



Governor's Office of Health Strategy and Coordination

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Director

***House Appropriations Health
Subcommittee Hearing on FY2024 Budget***

February 15, 2023



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 care.”

“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.”



Health Initiatives in FY22 and FY23

- Implementation of the All-Payer Claims Database (APCD) **(SB 482, 2020)**
- Review of Medicaid Managed Care contracts with recommendations made to DCH ahead of the upcoming procurement cycle **(HB 186, 2019)**
- Survey and study on the transport of individuals to and from emergency receiving, evaluation, and treatment facilities **(HB 1013, 2022)**
- Creation of comprehensive unified drug lists for mental health and substance use disorder prescriptions under Medicaid and PeachCare for Kids, and the State Health Benefit Plan **(HB 1013, 2022)**
- Collection and reporting of nursing and hospital data **(FY2023 Budget)** and other data initiatives



All-Payer Claims Database (APCD)

Senate Bill 482 from 2020 (O.C.G.A. 31-53-40 et seq.) called on OHSC to create and implement an All-Payer Claims Database in Georgia, to be administered by the Georgia Tech Research Institute Center for Health Analytics and Informatics (GTRI-CHAI), in order to “...facilitate the reporting of health care and health quality, cost, and efficiency data resulting in transparent and public reporting of safety, quality, cost, and efficiency information at all levels of health care.”



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 costs, quality, and utilization of care
- Once established, an APCD can be used by a state to inform important policy discussions





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 |



APCD - Entities Required to Submit Claims Data

- Commercial insurance plans with at least 1,000 covered lives in the previous calendar year
- Medicaid and State Health Benefit Plan
- Certain entities, such as ERISA plans, are not required to submit data, but may choose to do so voluntarily



Initial 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

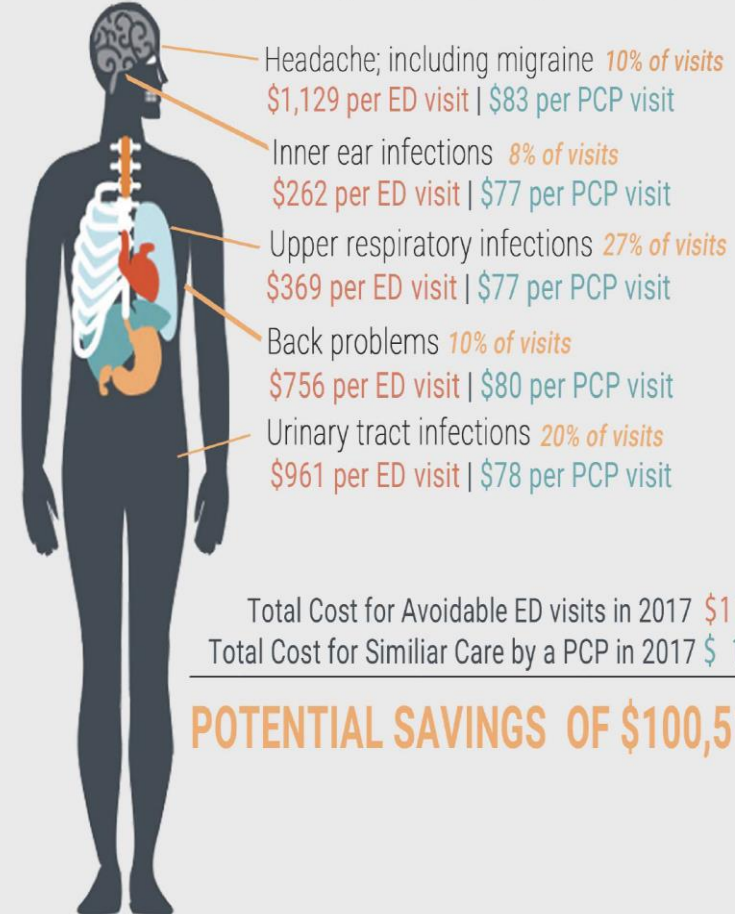


Use Case: Comparing Cost of Services for Potentially Avoidable ED Visits (Virginia)

- 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 provider in the same year revealed a potential savings of \$100,515,823

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

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



APCD Key Milestone Dates

| Milestone | Target Date |
|---|------------------|
| Data Collection Vendor Award | October 2022 |
| Data Submission Guide Distributed | December 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 | December 2024 |



APCD Budget – State Funding

| | AMENDED FY22 | FY23 | FY24 (proposed) |
|-------------------------|---------------------|---------------------|--------------------|
| DCH APCD State Base | \$ 800,000 | \$ 800,000 | |
| OHSC APCD State Base | | | \$800,000 |
| Approved State Funds | \$ 2,815,000 | \$ 1,230,000 | |
| Total Budget | \$ 3,615,000 | \$ 2,030,000 | \$ 800,000 |

- For FY24, the Governor's budget recommendation requests that the base funding of \$800,000 be transferred from DCH to OHSC.
- The state funds appropriated are utilized to draw down matching FMAP funding from CMS.



Review of CMO Contracts

HB 186 (2019) and O.C.G.A. § 31-53-3(b)(6), directs 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 through the Georgia Families 360 managed care program.
- OHSC reviewed the current CMO contracts and submitted a recommendations report to DCH in October 2022. 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 specific recommendations and considerations for the upcoming procurement cycle of the state's managed care contracts.



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 in 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.



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 the nursing and hospital transparency projects, and this partnership has also helped enhance OHSC's role of coordinating with agencies to address issues such as hoteling unrelated to this line item.
- Support for the line item comes from an assessment of legislation passed in 2019 (HB 186 and HB 321) that increased hospital reporting requirements for individual hospital financial and operational information.
- Using the elements already collected and aggregated by DCH in its annual 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](#)

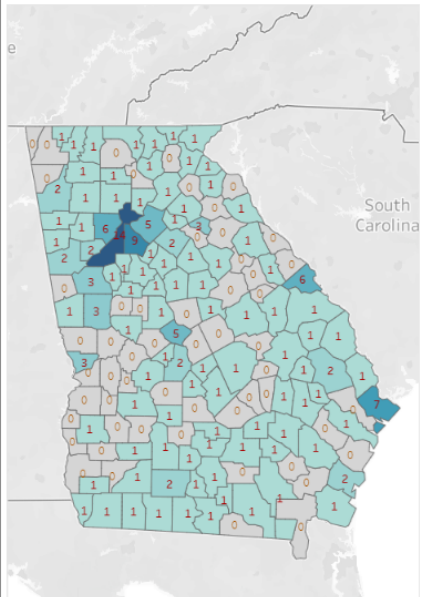
Year:
 County:
 Facility Name:
 Facility Type:
 Owner Type:

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 |
|--|--|--|---|------------------------------------|

Statewide Hospital Count



Financials View By Funds

Select:
 Sort By:
 Sort:

| | | 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 |



Data Sharing Opportunities

- Data can play an important role in enhancing delivery of services and improving overall efficiencies.
- This can further be improved by establishing frameworks for statewide or interagency data sharing.
- GDAC has established an integrated data system with the authority to seek out data from state agencies to further research and inform policy decisions to support the health, safety, and security of Georgia citizens.
- Opportunity to standardize the process by which interagency data sharing occurs in Georgia and create a presumption of data sharing between agencies without compromising the data privacy of individuals.
- Recommendations issued by the Behavioral Health Reform and Innovation Commission in its 2022 annual report around data sharing and the potential to revisit SB 374 from 2022.



Questions & Comments?

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