, and was moved to OHS, a new state agency	Non-Medicaid State Agency (Originally in Connecticut's Insurance Exchange Entity, which was quasi public)	Not Currently	Not Currently	Onpoint Health Data
DE	Delaware Health Information Network	Quasi Public; Named in Statute	Yes	Yes	Medicasoft
MA	Massachusetts Center for Health Information and Analysis	Independent Executive Agency; Created in Statute	Yes	Yes	Onpoint Health Data, initially
ME	Maine Health Data Organization	Independent Executive Agency; Created in Statute	Yes	No	Onpoint Health Data
VA	Virginia Health Information	Non-Profit	Yes	Yes	Milliman
VT	Vermont Green Mountain Care Board	Independent State Agency Created in Statute	Yes	Not currently, Considering for Future APD	Onpoint Health Data



APCD Budget Projections: Historical Basis

Seven states with mandated APCDs in the last decade have reliable reported costs on the development or ongoing maintenance of APCDs.

Initial investments range from \$2,200,000 to \$6,500,000 over 2 to 5 years.

Costs are rising as the scope of data collected has changed and demands on portals, analytics, and reporting have increased.

Annual maintenance costs vary between \$1,800,000 to \$5,000,000.

Costs can be affected by the size of population, robustness of initial build, features of the APCD, and the role of agencies and vendors.

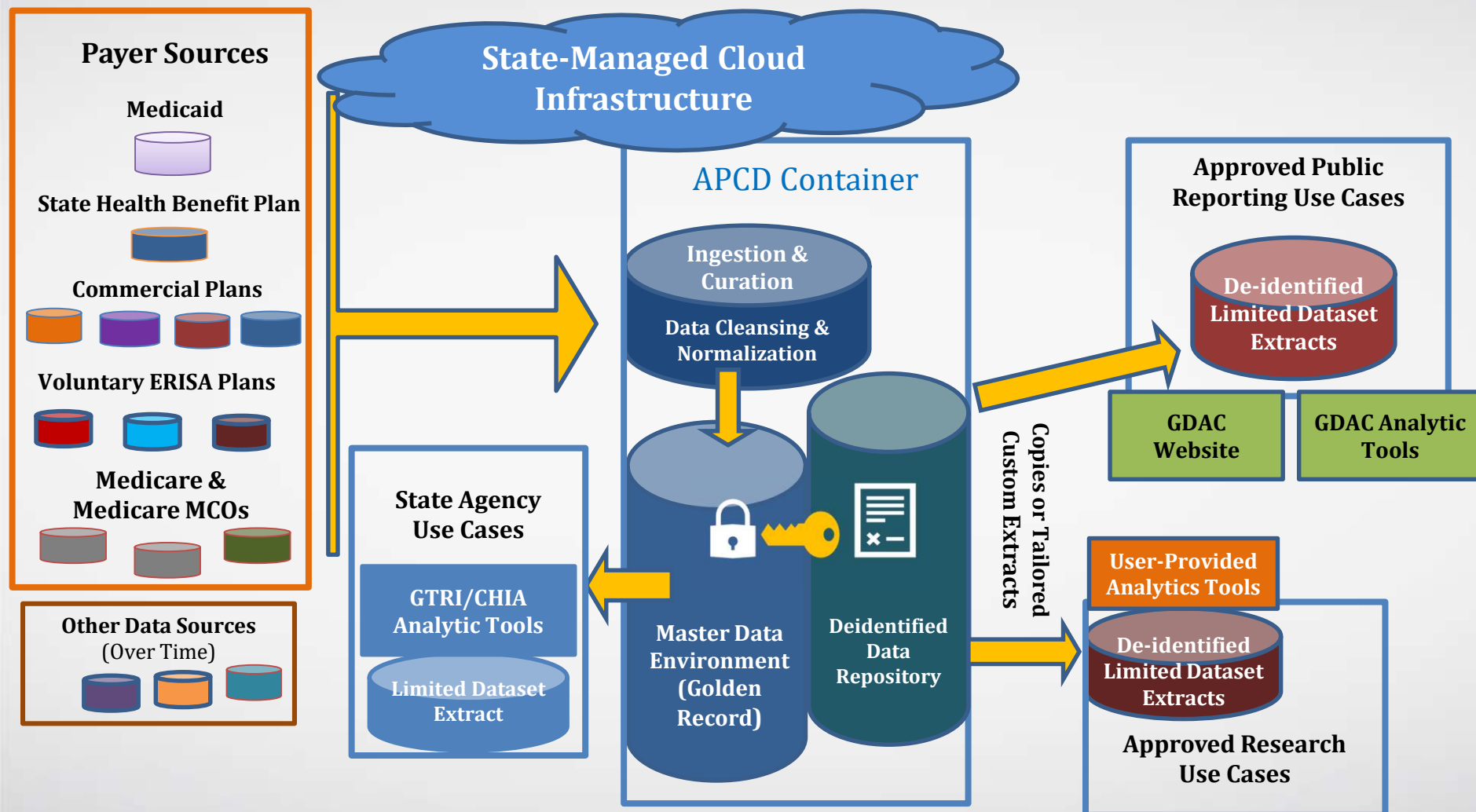
State	Year Est.	Initial Investment	Annual Maintenance	Maintenance Reporting Year	Population (2019)
AR	2014	\$2,700,000	\$3,000,000	2016	3,017,804
CO	2011	\$2,200,000	\$5,000,000	2019	5,758,736
CT	2012	\$6,500,000	N/A		3,565,287
FL	2016	\$5,000,000	N/A		21,477,737
KS	2013	\$3,130,000	N/A		2,913,314
ME			\$1,800,000	2016	1,344,212
VA			\$3,000,000	2017	8,535,519
WA	2013	\$3,409,053	N/A		7,614,893
NM	2020	\$3,800,000	N/A		2,096,829
GA					10,617,423



