TASK FORCE ON ALL-PAYER CLAIMS DATABASE
December 9th, 2016
North Carolina Institute of Medicine, Morrisville
10:00 - 3:00 pm

Meeting Minutes

Attendees: Bernie Inskeep, Chris Collins, Chris Mansfield, Adam Linker, Paige Bennett, Barbara Morales Burke, Mona Moon, Darryl Meeks, Linwood B. Hollowell III, Angela Diaz, Bob Rosenthal, Dev Sangvai, Mike Dulin, Melanie Phelps, Franklin Walker, Charlotte Sweeney, Steve Cline, Mark Massing, Dave Richards, Samuel Clark, Garlinda Taylor, Matt Meyers, Dale Armstrong, Rob Burns
Co-Chairs and Steering Committee: Sarah Langer Hall, Walker Wilson, Mark Bell, Zach Ambrose, Joe Cooper, Blanton Godfrey, Denyse Bayer, Anna Waller
Staff: Berkeley Yorkery, Lauren Benbow, Adam Zolotor, Anne Foglia, Mari Moss, Amber Bivins

DENTAL BENEFITS EDUCATION PROGRAM OUTLINE

Dr. Bob Rosenthal presented on a NC Dental Society program to analyze dental claims (similar to an all payer claims database) in order to review practice patterns and identify outliers. This lead to a discussion of using all-payer claims databases to identify outliers and potential fraud or waste.

RECOMMENDATION DISCUSSION

Recommendation 1 (original): The North Carolina general Assembly should establish an APCD. The database should primarily be used for research and public health surveillance, but the legislation, regulations and design of the database should allow for other uses is necessary.

Discussion/Comments/Questions:
The group discussed the overarching goal of an APCD, which is to advance the health of North Carolinians. The group added policy analysis to the possible uses, but the uses listed are not meant to limit the scope of what an APCD can be used for, we should build an APCD that preserves the opportunity for future uses. For instance, an APCD could be used to inform and improve community health assessments and community needs assessments. The report should connect the benefits of an APCD to healthy outcomes for North Carolinians. Concerns about the recommendation included that it wasn't inclusive enough, and a concern that other state APCDs have not produced strong enough results.

Recommendation 1 (edited, not final version): The North Carolina General Assembly should establish an APCD. The goal of the database is to advance the health and health outcomes of North Carolina. Primary use cases include population health surveillance, research, and public policy education. However, the legislation, regulation, and design of the database should allow for flexibility for other uses if necessary.

Recommendation 2 (original): The North Carolina General Assembly should include regulations regarding the structure and composition of a governing board and the guidelines for granting research requests. The regulations should also address issues such as payer submission timelines, frequency of submission, and penalties for failure to submit.

Discussion/Comments/Questions:
The group discussed the responsibilities of the governing board and how specific/prescriptive the recommendation should be.

Recommendation 2 (edited, not final): The APCD should have a governing board.

Recommendation 3 (original): The North Carolina General Assembly should create an APCD governing board or advisory board that consists of providers, consumers, employers, payers, and researchers.

Recommendation 3 (edited, not final): The North Carolina General Assembly should create an APCD governing or advisory board that consists of health care stakeholders.

Recommended Context for Recommendation: The following is a small sub-section that gives some ideas of healthcare stakeholders not to be included in the actual recommendation: providers, consumers, employers, payers, and researchers, public health, care managers (like CCNC), national payers, patients and caregivers/members of public, government officials, NC FAST and the HIE.

Recommendation 4 (original): The North Carolina APCD should be housed within a government entity, specifically the Department of Information Technology, the executive agency that houses the North Carolina Health Information Exchange Authority.

Discussion/Comments/Questions:
The group discussed the pros and cons of different governmental agencies, decided to eliminate this recommendation but provide context of the important aspects of an organizational home for an APCD.

Recommendation 4 (edited): Eliminated

Recommendation 5 (original): The North Carolina General Assembly should legislatively mandate that payers with at least 1% of the health insurance market share in the state contribute claims data to the APCD.

