



Governor's Office of Health Strategy and Coordination (OHSC)

Grant Thomas
Director

Georgia Chamber Health and Wellness Committee
February 1, 2023



Agenda

Topic	Presenter
OHSC Activities	Grant Thomas, OHSC
APCD Update	Colin Stauffer, OHSC and Megan Denham, GTRI - CHAI



HB 186 - Creation of OHSC

- The Office of Health Strategy and Coordination (OHSC) was established after passage of House Bill 186 (2019 Session)
- Funded during the 2021 legislative session in the FY2022 budget and administratively attached to the Governor's Office of Planning and Budget
- Governor Kemp appointed a Director in June 2021 and OHSC now consists of four full time staff

Mission:

to break down the silos between government agencies, health care providers, and health care consumers and to promote health care policies that increase access and quality.

Statutory Powers and Duties:

“Strengthen and support the health care infrastructure of the state through interconnecting health functions and sharing resources across multiple state agencies and overcoming barriers to the coordination of health functions.”

“Facilitate collaboration and coordination between state agencies, coordinating state health functions and programs, serving as a forum for identifying Georgia’s specific health issues of greatest concern, and promoting cooperation from both public and private agencies to test new and innovative ideas.”



Emergency Transport Study

HB 1013 (2022) tasked OHSC with conducting a survey or study on the transport of individuals to and from emergency receiving, evaluation, and treatment facilities (ERETs), with a report of findings due January 2023.

- OHSC contracted with UGA's Carl Vinson Institute of Government for the development of the transport study.
- Report includes the results of a 6-week survey conducted by CVIOG of 48 participating ERET facilities that tracked admissions and discharge data and the method of transport used.
- Data collected from participating facilities includes many factors such as length of stay, originating county of transport, transportation method for intake and discharge, and whether the patient is a minor.
- Findings demonstrate that numerous transportation methods were used for individuals in crisis, with ambulances being the most common mode of transport for admission and family/friends being the most common mode of transport for discharge.
- Study better illustrates the scale and variety of resources used in mental health crisis transportation and can be used to help inform decision-making when examining methods to improve crisis transportation in Georgia.



Preferred Drug List Study

HB 1013 (2022) and O.C.G.A. § 31-53-3 tasked OHSC with creating a unified preferred drug list (PDL) for mental health and substance use prescriptions under Medicaid and PeachCare for Kids and a comprehensive unified formulary for these same drug classes in the State Health Benefit Plan

- OHSC contracted with Mercer Government Human Services Consulting for its development.
- Study and report includes numerous factors that helped inform initial recommendations for unified drug lists within Medicaid and SHBP, including budgetary and operations considerations, comparisons of current drug lists used across programs, and a review of other state experiences with unified drug lists.
- Successfully implemented unified formularies offer several advantages, including driving drug utilization to the lowest net cost, higher rebate negotiating leverage for the state, and consistent expectations and experiences for beneficiaries and prescribers.
- Analysis of the true financial impact a switch to a unified PDL would have on the state was limited due to confidentiality requirements on supplemental rebate agreements and information. . Final recommendations must include analysis of proprietary and confidential rebate information at the National Drug Code level.



Review of CMO Contracts

HB 186 (2019) and O.C.G.A. § 31-53-3(b)(6), direct OHSC to review the Medicaid Care Management Organization (CMO) contracts and make recommendations to the Department of Community Health (DCH) prior to the next procurement cycle.

- Georgia has three CMOs serving its traditional low-income Medicaid adults and children as well as those children eligible for the Children's Health Insurance Program (CHIP), PeachCare for Kids®, through a full-risk mandatory managed care program called Georgia Families.
- Georgia also has a single CMO serving its foster care, adoption assistance, and juvenile justice populations called Georgia Families 360.
- OHSC reviewed and analyzed the current CMO contracts and submitted a recommendations report to DCH in October 2022 to DCH. The report included information with strategic insight on national trends and initiatives adopted in other states related to Medicaid Managed Care. The review also provided recommendations and considerations for the upcoming procurement cycle of the state's managed care contracts.



