



Transparency Initiative Board Meeting Tuesday, January 12th, 2016

Stakeholders Present	ACHI/AID Staff Present
Chad Aduddell (St. Vincent)	Dan Honey (AID)
Jill Arnold (Consumer Reports)	Kenley Money (ACHI)
Jeff Brinsfield (QualChoice)	Craig Wilson (ACHI)
Renee Mallory (ADH)	Jennifer Wessel (ACHI)
Brad Martin (UAMS)	Izzy Whittington (ACHI)
Billy Roehrenbeck (Pulaski Title)	
John Ryan (Centene)	
Shirley Tyson (OHIT)	
Mark White (DHS)	

I. Welcome:

Renee Mallory called the meeting to order shortly after 1:00 PM. Following introductions, Ms. Mallory made a motion for the adoption of the previous meeting's minutes, which was offered by John Ryan and seconded by Brad Martin. Following the motion, there was unanimous adoption of the November 2015 meeting minutes by the Board.

For members who were unable to attend, Craig Wilson noted that Ms. Mallory was elected chair with Jill Arnold elected vice-chair of the board during the previous meeting. He also introduced Jennifer Wessel to the Board as the Privacy Officer for ACHI.

Mr. Wilson then reviewed the agenda for the meeting which included the following components:

- Submitting entity registration and submission status
- Data release process and forms
- Sustainability planning
- Other business
- Public comment

II. Submitting Entity Registration and Submission Status

Izzy Whittington provided an overview of the APCD registration and submitting entity onboarding status. She noted the following information:

- 20 groups have registered to submit data
- 64 usernames/passwords have been assigned
- 17 exemptions have been requested

- 3 entities have submitted test files
- Timeframe for submissions
 - 1/1/2016 test file deadline, although many have received exemptions to delay
 - 3/31/2016 historical file deadline for first group and every quarter through end of year

Mr. Wilson noted that many of the submitting entities that registered also filed exemption requests to delay the submission of test data in various time frames. Dan Honey noted that most of the exemptions were approved for smaller carriers with later historical file submission dates (Group 2, 3, and 4 carriers). Discussed ensued regarding the focus on receiving test files from Group 1 carriers with historical file submission due dates of March 31, 2016. Mr. Wilson clarified how the grouping system for submitting entities is derived based on the National Association of Insurance Commissioners (NAIC) system for identifying NAIC Groups, which are comprised of NAIC Companies. Ms. Money also noted that we are expecting to receive multiple files from each of the carriers. She also addressed a question from a Dr. Martin regarding the timeline for the historical file submissions, and she clarified that these will span January 1, 2013 through December 31, 2015.

III. Governance structure/Data Release Process and Forms

Mr. Wilson then provided a slide showing the governance structure of the Healthcare Transparency Initiative. He noted that AID has authority over the database, ACHI is named as the administrator of the database, and then provided a brief overview of the Initiative Board and its Subcommittees. Mr. Wilson and Mr. Honey noted that there has been interest in subcommittee appointments by Board members, but that AID still has some outstanding appointments to finalize. Mr. Honey noted that these would be completed before the next meeting in April.

Mr. Wilson then moved to a discussion of subcommittee duties. He noted that these duties could be found in the bylaws and Rule 100, and include the following responsibilities:

- Data Oversight Subcommittee—Review and make recommendations to AID through the Initiative Board regarding data requests
 - Consistency with the intent and purpose of the Initiative
 - Compliance with applicable federal/state law and regulation
- Scientific Advisory Subcommittee—Serve as peer review for researchers and provide advice regarding data requests for proposals and the scientific rigor of analytic work

Mr. Wilson noted that he has proposed within the bylaws that data requests only be referred to the Scientific Advisory Subcommittee as needed (as requested by the Data Oversight Subcommittee). He then reviewed the proposed data request process, which includes the following processes:

- **Step 1: Data Request—**
 - The data requester will submit:
 - Data Release Request
 - Data Management Plan
 - List of Requested Data Elements
 - Certificate of Project Completion & Destruction of Data

- **Step 2: Data Request Review and Approval—**

- The Arkansas Center for Health Improvement (ACHI) will review data request forms and provide them to the Data Oversight Subcommittee, which will make recommendation to the Initiative Board. The Board will review the Subcommittee's recommendation and make a recommendation to the Insurance Commissioner for final decision. ACHI will inform the data requestor of the Commissioner's determination.

