ARKANSAS
APCD
All-Payer Claims Database

Transparency Initiative Board Meeting
Tuesday, April 12th, 2016

Members Present	Additional Attendees
Jill Arnold (Consumer Reports) Jeff Brinsfield (QualChoice) Cal Kellog (AR Blue Cross Blue Shield) *via phone Renee Mallory (ADH) Brad Martin (UAMS) Billy Roehrenbeck (Pulaski Title) Sally Welborn (Walmart) Mark White (DHS)	Lesia Carter (AID) Linda Green (Freedman Health) *via phone Tim Gauger (AR Blue Cross Blue Shield) *via phone Aaron Holman (PCG) Dan Honey (AID) Suzanne McCarthy (ACHI) Kenley Money (ACHI) Charlie Punches (PCG) Helen Reid (ACHI) Margot Thistle (PCG) Frank Sewall (AR Blue Cross Blue Shield) *via phone Joe Thompson (ACHI) Craig Wilson (ACHI) Jennifer Wessel (ACHI) Izzy Whittington (ACHI)

I. Welcome:

Initiative Board Chair 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 Brad Martin and seconded by Mark White. Following the motion, there was unanimous adoption of the minutes.

Craig Wilson briefly reviewed the meeting agenda, noting that the meeting would begin with an environmental scan. Agenda items included:

- Environmental scan
- Dashboard prototype
- Sustainability plan
- Supreme Court ruling
- Data submission status update
- Data request process/forms
- Initiative website
- Other business

II. Environmental Scan

Dr. Joe Thompson began the meeting with an environmental scan of current needs within Arkansas' health policy space. He discussed the needs of the Health Care Task Force, which include a request for a dashboard of indicators to assist in evaluating the state's Medicaid program. The following background was provided to Board Members:

- Task Force consultants have consistently recommended dashboard of metrics for monitoring and compliance
- Proponents of both Medicaid reform bills express desire for Medicaid dashboard of measures
- DiamondCare has a focus on value-based purchasing with bonuses for performance in quality, patient experience, resource use and cost
- DiamondCare bill sets forth dashboard specifics
  - Enrollment by eligibility group
  - Paid claims by eligibility group
  - Medicaid provider performance measures
  - Budget trends for healthcare services spending
  - Population health data, including diabetes, prescription adherence, and obesity
- Bill calls for a plan to implement dashboard before January 2017

Dr. Thompson noted that information is needed about special needs populations within the Medicaid population, including information on the per-member-per-year costs. He also discussed current managed care discussions in Arkansas, noting that the Arkansas APCD will have data spanning January 1, 2013—December 31, 2015 to assist the legislature in making a determination on this issue, along with providing data for ongoing evaluation purposes.

Dr. Thompson reviewed various handouts that were provided to Board Members, including a list of recommendations developed by The Stephens Group citing the need for a data system to assist the Governor, General Assembly, and other policymakers in making data driven decisions. He then reviewed a portion of the DiamondCare legislation (Section 20-77-2710) which outlined requested metrics for a dashboard. He noted that while this legislation is not moving forward, it provides an example of the information needs of the legislature. He also reviewed a draft bill to establish a state data integration system, noting the bill relates directly to The Stephens Group recommendations. Dr. Thompson emphasized that the Arkansas APCD via the Initiative is already in place to provide this information and thus situated to meet the needs of the legislature.

Dr. Thompson then moved to a discussion of a proposed solution for a legislative dashboard prototype. He noted that the dashboard (supported by the Initiative) would fulfill both an environmental need and provide the opportunity for short-term sustainability for the Initiative since grant funding will cease at the end of 2016. He reviewed another handout provided to Board Members with highlights from the Initiative Sustainability Plan, stating that another year of investment is needed to fully develop the value proposition of the Initiative. He then reviewed example slides of a dashboard prototype that could be developed with APCD data, including per-member-per-month growth rate for special populations, performance metric outcomes, and quality indicators. Mr. Wilson also emphasized that utilizing the APCD provides additional insight into private payer sources, allowing for cost growth comparisons across payers over time.

In response to the prototype demonstration, Sally Welborn noted the potential development of a dashboard seemed to shift the purpose of the Initiative. Additionally, she asked if the Initiative Board would have input on whether this path was pursued, and also asked if it was premature to develop a dashboard prototype. Dr. Thompson emphasized the Board's role in providing sustainability for the Initiative, stating that development of the dashboard could meet this need. He stated that without a short-term funding solution, the APCD would operate on a minimal budget, with only the capacity to receive and process data. He agreed that the Board does need to be supportive of this opportunity in order to move forward. Cal Kellog also asked if the legislature would fund the dashboard. Dr. Thompson noted that the legislature will do something to meet the needs described in the legislation and other handouts presented earlier in the meeting. He further stated that the APCD could provide this required information without creating another data system. Mark White agreed that there is a desire from the legislature to receive this data and stated there is a need to guide legislators to the visualization of this information. Mr. White also stated that The Stephens Group is looking to incorporate more than health data, including workforce services data, etc. He noted that while this is broader than what the APCD can provide, he agreed that the APCD could fulfill a key need regarding health data components. Mr. Wilson also noted that the scope of the Initiative is broader than just the management of the APCD. Board members further discussed development of the dashboard. In closing, Mr. Wilson noted that this prototype is only a visualization of what could be beneficial for legislators, but these indicators are only suggestions. Board members continued discussing the prototype, with additional input including future incorporation of supplemental payment information. Mr. Wilson and Dr. Thompson also reviewed a slide from the prototype that would incorporate Choosing Wisely, which could provide additional information on total spending on potentially wasteful medical services. Board Members also noted that there is existing software available that could be used to develop an interactive dashboard. Board Members further discussed this issue, noting that the dashboard would only be able to be refreshed quarterly based on received data submissions.