Discussion/Questions/Comments:
- If the goal is to collect the data of NC residents, then we will lose a lot of information with the 1% standard. It would be better to use a threshold of the population, say, 1,000 people.

Recommendation 5 (edited, not final): The North Carolina General Assembly should legislatively mandate that payers who cover 1,000 or more lives contribute claims data to the APCD.

Recommendation 6 (original): The North Carolina General Assembly should appropriate recurring funding to support the APCD, The North Carolina General Assembly and the APCD advisory board should explore supplemental funding from Medicaid match funds and philanthropy.

Discussion/Questions/Comments:
The group discussed the importance of leveraging additional funding, such as Medicaid, HITECH, and philanthropy. The group also discussed how expensive the APCDs are in other states, including aspects that increase cost such as a patient-facing portal. The group also discussed data access fees.

Recommendation 6 (edited, not final): The North Carolina General Assembly should appropriate recurring funding to support the APCD. The North Carolina General Assembly and the APCD advisory board should explore supplemental funding from Medicaid funds, philanthropy, HITECH, and data use fees.

Recommendation 7 (original): Recommendation: The North Carolina APCD should be integrated with the Health Information Exchange, NC HealthConnex.

Discussion/Comments/Questions:
The group concluded that this recommendation is premature, and that the APCD should have an aspirational goal of being connected to the APCD.

Recommendation 7 (edited, not final): The NC APCD should be developed with the eventual goal of leveraging other sources of health and social data.

Recommendation 8 (original): The North Carolina APCD should collect identified data in order to fully integrate the claims data with the clinical data in NC HealthConnex. The APCD should release only de-identified data when a research request is approved.

Discussion/Questions/Comments:
The group discussed the importance of collected identified data in order to eventually link with clinical data, however it is imperative that the APCD meet all state and federal legal requirements surrounding data security and protection.

Recommendation 8 (edited, not final): The North Carolina APCD should collect and be capable of managing identified data in accordance with federal and state law.

Recommendation 9 (original): The North Carolina APCD should collect the following claims data: medical claims, eligibility claims, pharmacy claims, provider claims, dental claims, and shadow claims for uninsured patients.

Question: Should the NC APCD collect mental health, substance use, or vision claims?

Discussion/Comments/Questions:

The group clarified language in this recommendation, excluded vision claims because they are not useful (major expenses related to vision will be medical claims). The group also discussed shadow claims and how to collect data on the uninsured.
- Recommendation 9 (edited, not final): The North Carolina APCD should collect all claims data. Proxy data on uninsured patients should be incorporated into the database in the future.

Recommendation 10 (original): The North Carolina APCD should apply to become a qualified entity in order to receive Medicare claims data.

The group decided that Medicare claims should be included, that Medicare claims should be included in the previous recommendation surrounding claims data, and that the context should include information on Qualified Entity status versus State Agency Data Request.

Recommendation 10 (edited) Eliminated.

Instead, recommendation 9 will be written in a way that implies Medicare claims are included in "all claims" and a pro/con list for the different ways to get Medicare data will be provided in the final report.

Recommendation 11 (original): The North Carolina APCD should adopt the Common Data Layout model that is being established by a group of national payers, the APCD council, and the National Association of Data Organizations.

Discussion/Comments/Questions

The group discussed the update on the common data layout, which is not yet completed. Instead of waiting for the common data model, the group agreed that the NC APCD should adopt a standard data model.

Recommendation 11 (edited, not final): If feasible, the North Carolina APCD should adopt a standard data model.

Recommendation 12 (original): The organizational home of the North Carolina APCD should issue a request for proposals to technology vendors for the construction of the Database.

Discussion/Questions/Comments:

The group decided that this recommendation was unnecessary, that the governing board will make this decision.

Recommendation 12 (edited): Eliminate

NEXT STEPS

Discussion/Questions/Comments:

The next and final task force meeting is on January 26, 2017. The goal is to have a draft report by that time. This will theoretically be send out to the task force 2 weeks in advance of the meeting with a call for comments. The report will be sent in sections, but once everything has been written will be sent as a condensed document.