Approach to Georgia's APCD

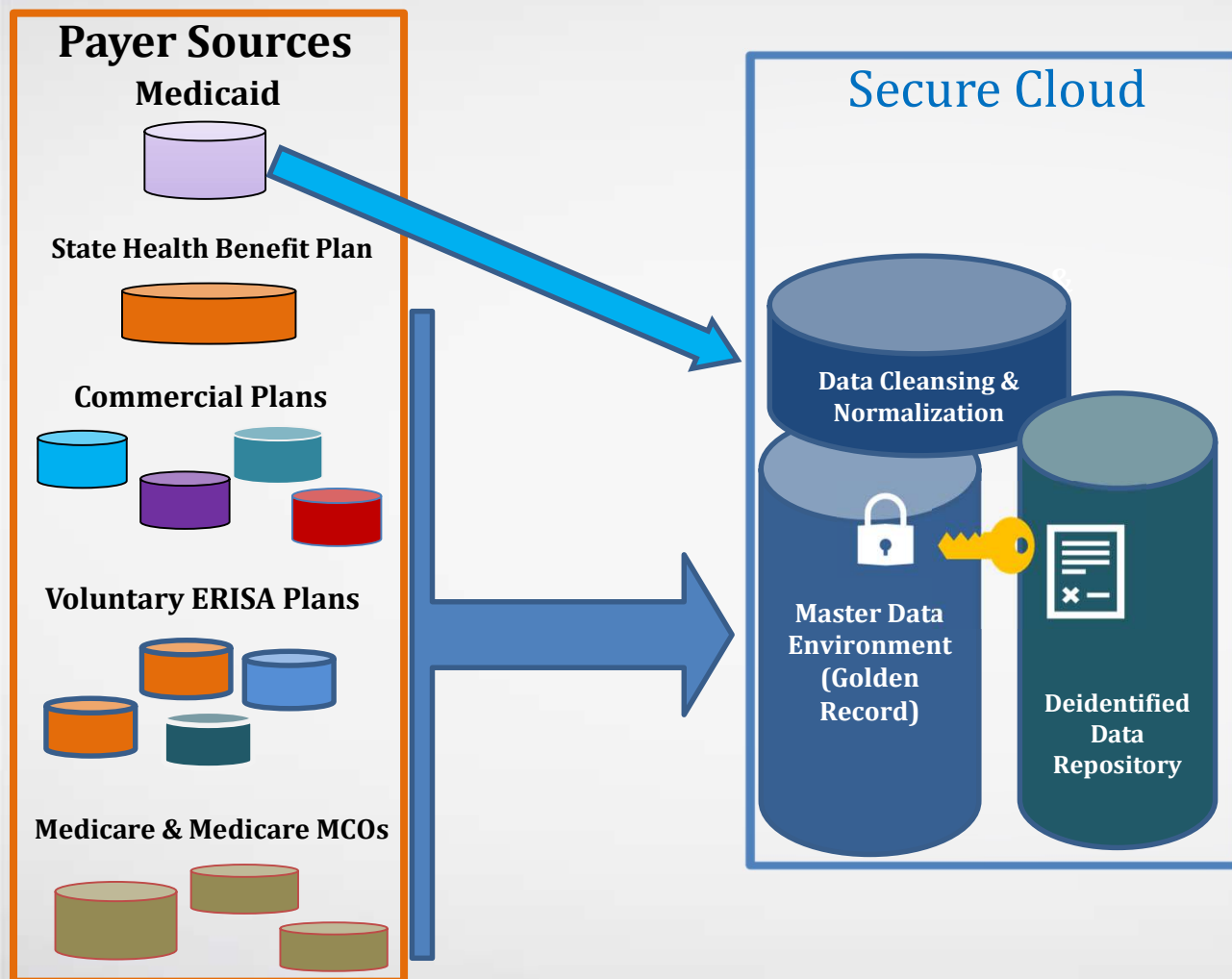


APCD Proposed Environment





Request for Proposal



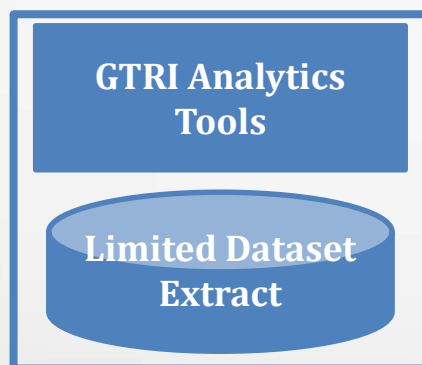


Leverage Existing Ecosystem

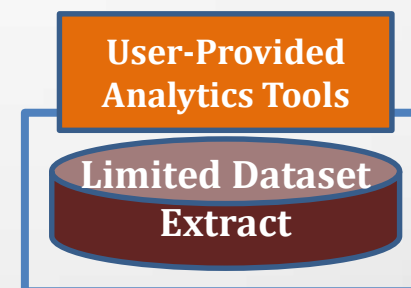
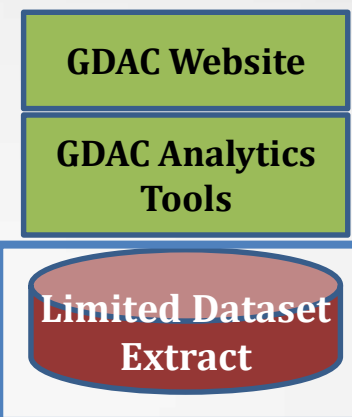
APCD Funding Key

CMS Match (APD)