Healthcare Workforce Commission

- Governor Kemp established the Healthcare Workforce Commission in April 2022 to study and provide recommendations to address challenges in the hiring and retention of healthcare workers.
- The Commission published their final report in December 2022.
- **Recommendations from the report include:**
 - Maximizing our existing workforce
 - Optimizing our healthcare education system
 - Attracting new workers



Georgia Access-1332 Waiver

The Patients First Act (2019 Session) authorized Governor Kemp to submit a section 1332 Waiver application to pursue innovative strategies for providing residents with access to high-quality, comprehensive, and affordable health insurance.

- The waiver introduces two new programs to address the healthcare access and affordability challenges facing many residents across the state in order to reduce premiums, increase access, and promote a more competitive individual health insurance market:
 - Part I: Reinsurance
 - Part II: Georgia Access Model



Reinsurance Program

Reinsurance Overview

- Reinsurance is essentially insurance for insurance companies.
- Through a federal and state partnership, the government pays a portion of the highest cost claims so that health insurance carriers can in turn keep costs lower for the entire insurance pool.

Waiver Impact

- When the PFA was signed in 2019, Georgia only had 4 carriers offering plans in the individual market. Today, we have nearly tripled that number with 10 carriers offering plans for 2023. The program reduces premiums by providing payments matched by the federal government to insurance companies keep premiums low for the entire individual insurance market.
- Georgia has nearly tripled the number of carriers offering plans in the individual market from 4 to 10 since the Patients First Act was signed.
- The Reinsurance program has reduced premiums by an average of 12.4% across the state, which represents an average annual premium reduction of almost \$1,000 a year per enrollee or \$83 per month.



Georgia Pathways - 1115 Waiver

The Patients First Act (2019 Session) authorized Governor Kemp to submit a section 1115 Waiver application to pursue innovative strategies for providing residents with access to high-quality, comprehensive, and affordable health insurance.

- The waiver program known as Georgia Pathways is a partial expansion of Medicaid for able-bodied but low income Georgians under 100% FPL aged 19 to 64.
- The program will voluntarily expand Medicaid to tens of thousands of otherwise-ineligible Georgians who meet and continue to satisfy a minimum number of qualifying hours earned through work, job training, education, volunteering, and similar activities.
- The program provides roughly 376,000 Georgians with the opportunity to gain access to Medicaid coverage.
- **Update on implementation:** In 2021, implementation plans for Georgia Pathways were placed on an indefinite hold to allow litigation to unfold in federal court over CMS's rescission of core elements of the program. In September of last year, Georgia received a favorable judgment holding the federal rescission unlawful, allowing implementation plans to move forward with a launch date of July 1, 2023. The state is moving forward with implementation and planning activities to meet the July 1, 2023 go-live date.



OHSC Data Projects

The FY2023 budget included a line item for \$126,086 to assist OHSC with the collection and reporting of nursing and hospital data.

- OHSC has partnered with the Georgia Data Analytic Center (GDAC) on both projects.
- Support for the line item comes from an assessment of legislation passed in 2019 (HB 186 and HB 321) that enhanced reporting requirements for hospitals to increase public transparency of their financial and operational information.
- Using the elements already collected and aggregated by DCH in this survey, GDAC worked with OHSC to create a data dashboard that displays survey findings in a comparative, useful format, and provides users access to direct links to hospital transparency reporting pages for additional information beyond the scope of the survey.



Hospital Transparency Dashboard

Hospital Financial Survey - Overview

[Data Download](#)

[Reference](#)

[GDAC](#)

Year 2020	County (All)	Facility Name (All)	Facility Type (All)	Owner Type (All)
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Counties with no hospitals in current selections: 55

Years Selected : 2020

1,020,333 Inpatient Admissions	14,416,030 Outpatient Visits	\$5,297,539 Charitable Contributions	\$26,387,124,208 Total Expenses	\$3,706,311,447 Bad Debt
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Statewide Hospital Count