Mr. Wilson noted that a more streamlined approach to data requests can be developed at the Board's request, potentially including standardized datasets that would not require multiple approvals. He noted that if the Board favored this approach it could be adopted in the future. Mr. Honey asked that an example be provided of a potential request that would possibly be rejected by the Board. Mr. Wilson noted that requests that are outside of the purview of the legislation—requests for information about the commercial use of data for example—would be requests that the Board would not want to approve. Another Board Member asked how “trade secrets” are defined by the legislation and rule. Mr. Wilson noted that this is an important question and will ultimately be at the discretion of the Board to decide. Mr. Honey also clarified that while AID has the ultimate authority over these requests, they seek guidance and guidelines from the Board in making these determinations.

Mr. Wilson then asked Ms. Wessel to present the data release forms with the Board Members. She noted that the form collects the following information from data requestors:

- Contact information: Requestor contact information
- Project information: Intended to help the Board determine whether the request is within the scope of the Initiative
- Data elements: Requestors will be able to review a list of available elements (as a separate exhibit)
- Data linkage: Requestors will be required to disclose if data requested will be linked to other sources
- Publication and dissemination: Requires the disclosure of how the data will be used and distributed
- Other project participants: Requestors must name any additional parties that will participate in the project. Also requires data management plan be disclosed for any third parties that receive data

Dr. Martin suggested that IRB review also be incorporated into the form. Ms. Wessel noted that this information is included, but this spurred a separate discussion regarding whether or not a Privacy Board will be necessary for the Initiative. Discussed ensued regarding the lack of collection of direct identifiers and whether or not this should be included. Dr. Martin also asked what kinds of data linkages would be subject to review. Ms. Wessel and Mr. Wilson clarified that requesting this information is intended to provide more clarification on the project, and not direct linking of patients since this information is not collected. Mr. Wilson noted that this language would be further reviewed. There was also additional discussion regarding the destruction of data and this process.

John Ryan asked what level of transparency would be available regarding data requests. Mr. Wilson noted that other APCDs publish all data requests to their public websites and this is a practice that the Board may also want to consider adopting.

Another Board member asked how the security protocols of data requestors can be assessed during the data request process. Ms. Money noted that this must be disclosed in the data management plan (a requirement of the data request packet). Ms. Wessel noted that next steps include showing the Board a list of data elements available for request. Dr. Martin noted that there may be some data elements that we would want to consider including without requiring a rationale for each element. Mr. Wilson also noted that the pricing component of the data request will also help to mitigate the size of the data requests. He noted that these recommendations would be considered moving forward with the data request packet development.

Mr. Wilson then discussed the proposed data products and presented the following slide:

- Standard/limited, pre-populated dataset
 - E.g., hospital discharges, physician visits, provider file
- Comprehensive dataset
 - E.g., all hospital claims/fields
- Custom dataset/report
 - Aggregated report
 - Analytic (the list of requested data elements will be used to specify elements)

Mr. Wilson also presented a potential pricing and fee schedule for the three different report categories. He noted that similar information had been previously presented in Sustainability Plan produced in the voluntary submission environment. He noted that with the incorporation of additional data types or additional level of effort (standard vs. custom, for example), there is a higher cost to the data requestor. Board members discussed the variation in price and how their complexity would vary based on each request. Dr. Martin suggested the use of a subscription based model for researchers who would be interesting in obtaining datasets frequently. Ms. Wessel described the subscription based models used in other states, noting that member fees are collected for payers/providers that submit data and subscription models are used for requestors.

IV. Sustainability Planning

Mr. Wilson then moved the sustainability planning agenda item. He noted that sustainability plans vary from state to state, particularly with near-term funding (general state revenue, for example). He noted that Vermont utilizes a “demand” model based on data requests where the state “bills back” for expenses rather than utilizing a prospective fixed rate. He also noted that Colorado is close to being a self-sustaining APCD based on its sustainability modeling. Mr. Wilson also reviewed a slide containing Arkansas funding strategies which included the following:

- I. State funding
 - Bureau of Legislative Research
 - Taskforce dashboard
 - Attorney General
 - Set-aside scholarship fund
- II. Subscription fees/products
- III. Support of national/state initiatives
- IV. Grant funding

Sen. Sanders noted that with respect to state funding, it will be important to demonstrate value with public-facing reports to consumers to generate the support of both Arkansans and the legislature. He also noted there are opportunities to leverage the information collected via the Transparency

Initiative to help inform the work of the legislature, including opportunities to assess the private option and meet other evaluation needs for decision-making, including cross-state comparisons.