The Board Members discussion returned again to sustainability discussion. Following a question from Ms. Welborn, Mr. Wilson noted that the only self-sustaining APCD is in Colorado. Dr. Thompson also referenced an estimate from the Director of the APCD Council, who noted that it requires 2-3 million dollars per year to maintain an APCD infrastructure and functional operation. Additional discussion ensued regarding data sales and other opportunities to generate revenue, but Dr. Thompson and Dan Honey emphasized that an initial investment from the state is needed in the short-term to demonstrate the APCD's value.

Mr. Wilson then introduced Aaron Holman with Public Consulting Group (PCG) who is working via a contact with AID to develop additional reports for the Initiative website. Mr. Holman identified two major reporting categories in development: Reports regarding access and reports regarding patient experience. Within the access category, he noted that they are planning to develop consumer visualization that would include measures on provider participation rate, network breadth classification, provider-to-enrollee rations, and average distance to providers. The patient experience measures include patient experience score by experience, star rating by experience category, and summary star rating. Mr. Holman then reviewed report examples with the Board Members. Jill Arnold noted her concern regarding some of these consumer facing reports, noting that some of the information was too complex for the average Arkansans. Board Members further discussed this concern, noting potential options to make these reports more consumer friendly, including the use of focus groups. Board Members also discussed limitations in driving sustainability with consumer-facing reports, and the need to balance funding needs while providing a public good to consumers. Mr. White noted that some of the reports could be useful for consumers who are within the expansion population in choosing a health plan. Ms. Welborn also noted that additional consideration will need to be made regarding reporting on plan and provider selection, which require different strategies.

III. Supreme Court Ruling

Mr. Wilson then reviewed the recent *Gobeille v. Liberty Mutual Insurance Company* decision and its impact, where the Court ruled that ERISA preempts state law for self-funded data collection within state APCDs. Mr. Wilson noted that since the case was pending when the Initiative legislation was passed, self-funded plans were excluded from data collection. Mr. Wilson noted that in Arkansas, 65% of private sector enrollees are in self-funded plans. He also noted that the U.S. Department of Labor may issue regulations to collect data for state APCDs, or seek voluntary participation from self-funded plans. Ms. Welborn noted concerns of employers in submitting data to meet different reporting needs, along with the administrative burden it creates. Board Members discussed the impact of the case and potential avenues for the voluntary collection of self-funded data moving forward.

IV. Data Submission Update

Kenley Money then provided a brief update on data submission status, noting the following:

- 19 groups are registered to submit data
- 11 entities have submitted test files
    - Technical team has processed over 500 individual test files and re-submisisons
- 17 exemptions have been requested to delay test file and historical file submission dates
- *No Group 1 entities were able to meet historical test file submission deadline
- Updated timeframe for historical files:
    - First anticipated Group 1 submission estimated for 4/22/2016

She noted no Group 1 carriers were able to submit historical data by 3/31/2016, but that the Arkansas APCD Team and AID are working with these entities to receive data as soon as possible. She also stated that Medicare, Medicaid, Delta Dental, and Worker's Compensation data has been received and incorporated into the APCD. Board Members discussed timing of data submissions, and also discussed issues with some carriers that operate multiple lines of business on different systems.

Mr. Wilson and Mr. Honey also noted that Caremark (a pharmacy benefits manager) had sent a letter expressing concern over the release of "trade secrets" in submitting data. Board members discussed this issue and reviewed AID's response, along with the transparency measures the Initiative is taking to ensure data submitters are protected.

V. Data Release Process

Mr. Wilson then shifted to a discussion of the data release process, noting that the Board needed to approve the data request and data release process that had been developed. Jennifer Wessel walked the Board members through each of the packets and their components.

Ms. Wessel noted changes that had been incorporated into the data request form based on the previous meeting. She also reviewed the requirement for requestors to provide a data management plan and noted that requestors will also need to specify which data elements they are requested. Ms. Welborn and the Board also discussed need for indemnification, and Ms. Wessel noted that these forms would be incorporated as exhibits to any data-use-agreements to meet that requirement. Dr. Brad Martin and board members also requested that “linkage” be rephrased on the data request form, since no linkages are permitted by the law. Mr. Wilson noted that this clarification would be made so it would not be misleading for data requestors.

Ms. Mallory requested a motion for the approval of the data request form, with the “linkage” reference stricken. Dr. Martin made the motion, which was seconded by Mr. White. The form was adopted unanimously by the Board Members.

Board Members then discussed the potential of an expedited request process for state agencies, and Ms. Wessel provided an overview of the data request process. Based on this discussion, it was determined that state agencies would not be given an expedited path, and that all requests would be subjected to the same requirements.

Ms. Mallory then requested a motion for the approval of the standard data request process presented to the Board. Dr. Martin made the motion, which was seconded by Billy Roehrenbeck. The process was then adopted unanimously by the Board Members.

VI. Closing Remarks

In closing, Ms. Arnold once again expressed her concern regarding the complexity of sample reports presented during the meeting that are consumer oriented. She emphasized the need for provider-level data and reporting to provide meaningful information for consumers. Mr. Wilson noted that this is a goal of the Initiative, and Mr. Honey requested that Ms. Arnold participate with PCG/AID in creating more consumer friendly reports.

Ms. Mallory then requested a motion for adjournment, provided by Mr. Roehrenbeck. The motion was seconded by Ms. Welborn and agreed upon unanimously by the Board. The meeting ended at 2:58 PM.