Financials

Select
Facility Name

Sort By
Total Expenses

Sort
Descending

		Charity Care Expenses	Charity Care Percent of Total Expense	Indigent Care Expenses	Indigent Care Percent of Total Expense	Other Free Care Expenses	Other Free Care Percent of Total Expense	Total Expenses
2020	Northside Hospital	\$258,284,466	14.53%	\$166,881,558	9.39%	\$155,490,114	8.74%	\$1,778,073,792
	Grady Memorial Hospital	\$213,930,626	18.22%	\$310,775,054	26.47%	\$455,528	0.04%	\$1,174,046,065
	Emory University Hospital Midtown	\$36,305,736	3.30%	\$82,951,589	7.55%	\$1,396,978	0.13%	\$1,099,105,967
	Northeast Georgia Medical Center	\$167,537,286	16.87%	\$147,481,044	14.85%	\$0	0.00%	\$993,065,213
	Emory University Hospital	\$43,708,717	4.66%	\$71,689,443	7.65%	\$6,672,677	0.71%	\$937,531,779
	Wellstar Kennestone Hospital	\$95,291,109	10.81%	\$389,434,010	44.19%	\$44,277	0.01%	\$881,344,993
	AU Medical Center	\$44,274,606	5.12%	\$37,252,699	4.30%	\$118,981,496	13.75%	\$865,407,862
	Piedmont Hospital	\$98,905,709	11.73%	\$12,710,827	1.51%	\$8,217,822	0.97%	\$842,860,775
	Northside Hospital Gwinnett	\$64,713,338	8.93%	\$55,600,491	7.68%	\$23,206,452	3.20%	\$724,366,459
	Medical Center, Navicent Health, The	\$156,882,152	25.59%	\$56,191,964	9.17%	\$7,043,301	1.15%	\$613,072,585
	Phoebe Putney Memorial Hospital	\$9,561,044	1.68%	\$57,968,734	10.18%	\$1,562,681	0.27%	\$569,204,139
	Wellstar Cobb Hospital	\$45,497,721	8.24%	\$240,679,319	43.57%	\$47,518	0.01%	\$552,365,511
	Memorial Health University Medical Cen..	\$15,814,650	2.92%	\$104,926,463	19.34%	\$1,528,783	0.28%	\$542,417,473
	Children's Healthcare of Atlanta at Egle..	\$8,453,701	1.68%	\$22,940,217	4.55%	\$2,711,090	0.54%	\$503,633,175
	University Hospital	\$57,760,220	11.69%	\$19,607,899	3.97%	\$70,587	0.01%	\$493,926,122
	Northside Hospital Forsyth	\$105,321,942	22.27%	\$42,226,412	8.93%	\$18,942,074	4.00%	\$473,026,746

View By Funds



Behavioral Health Reform and Innovation Commission (BHRIC)

House Bill 514 (2019 session) created the Behavioral Health Reform and Innovation Commission to conduct a comprehensive review of the behavioral health system.

- **HB 1013 / "The Mental Health Parity Act" of 2022** is a historic piece of legislation that represents a bipartisan effort to overhaul current behavioral and mental health processes in the State of Georgia and create alignment with federal mental health parity laws.
 - Codified the recommendations from the Behavioral Health Reform and Innovation Commission's (BHRIC) First Year Report.
- Chaired by DBHDD Commissioner Kevin Tanner
- The commission is responsible for reviewing several key areas of behavioral health, with several subcommittees responsible to different policy areas.



HB 1013 (2022) and O.C.G.A. § 31-53-3 codifies the recommendations from the Behavioral Health Reform and Innovation Commission's (BHRIC) First Year Report

- HB 1013 included a section on Workforce and System Development.
- The Workforce and System Development Section establishes a service cancelable loan program for students enrolled in any degree program for mental health or substance use professionals, which will be administered by the Georgia Student Finance Commission.
- The Georgia Board of Healthcare Workforce (GBHCW) is tasked with the creation of a behavioral health care workforce database to help inform policy decisions that could address the shortage in rural and underserved areas.
 - Minimum data set survey that must be administered and collected by all the licensing boards.
 - Data will inform policy decisions and assist in addressing the workforce shortage in rural areas.



