All Payor Claims Database Stakeholder Advisory Group Notes

March 27, 2024 – 3:30 pm – 5:00 pm

Attendees:	
Dr. Trudy Krause, UTHealth	Pati McCandless, Blue Cross Blue Shield
Dr. Bob Morrow, UTHealth	Jimmy Blanton, Texas Health and Human Services Commission
Lee Spangler, UTHealth	Elena Marks, Episcopal Health Foundation
Devin York, UTHealth	Dr. Lane Aiena, Huntsville Family Medicine
Donna Alexander, UTHealth	Blaise Duran, Employee Retirement System of Texas
Aryan Hosseinzadeh, UTHealth	Dr. Robert Town, UT Austin
Jodie Nassar, UTHealth	Dr. Rick Snyder, Texas Medical Association
Gladys Rodriguez, UTHealth	Monica Thyssen, Meadows Mental Health Policy Institute
Liam McElhiney, UTHealth	Holly Holcomb, Childress Regional Med Center
Laura Chamber, UT System	Kyle McKay, Teacher Retirement System
Karen Love, Cook Children's Health Plan	Charles Miller, Texas 2036
Jennifer Miff, Dallas-Fort Worth Hospital Council Foundation	Jeff Tullos, DistributionNOW

1. **Welcome** **Robert Morrow, MD; Executive in Residence & Associate Professor, UT Health School of Public Health**

   - No new announcements

2. **Pilot Research Projects** **Trudy Krause, DrPH, MS, CPHQ, Professor, MPACH, & Co-Director Center for Health Care Data**

   - Dr. Trudy Krause presented an overview of the various research opportunities and topics that the Center for Health Care Data (CHCD) anticipates being able to investigate utilizing the TX-APCD data.
   - Some of the allowable purposes for research and other analysis conducted by Qualified Entities and CHCD are as follows:
     - Improving Health Care Quality
     - Controlling Health Care Costs
     - Improving Health Care Outcomes
     - Increasing Transparency of Health Care Cost, Utilization, & Access
     - Improving the Availability of Health Care
     - Improving Population Health
   - Opportunities for the Center for Health Care Data:
     - CMS Certified Qualified Entity (QE): CHCD has been certified by CMS as a QE since 2019.
       - The CHCD is permitted to receive Medicare FFS claims data.
       - The CHCD is required to report on quality and performance measures for the state.
     - Academic and Clinical Research

- Costs, quality, utilization, outcomes, disparities related to any clinical condition or pharmaceutical use.
- Clinical outcomes specific to a cohort to patients, i.e., those treated by a provider or provider group, health plan, or members of an employer plan.
- Establishment of benchmarks (cost, utilization rates, prevalence, and incidence).
- Public health conditions surveillance.
- Population health, i.e., geographic disparities in relation to disease rates and access to treatment.
- Health care services availability.
  - Grant-Funded Projects
    - Cancer Prevention and Research Institute of Texas [CPRIT] Core: Childhood and Adolescent Cancer data across the state for tracking individuals longitudinally across carriers and providers.
    - Colorectal Cancer Costs: leveraging TX-APCD data to update the CPRIT reporting on Colorectal Cancer.
    - Alzheimer's and Alzheimer Related Disease Disparities in Treatment.
    - Association of Environmental Exposure and Parkinson's Disease.
  - Contracted Services and Research.
    - Sickle Cell Surveillance with the Texas Department of State Health Services (DSHS)
    - Texas Epidemic Public Health Institute (TEPHI)
    - Texas Medical Association (TMA)/Health and Human Services Commission (HHSC) Maternal Health tracking and measuring targeted issues
- Expected Timeline
  - Data Quality, Integrity, and Validity – in progress.
  - Building the Master Patient Index (MPI) and Master Provider Registry (MPR).
  - Data Enhancements. The CHCD has to curate the data to be ready for researchers to utilize.
  - Production Site – Authorized researchers will be able to access a data extract in a secured server. The data extract will only provide data that is de-identified and will contain the minimal amount of data that is necessary to help answer the research question.
  - Estimated date for production is currently December 2024.
- Comments/Questions:
  - Dr. Rick Snyder (Texas Medical Association) enquired on any requirements that entities may need to adhere to after access to the data extract is no longer needed (e.g., reporting on the publications having been developed from the data; etc.). Dr. Krause clarified to the group that all of the analyses and data curation will be done by the CHCD. The CHCD does intend to make the findings of the research projects presented publicly available. Mr. Spangler reassured the group that external researchers will not receive copies of the data. External researchers will receive access to the de-identified analyses performed by the CHCD via a data extract that will be housed within the center's secure data servers. Mr. Spangler also highlighted the values of having the findings being public available demonstrating the value of the TX APCD.
  - Mr. Jimmy Blanton (Texas Health and Human Services Commission) asked on the Institutional Review Board (IRB) requirements. Mr. Spangler confirmed that all research

applications must include an IRB approval or letter affirming that the research has been reviewed and approved. This includes any internal, CHCD research projects.

