



Arkansas Healthcare Transparency Initiative Educational Forum Meeting Minutes

September 3rd, 2015

Board Members Present	Board Members Present (via phone)	ACHI/AID Staff Present
Chad Aduddell (CHI St. Vincent) Cal Kellog (BCBS) Renee Mallory (ADH) Brad Martin (UAMS) Booth Rand (AID) Billy Roehrenbeck (Pulaski Title) Shirley Tyson (OHIT) Doug Weeks (Baptist Hospital) Mark White (DHS)	Jill Arnold (Consumer Reports) John Ryan (Centene) Sen. David Sanders (AR General Assembly)	Kenley Money (ACHI) Mickey Loeb (ACHI) Dr. Joe Thompson (ACHJ) Elizabeth Whittington (ACHI) Craig Wilson (ACHI) Jennifer Wessel (via phone) Lesia Carter (AID) Linda Green (Freedman Health, AID) Dan Honey (AID) Booth Rand (AID)

I. Welcome and Introductions

Craig Wilson started the meeting at 1:05 PM. Mr. Wilson introduced himself, noting his role as the Director of Access to Quality Care at ACHI and his involvement throughout the last year with the Arkansas All-Payer Claims Database (APCD) stakeholder engagement process. He provided some background on the APCD, including ongoing work with the Arkansas Insurance Department (AID) and the passage of the Arkansas Healthcare Transparency Initiative (Act 1233) legislation earlier this year. He congratulated the Board Members on their appointment, noting the Board is currently short one Member. Once this appointment has been made, the board will elect a chair during their first formal meeting. He noted that today's session is an educational forum to introduce board members to the various components of the Initiative.

Dr. Joe Thompson then provided brief background on the Arkansas Center for Health Improvement (ACHI) along with a discussion of past and current projects. He discussed ACHI's role with the Health Data Initiative (HDI) and establishment of that database prior to becoming administrators of the Arkansas All-Payer Claims Database (APCD).

Dan Honey, Deputy Commissioner at AID provided additional information on the APCD and discussed AID/ACHI's relationship on the project. He discussed the federal grant that has allowed HIRRD to contract with ACHI to establish the APCD. He noted that HIRRD is potentially engaging another contractor to do additional work in healthcare quality for his division, and noted that this effort could eventually merge with the APCD.

Mr. Wilson then asked all board members to introduce themselves prior to beginning the presentation. He also introduced the meeting agenda, which included the following topic areas:

- Welcome and introductions
- Arkansas Healthcare Transparency Initiative (Initiative) Purpose and Objectives
- Roles and Responsibilities
- Background on APCDs in other states
- Arkansas APCD status and website
- Act, Rule, and Data Submission Guide
- Generating Reports/Reporting Principles
- Meetings and next steps

II. Purpose of the Initiative/Objectives

Mr. Wilson showed a slide containing the Arkansas APCD Vision and Mission statements. He noted that these were developed under the previous stakeholder structure (the APCD Advisory Council) which advised the APCD team prior to the passage of the Initiative.

Mr. Wilson then displayed a slide containing the objectives of the Initiative. He noted that these objectives also had stakeholder input and that many of these objectives can be found in the preamble of the legislation.

Mr. Wilson then discussed a slide containing the Initiative's governance structure. He explained that the APCD is the "engine" driving the Initiative, providing a place to house and manage data to be utilized for health policy efforts.

Mr. Wilson then reviewed a list of the board member positions outlined in the legislation, noting that the legislation was intended to incorporate a wide array of representation, including consumers, providers, researchers, etc.

III. Roles and Responsibilities

Mr. Honey then provided an overview of the roles and responsibilities of AID. He noted that AID is in the process of promulgating rules, noting that the public comment hearing would take place on September 14th. Mr. Honey also discussed the role of the Data Submission Guide (DSG) in relation to the rules, stating that the DSG would provide additional clarity to submitting entities on how their data should be formatted. He emphasized the need for additional input from board members and other stakeholders in ongoing APCD operations.

Mr. Wilson then discussed ACHI's role as administrator of the APCD. He noted that ACHI would house and manage the database, facilitate submitting entity registration, and provide data extracts to external users. Additionally, he stated that ACHI would provide support to the

Initiative Board, including hosting meetings, facilitating a data release process, and implementing a sustainability plan.

Mr. Wilson also described the role of the Healthcare Transparency Initiative Board. He noted that their main duties include providing consultation and final recommendations to AID, including policy development, data requests, and identifying key issues. He also noted that two subcommittees would need to be established, including the Data Oversight Committee and Scientific Advisory Subcommittee. He noted that Commissioner Kerr would make these appointments, per the criteria listed in the slides. He also noted that Brad Martin would serve on the Scientific Advisory Subcommittee, based on his background as a researcher for an academic institution.

Mr. Wilson also provided a slide with information on the Colorado APCD and their data release criteria. He noted that this provides an example of the criteria they consider when reviewing data requests, noting their creation of a “fast-track” process for requests meeting a specific set of guidelines.

A board member asked what date the subcommittees needed to be appointed by. Mr. Wilson stated that once data is in-house, these committees will need to be appointed.

A board member asked about ACHI’s capacity to perform the analytical needs of the APCD, also asking what organization would be the first to see reports generated from the APCD. Kenley Money stated that the database is built in-house, noting ACHI’s experience with the HDI. She also discussed that reports generated by the database will be informed by the Initiative Board, University of Arkansas for Medical Sciences (UAMS) and Arkansas Children’s Hospital (ACH) partners, and ACHI’s research team.