BHRIC 2022 Report

2022 report lists several priorities and recommended action steps:

- Address the behavioral health workforce shortage
- Promote data collection and information sharing
- Build a robust crisis system with a full continuum of services
- Build capacity within Medicaid
- Expand successful community-based practices, services, and programs
- Study practices, services, and program that need improvement
- Streamline existing policies and statutes



Loan Repayment Program for MHSU Professionals

- **HB 1013 created a service cancelable loan program for students enrolled in any degree program for mental health and substance use professionals**, administered by Georgia Student Finance Commission (GSFC).
 - Incentivizes students to enter degree programs to become mental health and substance use professionals by awarding loans to students which can later be repaid through service once they are licensed and practicing in the field.
- The BHRIC Year Two report recommends that Georgia also incentivize its current workforce to practice in mental health professional shortage areas through a **loan repayment assistance program for individuals who are no longer students but actively practicing in the workforce as a licensed mental health or substance use professionals**.
 - This concept will be pursued in legislation this Session to ensure such loan assistance can be offered to licensed professionals in addition to the service cancelable loan program available to eligible students that will be administered by GSFC.



Data Sharing Opportunities

The BHRIC report recommended promoting data collection and information sharing to better understand, identify, and address system challenges. OHSC presented research to the Workforce and System Development Subcommittee chaired by Rep. Mary Margaret Oliver.

Key proposals:

- Establish a uniform framework for statewide and interagency data sharing.
- Empower the Georgia Data Analytic Center (GDAC) by revising its role and responsibilities in statute created by HB 197 (2019):
 - Authorize GDAC to serve as the central data repository for the state
 - Designate GDAC to oversee data sharing for the state, authorizing it to facilitate data transfers from one agency to another.
 - Revisit SB 374 from 2022 which would have made GDAC an agent of all executive state agencies for sharing government information and an authorized receiver of government information.
- Standardize the process by which interagency data sharing occurs in Georgia through enterprise system data sharing agreements and MOUs.
- Create a presumption of data sharing between the agencies without compromising data privacy of individuals.



Thank you!

Questions & Comments

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Georgia All-Payer Claims Database

APCD Overview

Colin Stauffer (OHSC) & Megan Denham (GTRI-CHAI)



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Georgia APCD Team

Member Group	Program Role
Office of Health Strategy & Coordination (OHSC)	Mandated to create and implement an All- Payer Claims Database in Georgia
Georgia Tech Research Institute – Center for Health Analytics & Informatics (GTRI-CHAI)	Statutory APCD administrator
Georgia Technology Authority – Technology Empowerment Fund (TEF)	Project assurance
Georgia Data Analytics Center (GDAC)	Analytics environment
Onpoint Health Data (Onpoint)	Data collection partner



Overview of APCDs & Popular Use Cases

What is an APCD?

- All Payer Claims Databases (APCDs) are centralized data repositories for health insurance membership and healthcare claims data from private and public payer sources across a state.
- Their purpose is to improve transparency of cost, quality and utilization of care.
- Once established, an APCD can be used by a state to inform policy discussions as well as compliment other data projects such as a prescription drug monitoring system or health information exchange.



