



Arkansas Healthcare Transparency Initiative Educational Forum Meeting Minutes

January 10, 2017

Board Members Present	Board Members Present (via phone)	ACHI/AID Staff Present
Chad Adduell (St. Vincent) Jeff Brinsfield (QualChoice) Cal Kellogg (BCBS) Renee Mallory (ADH) Billy Roehrenbeck (Pulaski Title) Doug Weeks (Baptist Hospital)	Jill Arnold (Consumer Reports) Brad Martin (UAMS) Sally Welborn (Walmart)	Aaron Holman (PCG) Dan Honey (AID) Suzanne McCarthy (ACHI) Kenley Money (ACHI) Nikki Patterson (ACHI) Charlie Punches (PCG) Kim Richardson (ACHI) Dr. Joe Thompson (ACHI) Jennifer Wessel (ACHI) Elizabeth Whittington (ACHI) Craig Wilson (ACHI)

I. Welcome and Review of Minutes

Renee Mallory called the meeting to order at approximately 3:34 p.m. Nikki Patterson recorded the minutes.

Having a quorum, Chair Renee Mallory requested a motion to approve the October meeting minutes. The motion was made by Billy Roehrenbeck and seconded by Doug Weeks. The minutes were unanimously approved.

Craig Wilson reviewed the meeting packets and the agenda. Agenda items included:

- Approval of minutes
- APCD Status update/next steps
- Data Request Pricing
- Medical service pricing
- Medical grouping software contract
- Tennessee AG opinion
- Initiative Funding
- Data Inquiries
- ACHI/AID Study
- Comments/next meeting

II. APCD Status update

Kathy Hart provided an update on the data intake status of APCD. To date, over 90% of covered individuals have been received, 57% of carriers are fully loaded to production, 28% are still working on submission, two carriers are still in testing and one carrier hasn't started. All carriers are expected to be fully loaded by March for historic 2013-2015 data. Craig Wilson added that the first data submission for all carriers is for historical data 2013-2015 and the carriers that are supposed to submit submitted in March. All of the carriers that have submitted historical data will be submitting that catch up period for 2016 data beginning in March, and by the end of June quarterly data will be submitted on a regular basis. He also reminded the board that even though the data will be submitted there is a two month process for data validation before it can be made available.

III. Data request pricing

Craig Wilson shared with the board a CMS handout on pricing methodology noting that CMS base their prices on the number of covered individuals that the data requestor is requesting. He pointed out now that data has been received, it's time to start exploring pricing methodologies to begin pricing the data and basing it on the number of covered individuals is the best option. Dr. Thompson added that the alternative is to charge for the number of claims. He also added from an end user perspective, it's most likely more often to talk about individuals as opposed to number of claims and makes the most sense to charge by covered individuals. There are some other considerations for pricing methodology after looking at other states such as administrative fees associated with the data request, staffing resources, and as an administrator being a UAMS affiliated entity, there are project budgeting requirements to incorporate in all of the contracts. Another consideration is how to bury the price based on end user and type of user and whether or not it's a one-time use or continual access as it's updated. Discussion ensued after Brad Martin inquired about pricing and whether it would be price per life per year data request for 2013-2016 versus a data request requesting only 2015 data.

IV. Medical service pricing

Craig Wilson reviewed with the board a handout on Medical service pricing comparing different types of services and codes for dental service pricing. The medical service pricing sheet was developed to share with some of the shareholders that will be impacted by it once it's ready to launch. He met with the State Dental Association and Leadership and were introduced to the most trusted members who walked them through the process and provided feedback. A follow-up will be done to meet with a larger focus group for some of the leaders on their executive board. Dr. Thompson added that launching the dental service pricing is at least a year away but it's demonstrating some commitment to the transparency act itself which has intent of putting provider pricing out for the public. Dr. Thompson added with the benefit of UAMS Dentistry and faculty along with Kim Richardson's content knowledge, they were able to create the pricing document. Discussion followed.

V. Medical grouping software contract

There were two bidders on the RFP. Milliman MedInsight health waste calculator that bases grouping software on the Choosing Wisely model won the bid. ACHI is in the contracting process to purchase the software. Dr. Thompson reaffirmed that ACHI purchased the software outside of the Transparency Board but with the potential to apply it. Due to some of the interests of the

EBD board and Quality of Care sub-committee, the first place it will likely be applied is activity inside state school employees plan.

VI. Initiative Funding

Dr. Thompson provided an update on initiative funding noting that we're currently operating under minimal funding and as of January 1, going into carryover phases of federal grant funding. Dan Honey has identified a significant amount of carryover funding and there may be some additional ACHI resources to add. Dr. Thompson also added that it would be beneficial to keep collecting the data so there's value in the data set that we can turn into information products based up on hopeful positive decisions by the legislature. In order for optimal funding, 2.5-3 million is needed annually. Once data intake support is over, can start offering for prioritization short term sustainability targets. Before being able to respond to all requests, must be in the third phase of being able to meet data management requirements and state core agency needs. Those that are receiving federal contracts and utilizing our data should also contribute financially to the on-going support and sustainability. Additional discussion followed.

VII. Data Inquiries

Dr. Thompson briefly summarized with the board the User Engagement list which lists several entities that would like to have unrestricted access to the data. He added if two-thirds of them along with a third of the support from external users would contribute financially it could result in a doable long term sustainability model.

VIII. ACHI/AID Study

Dr. Thompson reviewed with the board a study being completed on Health Insurance Marketplace Premium Effects. The majority of participants in the market place are paid for by Medicaid. This caused the average aid on the market place to decrease. The Carrier reports indicate their risks seems to be greater than the non-Medicaid premium assistance on the Medicaid marketplace. To inform the Commissioner around future decisions and to inform the policy environment, the Commissioner has agreed to use the APCD to look at the actuarial risks. The process is to engage the Wakely Group who performed the risk scoring for Blue Cross & Blue Shield, Ambetter, and QualChoice. They are willing to put a risk score on each of the individuals of the risk areas for the four groups and provide back. The risk score will show what the whole market place risks looks like with and without the premium assistance buy to answer the issue of what was the impact on the private insurance marketplace of the states use of premium assistance in Medicaid. There are only two months left to complete it from a grants perspective. ACHI will form an advisory committee that will include representatives from the Insurance Department, Medicaid, Insurance Department, Blue Cross & Blue Shield, and Ambetter to know what's happening in Arkansas.

Renee Mallory adjourned the meeting at approximately 4:32 p.m. The next meeting will be held on April 11, 2017 at 3:00 p.m.