A board member asked how ACHI will manage incoming data from different submitting entities/sources. Ms. Money explained the data intake and transformation processes for both the HDI and the APCD. However, she emphasized that the APCD will not collect personally identifiable information (PII). Dr. Thompson also noted that the DSG is intended to standardize incoming data from different sources. Mr. Wilson noted that the APCD also contains all of the security precautions required by HIPAA.

IV. Background on APCDs/APCDs in Other States

Mr. Wilson then offered a general description of APCDs, providing a definition from the APCD Council, a collaboration of states with APCDs. Mr. Wilson noted that the APCD Council has been very beneficial in states seeking to develop APCDs.

Mr. Wilson then provided a slide listing APCD benefits. These include helping consumers, supporting research/quality, peer-to-peer comparisons, targeting of population health initiatives, and providing more data for evaluation purposes.

Mr. Wilson noted that 15 states currently have active APCDs, with several others in implementation. He noted the variation in these efforts by state, listed on slide 16. He also provided a copy of the state progress map from the APCD Council.

Mr. Wilson then provided a summary of three states with success building APCDs that have provided valuable insight for the Arkansas APCD. These include Colorado, Massachusetts, and Wisconsin. Linda Green noted that Colorado has recently generated over 1 million dollars in revenue with user fees and report development.

V. Arkansas APCD Status and Website

Ms. Money then discussed the status of the Arkansas APCD, reviewing slide 19. She noted efforts in obtaining funding, working with Center for Health Literacy for consumer reporting efforts, acquiring voluntary data sources, etc.

VI. Act, Rule, and Data Submission Guide

Mr. Wilson then provided an overview of Act 1233 and its various components, listed on slide 21. He noted that this establishes a mandate for data submission. He also noted AID's role as outlined in the legislation. Mr. Honey noted that although AID has the ability to assess penalties for non-compliance, their intent is to work with submitting entities in a positive manner. He anticipates a collaborative process that is successful for all participants.

Mr. Wilson also described what submitting entities are required to submit data, reviewing slide 22. He noted that the collection of self-funded plans will be dependent upon the outcome of *Gobeille v. Liberty Mutual Insurance*, a case regarding ERISA/ERISA plans.

A Board Member asked about the role of TPAs turning over data of which they do not own. Mr. Honey noted that they have been working through this issue with TPAs/PBMs, noting that the rule and law apply to the risk-bearing entity. Mr. Honey noted that this would need to be a collaborative process with the carrier and their TPA. Dr. Thompson also noted the potential complication of self-funded state plans like United (as the UofA System health plan) which does not have a risk protection, and would still be required to submit data.

Mr. Wilson also discussed the type of data that will be submitted, referring to slide 23. He noted that entities are required to submit enrollment data, medical, pharmacy, dental and provider data unless granted an exemption.

Discussed ensued when a board member asked about the ability of linking with clinical data, etc. without the presence of personal identifiers. ACHI staff noted that this is a limit of the legislation, and that if value can be demonstrated with the APCD, perhaps this can be requested in subsequent legislative sessions. The group also discussed the impact of recent data breaches regarding the collection of PII.

Mr. Wilson then reviewed slide 24, containing an overview of Proposed Rule 100. Mr. Wilson again noted that the public comment period is open, with the public hearing scheduled for Monday, September 14th.

Mr. Wilson also discussed the submission timeline, noting that test files must be submitted by January 1st, 2016. He noted that historical and quarterly submissions would be managed on in a staged scheduled, based on carrier size. This information is further explained in the proposed

rule. He also discussed an overview of the submitting entity exemption process, outlined on slide 26.

Ms. Money then discussed an overview of the DSG on slide 27. She noted that the document would provide submitting entities with an overview of the required information that would be needed from each submitter, and would also outline the data exception process.

A board member asked about the vetting process used to identify the required data elements for the DSG. Ms. Money noted that the APCD Council provides a core layout on their website, and also that her team utilized layouts from eight different states to create a robust DSG. She also noted engagement with Kimberly Hartsfield, a former analyst with BCBS, who was able to provide specific insight from the perspective of Arkansas carriers.

Ms. Money then provided a demonstration of the web portal on the Arkansas APCD website where submitting entities will be able to submit their data. She also displayed report examples from Massachusetts, Colorado, and Wisconsin. She then displayed the "Medical Services Prices by Region" report with sample data from the Arkansas APCD website. She also displayed a report guide which explains various components of the report for the end user. Discussion ensued regarding consumer reporting information, and the difficulty in providing meaningful price information to consumers.

VII. Generating Reports/Reporting Principles

Mr. Wilson then noted that there are some prescribed reports that will be produced in the near-term, but that the board's input will be critical in determining the path for future reporting. He provided some principles for reporting on slide 33.

One board member asked who/what types of users we anticipate to utilize the data the most. Mr. Wilson noted that the legislature would benefit from this information, along with potential provider subscribers (not payer specific), researchers, and other state agencies. Dr. Thompson requested that board members also consider what other types of reports may be beneficial for themselves and their constituents.

Another board member asked how far historical data would go. Ms. Money noted that the data would go as far back as 2013.

Mr. Wilson then adjourned the meeting at 2:35 PM.