What APCD is NOT



Not an electronic health record



Not another system requiring data entry from providers



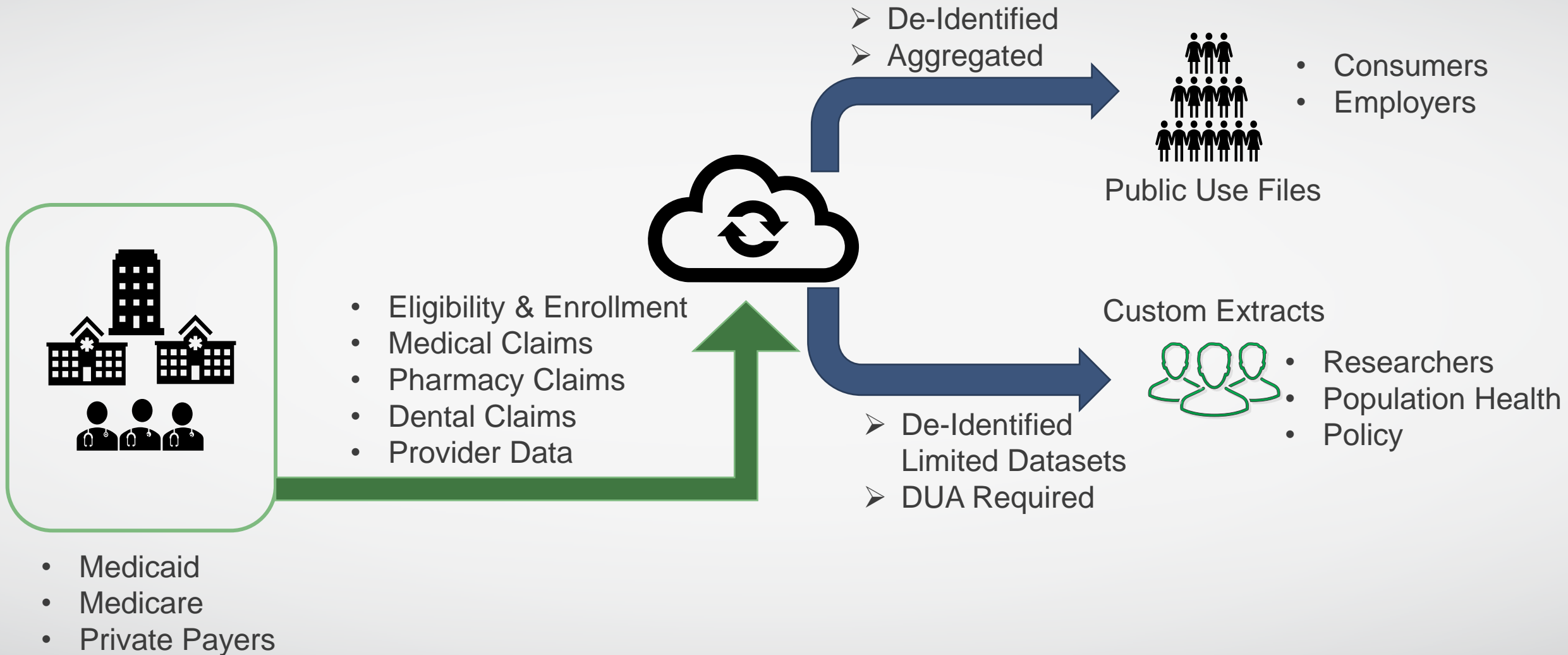
Not a repository of identifiable individuals



Not a repository of people that have consumed specific services, such as behavioral/mental health or substance abuse services



How APCDs Work





Types of Data in APCDs

Data Elements Typically *Included* in APCDs

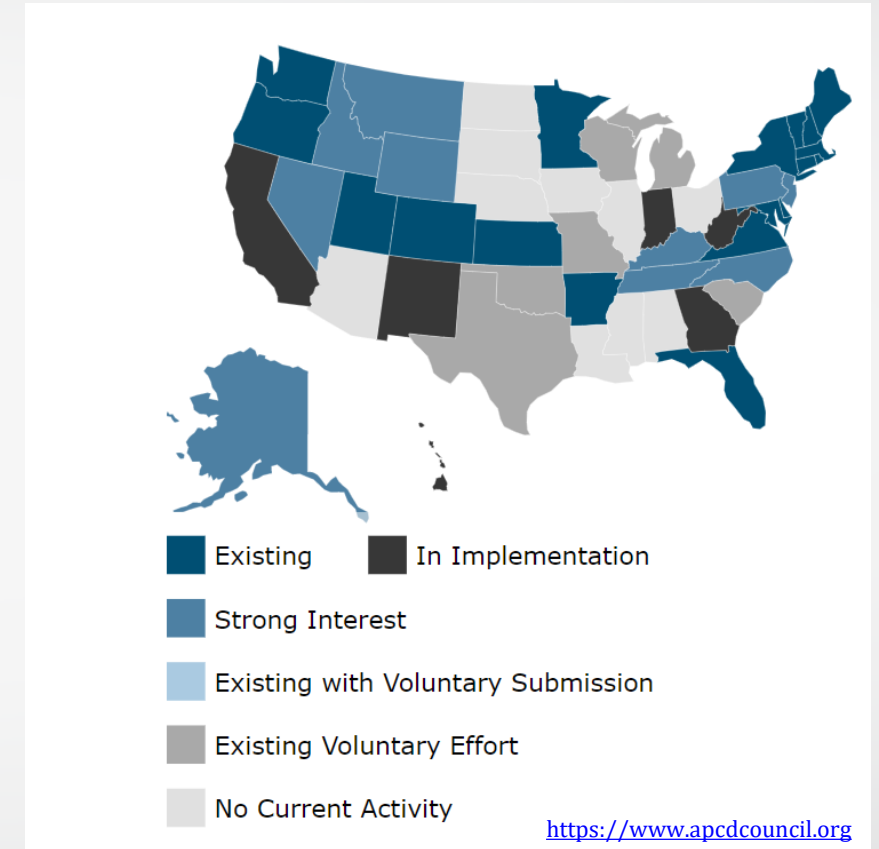
- Member ID# or encrypted SSN
- Type of product (HMO, POS, indemnity, etc.)
- Utilization of services
- Diagnosis/ Major Diagnostic Category
- Patient demographics
- Payer type
- DRG codes and national drug codes
- Service provider information
- Facility type and identifier
- Prescribing physician
- Charges/reimbursement & member payment
- Type of bill and date of payment
- Revenue codes
- Service dates