V. Other Business

Mr. Wilson then shifted to a discussion of upcoming updates to Transparency Initiative website, noting that the Public Consulting Group (PCG) is currently engaged with the Arkansas Insurance Department (AID) to build upon the existing ArkansasAPCD.net website to more broadly incorporate the objectives of the Initiative. Mr. Wilson presented the anticipated format of the updated Initiative Website. It was clarified that PCG's work will focus on incorporating additional access and quality reporting. A site structure was presented which included primary, secondary, and tertiary views of the website.

Mr. Wilson also reviewed a list of potential reports that both ACHI and PCG will work collaboratively to produce, including reports on Network adequacy data (Access Reports) which will include a view of provider files that PCG has access to via AID; the Medicaid Dashboard which has been requested by the Health Care Task Force to monitor changes within the Medicaid population, costs to treat specific chronic diseases, medical services pricing (Cost Reports); State and county health rankings, and "Choosing Wisely" recommendations which the Virginia APCD utilizes and leverage potential savings based on patterns of care (Quality). Dan Honey also emphasized the need for short-term sustainability over the next two years, along with estimates for when the Initiative can begin generating revenue. Sen. Sanders noted that in the near-term, additional funding from the General Assembly would be possible by leveraging the value of a local data collection mechanism to provide information to legislators. Board members also discussed the value of getting to provider-level reporting, but agreed that this will require demonstrated value with initial reporting from the Initiative.

Mr. Adduell asked if the 2-3 million dollar figure noted in the initial Sustainability Report is still an accurate estimate of the funding required to sustain the Initiative. Ms. Money noted that this is still a close estimate, noting that the APCD Council estimates that it costs \$1 per person to maintain an all-payer claims database. Mr. Wilson noted that until additional visibility and data has been collected, there will be a need for short-term state investment in order to create the path for longer-term sustainability. Another Board Member noted the importance of understanding the demand needs for reporting in order to tailor our sustainability strategy appropriately, which can only be estimated at the time. Mr. Wilson emphasized that utilizing information from APCDs in other states provides insight into the number of potential data requests that may be received, but ultimately, none of these states are completely self-sustaining. He emphasized an earlier point made by Sally Welborn, which includes the public release of data/reports to drive interest and demonstrate value of the Initiative. He also noted that the consumer transparency function of our reporting will not ultimately provide the funding required to support the Initiative. Another Board Member stated that purchasers of health care are interested in this data and understanding predictive behavior.

Mr. Wilson also provided an update on activities with the National Center for Healthcare Transparency. He reviewed the vision and purpose of CHT, and reminded Board Members that the Initiative had submitted a letter of intent to participate in CHT's ongoing efforts at creating regional collaboratives for cost and quality information. He also noted that a goal of CHT includes providing this information to 50% of the population by 2020. He also reviewed a map with the number of states

that have submitted letters of intent to participate in CHT. Ms. Wessel also noted that CHT should be making an announcement about funding opportunities soon.

Board Members also discussed concerns with provider-level reporting. Jill Arnold noted issues in Virginia with doing provider reporting for OBGYN's as an example. Mr. Wilson noted that while more informed value-based purchasing is dependent upon provider information, we must be sensitive to environmental concerns. Ms. Arnold noted that she is working with Consumer Reports on a grant to engage consumers with provider-reporting while balancing relationships with providers. She noted that she would provide feedback on this engagement with the Board during the next meeting. Mr. Wilson also noted that providers are driving the need for this information, including the need for primary care providers to have more information about specialty care providers.

Mr. Wilson also noted that the Initiative Board would be presented with a more detailed Sustainability Report, including budget with projected revenues/expenses, during the next Board meeting in April. Dr. Martin also noted that there could be potential opportunities to partner with third-party entities could provide additional tools or information that could interact with our database. Board members discussed various tools and corresponding organizations that we could engage with in the future. Ms. Arnold also asked that Board Members and potential consumer groups be able to participate or comment on future consumer facing reports. Mr. Wilson and Ms. Money noted that any future mockups would certainly be vetted with the Board for feedback.

VI. Closing

In closing, Mr. Wilson noted that the next Board meeting would take place on April 12th, 2016 and that an invitation would be sent to all members. Ms. Mallory requested a motion to adjourn the meeting, which was made and seconded by Board Members. The meeting ended at approximately 3:30 PM.