



TASK FORCE ON ALL-PAYER CLAIMS DATABASE
January 26, 2017
North Carolina Institute of Medicine
10:00-3:00

Attendees: Paige Bennett, Bernie Inskeep, Stephanie McGarrah, Chris Collins, Jennifer Anderson, Steve Cline, Gary Salamido, Franklin Walker, Dev Sangvai, Matt Meyer, Chris Mansfield, Lin Hollowell, Sue West, Sam Clark, Darryl Meeks, Garlinda Taylor, Barbara Morales Burke Charlotte Sweeney(phone), David Smith (phone)

Co-Chairs and Steering Committee: Joe Cooper, Blan Godfrey, Zach Ambrose, Sarah Langer Hall, Walker Wilson, Darryl Meeks, Anna Waller, Mark Bell

Staff: Adam Zolotor, Berkeley Yorkery, Lauren Benbow and Mari Moss

The task force started with a welcome from the co-chairs and staff and introductions by all those attending and on the phone. If task force members did not vote online, they were invited to vote in person on the recommendations. The staff is also contacting members that could not join on January 26th to remind them to vote on the recommendations.

The task force started by discussing insurance coverage in North Carolina and which types of claims could be included in the database, given the *Gobeille* decision. The task force concluded that although the APCD would not include all claims, it would include claims for a substantial percentage of the population, and that the varied population included would be valuable and interesting to researchers.

The task force reviewed the latest draft of the APCD report. Edits were made to the introduction to make sure that it reflects the most important uses for North Carolina. The task force discussed the biggest questions facing North Carolina and which of those questions could be answered with an APCD. Questions included the aging population in North Carolina, workforce issues, population health and mental health.

The task force discussed the future potential of linking the HIE and the APCD and wanted it to be clear in the report that the HIE is at the early stages. A state APCD has not linked clinical and claims data, although they plan to in the future. The group worked on the text surrounding recommendation number 1 and discussed the various use cases for North Carolina.

In the text surrounding Recommendation 3, the group discussed penalties for non-compliance and additional burdens placed on hospitals and payers. Members of the task force discussed the necessary collaboration underlying an APCD; the APCD relies on the insurers to submit the claims data so collaboration and cooperation are important.

In the text surrounding Recommendation 4, the group discussed the potential for a Medicaid match and agreed that the report should acknowledge the cost that the insurer incurs for submitting to the APCD.

In the text surrounding Recommendation 5, the task force discussed other databases that the APCD should be developed in conjunction; state-owned data bases, cancer registries, NC Fast, customer service data warehouse.

In the text surrounding Recommendation 7, the task force discussed shadow claims and tracking uncompensated care. There is a lot of value in tracking this care because it is not currently being tracked. There are potential difficulties with how a shadow claim system would operate and be implemented and concerns about any additional administrative burden on providers.

Lastly, the task force discussed next steps and the final publication of the report, estimated at 4-6 weeks following this meeting.