Partial CMS Match



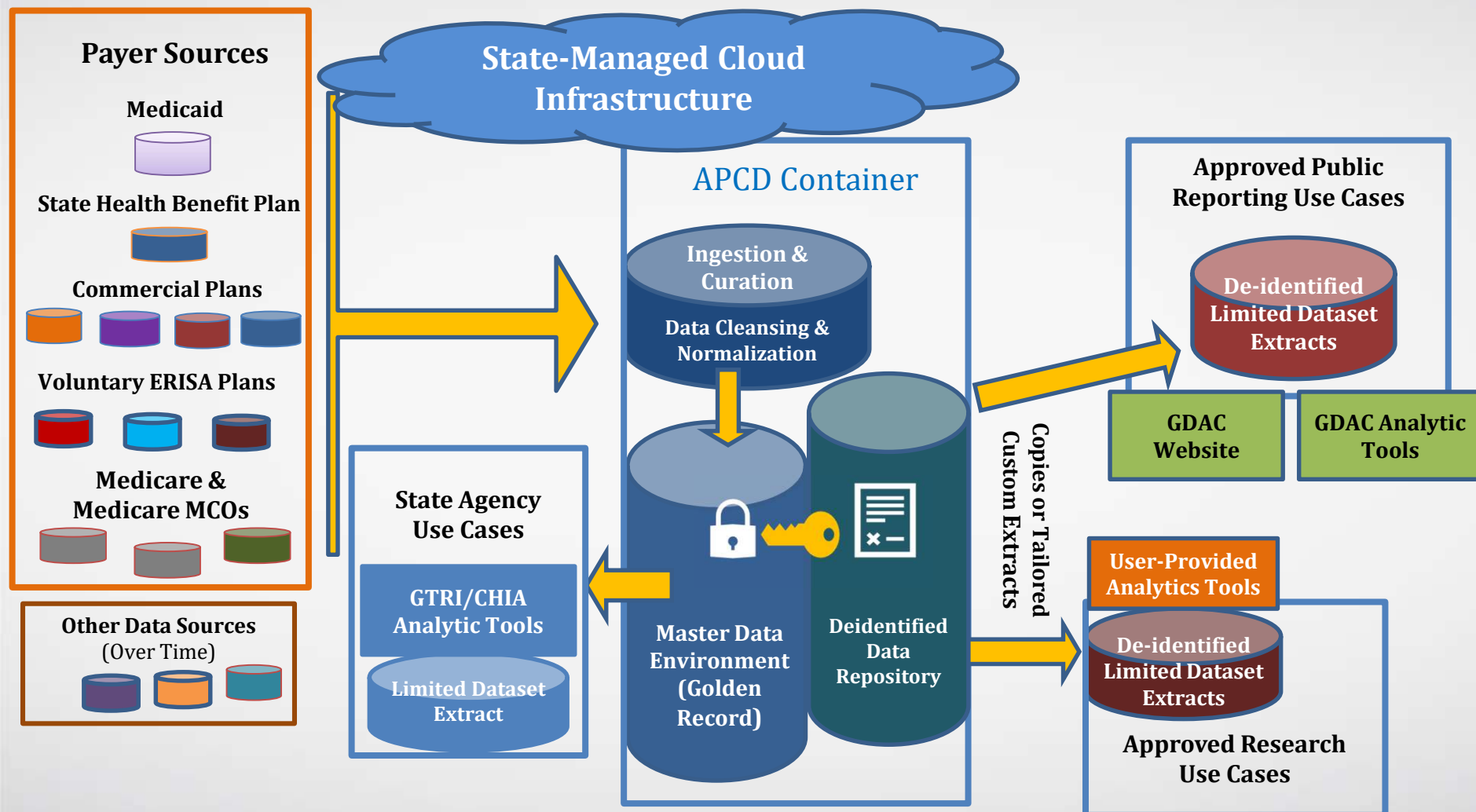
Public Reporting



Approved Data Uses



APCD Proposed Environment





APCD Budget Projections: Funding

Three scenarios are considered. The CMS match varies in each scenario.

Current policy and practice indicates CMS will contribute significantly to the APCD.

Efforts are underway to obtain a reliable estimate of support from CMS.

A middle range estimate is a reasonable expectation.

If CMS contributes 50% of the startup costs in FY22-23, additional state funds of \$2,237,500 will be needed in that period.