Data Elements Typically *Excluded* from APCDs

- Alternative payment models (APMs)
- Services provided to the uninsured
- Premium information
- Capitation fees
- Administrative fees
- Back-end settlement amounts
- Referrals
- Test results from lab work, imaging, etc.

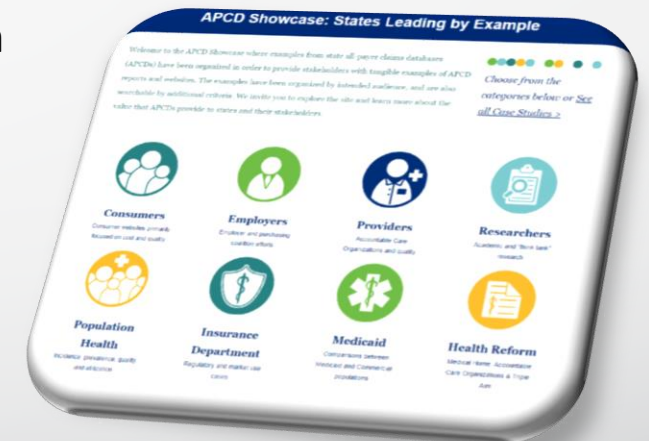
National APCD Efforts

- Currently there are 18 states with active APCDs of some kind
- There are 8 states actively implementing an APCDs right now
- 7 state APCDs are privately administered, though may be publicly funded, through a third, non-governmental party
- The remaining 19 states are administered through a publicly funded governmental arm/agency
- Colorado APCD (<http://www.civhc.org/get-data/public-data/>) is a good reference model for what Georgia intends to accomplish.



Examples of “Wins” from State APCDs

- **Colorado:** Generated an out of network services fee schedule as part of a coordinated effort to eliminate surprise medical billing and has generated numerous data products that have helped drive down health care and prescription drug costs for businesses.
- **Arkansas:** Data from their APCD showed smoking cost Medicaid and private insurance over \$795 million a year (replacing the existing \$293 million estimate*), which supported increasing taxes on tobacco products.
- **Virginia:** In 2017, identified a potential cost savings of \$100,515,823 for using PCPs vs Eds for the same treatment.
- **Utah:** Found that patients with back pain was the most common condition for which chronic users were prescribed opioids, which led to targeted physician outreach. Virginia and Minnesota also used their APCDs to track opioid use.
- **Maryland:** Developed reports that allow policymakers to closely track 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.
- **Massachusetts:** Offers a procedure pricing tool that displays by insurer, the median payment to any provider of 295 services, along with quality information about providers.





Initially Prioritized Use Case Categories

Cost & Utilization

- Total Costs of Care
- Chronic Disease Costs of Care
- Avoidable Costs
- Behavioral Health Costs of Care
- Surprise Billing
- Pharmaceutical Costs

Population Health

- Chronic Disease Trends
- Cancer Trends
- Behavioral Health Trends
- Maternal Health

Health Care Quality

- Low-Value Care
- Preventive Screening



Georgia's APCD



SB482: Legislation passed in 2020 mandating the establishment of an APCD for the State of Georgia

Goals for the APCD include:

1. Establishing baseline health care cost information;
2. Monitoring and analyzing health care costs;
3. Assessing population health;
4. Measuring utilization of health care services;
5. Identifying health disparities;
6. Informing consumers of cost and quality of health care;
7. Supporting the planning and evaluation of health care operations and care;
8. Improving coordination of care;
9. Enabling oversight of health insurance premium medical loss ratios; and
10. Conducting waste, fraud, and abuse studies.



