



Governor's Office of Health Strategy and Coordination

Grant Thomas
Director

***Senate Appropriations Health and Human
Development Subcommittee Hearing on FY2024
Budget***

March 9, 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

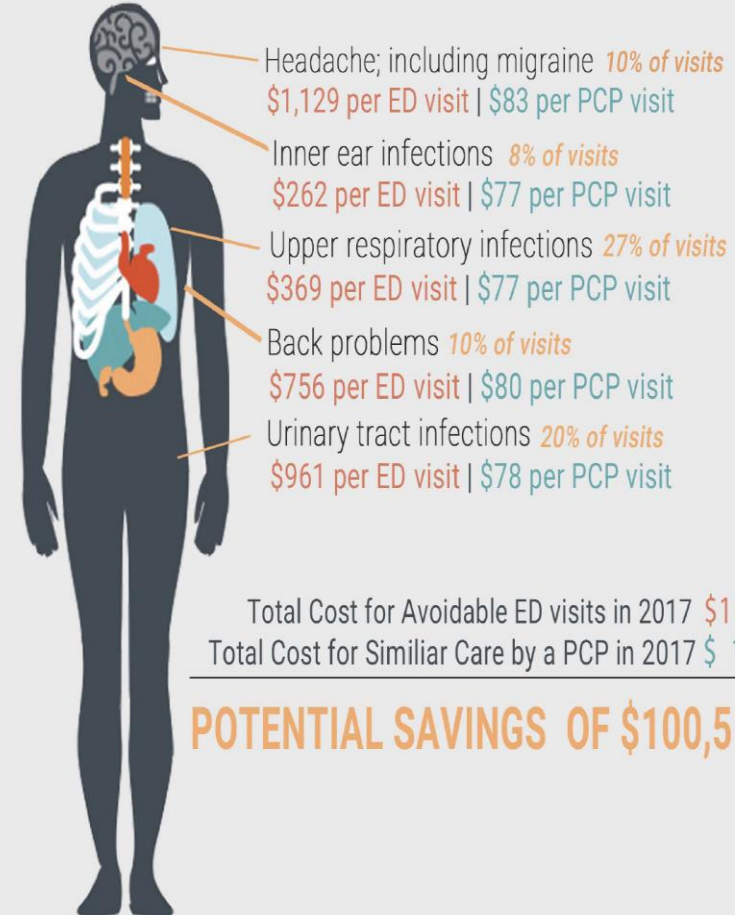


Use Case: Comparing Cost of Services for Potentially Avoidable ED Visits (Virginia)

- 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 funding from CMS.



Additional Health Initiatives

- 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.
- 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.
- 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.
- The FY2023 budget included a line item for \$126,086 to assist OHSC with the **collection and reporting of nursing and hospital data**.
- Additional **data sharing** opportunities have been explored by OHSC in conjunction with the Behavioral Health Reform and Innovation Commission (BHRIC).



Questions & Comments?

Email: grant.thomas@opb.georgia.gov

Website: <https://opb.georgia.gov/ohsc>