Scenario 1: 50% CMS Match	CURRENT FY22	FY23	FY24
DCH APCD State Base	\$ 800,000	\$ 800,000	\$ 800,000
CMS Federal Match	\$ 1,807,500	\$ 2,030,000	\$ 1,415,000
Additional State Funds Need	\$ 1,007,500	\$ 1,230,000	\$ 935,000
Total Budget	\$ 3,615,000	\$ 4,060,000	\$ 3,150,000
Scenario 2: 75% CMS Match	CURRENT FY22	FY23	FY24
DCH APCD State Base	\$ 800,000	\$ 800,000	\$ 800,000
CMS Federal Match	\$ 2,711,250	\$ 3,045,000	\$ 2,122,500
Additional State Funds Need	\$ 103,750	\$ 215,000	\$ 227,500
Total Budget	\$ 3,615,000	\$ 4,060,000	\$ 3,150,000
Scenario 3: 90% CMS Match	CURRENT FY22	FY23	FY24
DCH APCD State Base	\$ 800,000	\$ 800,000	\$ 800,000
CMS Federal Match	\$ 3,253,500	\$ 3,654,000	\$ 2,122,500
Additional State Funds Need	(\$ 438,500)	(\$ 394,000)	\$ 227,500
Total Budget	\$ 3,615,000	\$ 4,060,000	\$ 3,150,000



Workgroup Approach



Technical Design Review (TDR) Workgroup

November 2021

December 2021

Late December 2021

Discussion of APCD Technical
Design Options and Trends*

Review DRAFT Technical
Requirements for APCD RFP

**FINALIZE RFP for
APCD TECHNICAL
INFRASTRUCTURE**

** Resource documents prepared by CedarBridge
to inform workgroup meeting discussions*



APCD Use Case Workgroup

November 2021

January 2022

February 2022

April 2022

June 2022

Review and Discuss
Use Case Strategies in
Other States with
APCD Programs*

Evaluate Straw Models
for an APCD Use Case
Strategy for Georgia*

Recommendations
Report to Advisory
Committee

Joint meeting with the Data Privacy,
Security, and Access Workgroup;
Discuss Use Case Summaries with
Key Considerations for Privacy and
Data Access*

Joint meeting with the Data Use
Agreements Subgroup With a
Discussion Guide for Use Case-Based
Data Use Agreements*