Entities Required to Submit Claims Data

Many different entities may submit data to the APCD, either voluntarily or through a statutory requirement:

- Insurance companies, medical services plans, hospital plans, hospital medical service corporations, health maintenance organizations, and fraternal benefit societies with at least 1,000 covered lives in the previous calendar year will submit data.
- The Department of Community Health and Medicaid Care Management Organizations, the State Health Benefit Plan, and numerous other agencies are required to submit data.
- Certain entities, such as ERISA plans, are not required to submit data, but they may choose to do so voluntarily.



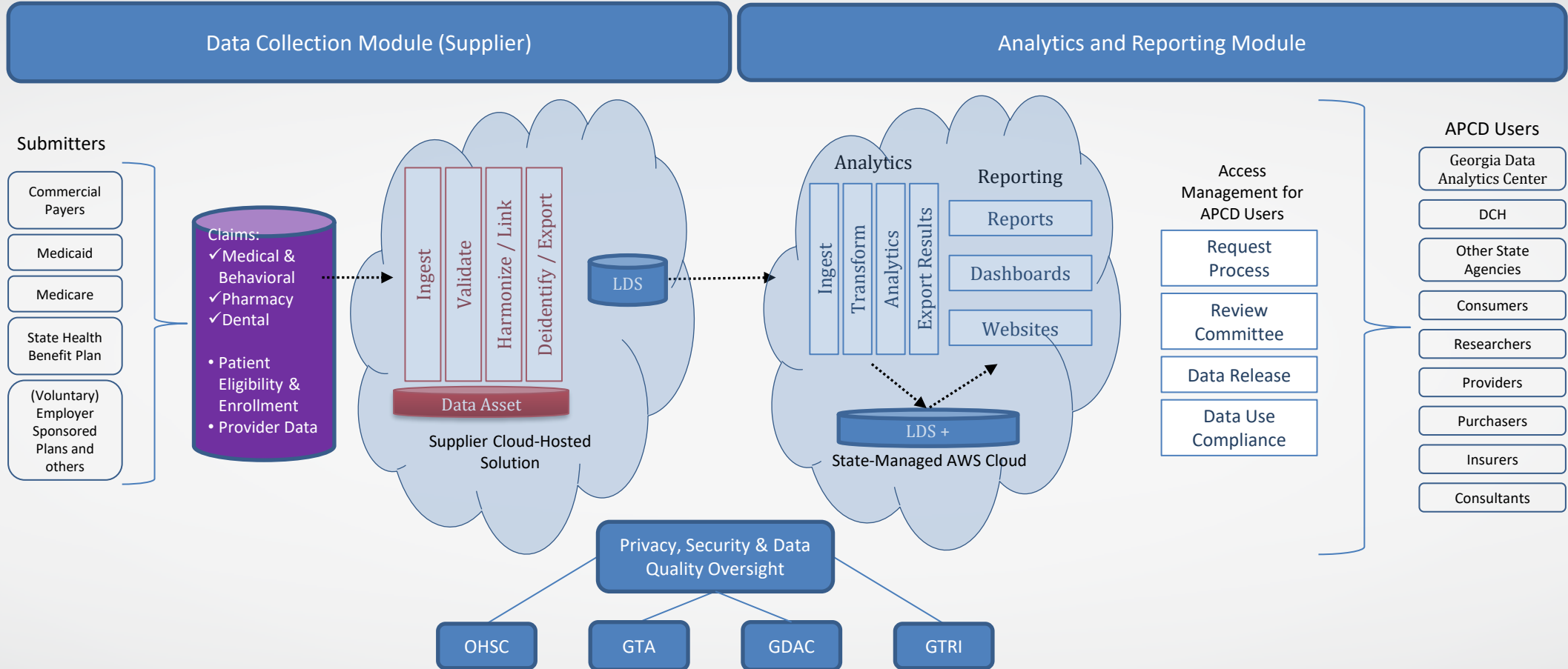
Submitter Rules and Data Submission Guide

The submitter rules and data submission guide establish the format, standards, procedures, and deadlines by which health and dental plans must submit data files to the Georgia All-Payer Claims Database.