** Resource documents prepared by CedarBridge
to inform workgroup meeting discussions*



Data Submission Standards (DSS) Subgroup

April 2022

May 2022

June 2022

Review and Discuss Data
Standards and Formats for
Claims Submissions to
APCDs*

Evaluate Straw Person
Options with Proposed
Standards for APCD
Data Submission*

Recommendations
Report to APCD
Advisory Committee

** Resource documents prepared by CedarBridge
to inform workgroup meeting discussions*

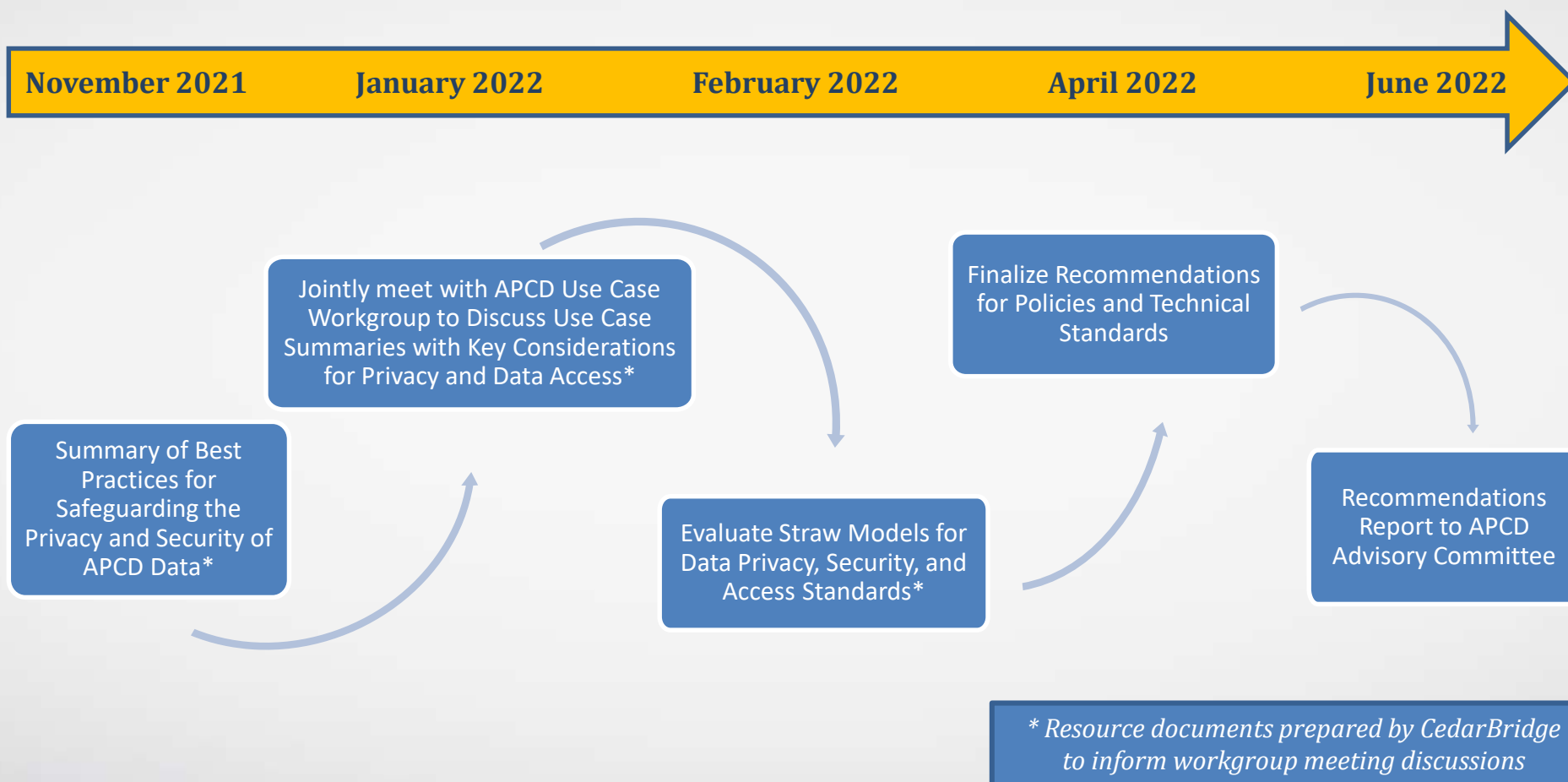


Data Use Agreements (DUA) Subgroup





Data Privacy, Security, and Access (DPSA) Workgroup





Next Steps



Resources

- The [Federal No Surprises Act](#) directed a State All-Payer Claims Databases Advisory Committee be formed to advise the U.S. Secretary of Labor regarding the standardized reporting format for the voluntary reporting by group health plans to State All-Payer Claims Databases. The [Committee's report](#) with recommendations was released on October 20, 2021.
- The [APCD Council](#) is convened and coordinated by [the Institute for Health Policy and Practice \(IHPP\)](#) at the [University of New Hampshire \(UNH\)](#) and the [National Association of Health Data Organizations \(NAHDO\)](#).
- The [Commonwealth Fund Report](#) (December 2020) *State All-Payer Claims Databases: Tools for Improving Health Care Value, Part 1 How States Establish an APCD and Make It Functional*.
- USC-Brookings Schaeffer Initiative for Health Policy report (October 2020) [Federal Policy Options to Realize the Potential of APCDs](#).



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Thank You!

We Welcome Your Questions & Comments

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