- Published for public comment to the OHSC website on 12/21/2022
- Comments were due on 1/21/2023
- Official responses being published on the OHSC website during the week of 1/30/2023
- Rules will be considered **adopted** this week
- Rules become **effective** 30 days after adoption / posting to the OHSC website



Georgia APCD Design



OHSC: Office of Health Strategy and Coordination
 GTA: Georgia Technology Authority
 GDAC: Georgia Data Analytics Center
 GTRI: Georgia Tech Research Institute Center for Health Analytics and Informatics
 AWS: Amazon Web Services
 DCH: Department of Community Health (Georgia Medicaid Agency)

Data Use Agreement

- Data Use Agreements (DUA) are documents that describe what data are being shared, for what purpose, for how long, and any access restrictions or security measures required of the requestor or user of the data.
- The APCD Administrator will also enter into Memoranda of Understanding (MOUs) with state agencies for these same purposes.
- Without a completed DUA/MOU, the only APCD data available will be the public use files (PUFs) and public facing dashboards. No custom APCD data will be distributed to a requestor.





Ensuring the Security and Privacy of Protected Health Information (PHI) and Personally Identifiable Information (PII) is essential to the APCD and a critical factor in gaining the confidence and support of APCD stakeholders.

There are multiple policies and processes that have been established to ensure best practices and alignment with applicable laws, such as:

- The APCD does not store patient identifiers such as social security number, name, or address.
- Comprehensive data use agreements (DUAs)
- A rigorous data request and review process
- Technical best practices around data encryption, access management, and monitoring



APCD Key Milestone Dates

Milestone	Target Date
Data Collection Vendor Award	October 24, 2022
Data Submission Guide Distributed	December 21, 2022
APCD portal in production	April 2023
Mandatory Submissions – Health & Pharmacy	June 1, 2023
Mandatory Submissions - Dental	December 1, 2023
Initial Analytic Use Cases	January 2024
Payer Onboarding Completed	June 2025



Frequently Asked Questions

Question	Answer
Who is driving the rollout of the APCD?	By statute, the APCD is a collaborative effort between the Georgia Office of Health Strategy and Coordination (OHSC) and the Georgia Tech Research Institute – Center for Health Analytics and Informatics (GTRI-CHAI).
Will providers be required to submit data?	No, healthcare claims data will only be submitted by healthcare payers / insurance companies.
Who can request data?	In addition to the datasets which will be available to the public, any entity can request data from the APCD. Every requestor must go through the data request, review, and approval process. We expect to receive requests for data from agencies, research organizations, universities, corporations, and the public.
Will it cost money to get APCD data?	<p>Each quarter, the APCD will publish Public Use Files containing aggregated data which can be used for many types of analysis. These files will be offered free of charge.</p> <p>Requests for specific customized datasets will involve submission of a formal data request, review of that request by a committee, and execution of a data use agreement. A fee will be charged for fulfilling these custom requests.</p>
Does the APCD contain patient names or identifying information?	The APCD does not store patient identifiers such as social security number, name, or address. All patients are de-identified before being loaded into the state's analytic environment. In addition, any attempt to re-identify patients from APCD data is strictly prohibited.
Are all healthcare payers required to submit data to the APCD?	<ul style="list-style-type: none"> Submitting entities do not include an entity that provides health insurance or a health benefit plan that is accident-only, specified disease, hospital indemnity, long-term care, disability income, or other supplemental benefit coverage. ERISA-based self-insured employers can voluntarily submit claims to the APCD.
Is Georgia aligning with national APCD efforts?	Georgia is working closely with the APCD Council , which 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) .



Thank You!

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

The next meeting of the GAPCD Advisory Committee will be Thursday, February 23rd. Please email APCD@OPB.Georgia.Gov if you would like to attend the virtual meeting.



- [APCD Council](#)
- [National Association of Health Data Organizations \(NAHDO\)](#)
- Examples of other State APCDs
 - [Colorado](#)
 - [Virginia](#)
 - [Arkansas](#)
 - [Utah](#)
 - [Massachusetts](#)