3. **Master Patient Index Methodology**   **Aryan Hosseinzadeh, PhD; Data Linkage Scientist, CHCD & Texas APCD**

- Mr. Spangler introduced Aryan Hosseinzadeh who is helping the CHCD to build the Master Patient Index (MPI) for the Texas APCD. The MPI will allow for the CHCD to have unique identifiers for every patient in the state of Texas making longitudinal (e.g., across time and across health plans) analyses possible.
- Dr. Hosseinzadeh presented both on the logic and methodologies that the CHCD has been exploring in their development of the MPI. A summary of the presentation is as follows:
  - The TX APCD currently houses approximately 1 billion eligibility records. After filtering for duplications utilizing advanced statistical methodologies (i.e., the Fellegi-Sunter Method), the TX APCD will have an estimated 15-20 Million unique, individual records that will make up the MPI.
  - Splink (Python Package) utilizing the Fellegi-Sunter Method (a statistical/data analysis algorithm)
    - Starts with an initial probability then uses evidence to iterate and refine, eventually resulting with more accurate prediction.
    - Strong methodology and regularly updated
    - Flexible with numerous built-in functions
    - Big data handling via Spark and parallelization
    - Excellent documentation and tutorials
  - Parameter Estimation. The data and programming team of the TX APCD have been leveraging the strength of various analytical procedures to ensure we accurately apply a unique identifier to each individual patient.
    - From estimating how many unique records (incl. how many duplicates) and measuring coincidences (e.g., how often two different individuals have the same first name) to assessing the algorithm parameters, the CHCD has been utilizing these dynamic methodologies to ensure accurate, MPI assignments.
- In closing, Dr. Bob Morrow and Mr. Spangler reiterated the level of complexity that the CHCD is facing in the development of the MPI and the curation of the data (i.e., data quality, etc.).
- Comments/Questions:
  - Mr. Kyle McKay (Teachers Retirement System of Texas) sought clarification on the how the data team is training the models and if the CHCD considered utilizing a vendor for the building of the MPI. In addition, Mr. McKay asked for the number of small carriers that registered. Dr. Hosseinzadeh provided insight on the benefits of the CHCD managing the data analytics inhouse and of the Splink (Python Package). Dr. Trudy Krause followed with the example that came out of the Sickle-cell research pilot project that had some individuals being reflected as two individuals (i.e., the record of a newborn temporarily having the same name and social security number as the mother). Lastly, Mr. Spangler shared there were 105 small carriers that registered with the TX APCD.
  - Dr. Bob Town (UT Austin): Dr. Town enquired on how the center is navigating the electing of the appropriate threshold and what all cross-validation methods are being employed. Dr. Hosseinzadeh shared that given the quantity of the data and intricacies involved in the

curation process, the team determined that it would necessary to elect a singular confidence percentage for the MPI rather than having a confidence percentage per record (e.g., having one record have 95% confidence whilst another having 99% confidence).

4. **TDI Regulatory Changes & CDL 3.0.1**   **Lee Spangler, JD; Associate Professor, MPACH, & Executive Director, Texas APCD**

- Mr. Spangler discussed the forthcoming rulemaking process that the Texas Department of Insurance (TDI) will undergo to implement the changes necessary to align with the law and practices that the CHCD have since implemented. Some of the expected rule topics and changes are listed below:
  - o Advisory Group Provisions to comply with HB 3414 including the addition of an Institution of Higher Learning representative (1 year term) to the group.
  - o Rule applicability clarification for payors.
  - o Updated Common Data Layout (CDL).
    - Incorporating changes and corrections from the APCD Council
    - Errata from Texas (reduced/updated standards i.e., increasing the number of characters for street address). Note: Carriers are already complying with these standards (incl. changes that will reflect in the errata).
    - 11 New lines to the CDL including corrections
  - o Removing the option for data to be submitted via USB by Mail/Courier. Note: This method has not been used by any payor.
  - o Timing of Payor Submissions changes from 90-day delay in data submission to 30-day delay.
  - o Updating references to the Data Submission Guide in the regulations for requests on exceptions, extensions, and registrations.
  - o Clarifications on extensions requests for small payors and timing for submission the extension request (14 days before a deadline)

5. **Future Meetings**   **Robert Morrow, MD; Executive in Residence & Associate Professor, UT Health School of Public Health**

- Dr. Morrow closed the discussion with noting that the CHCD will be discussing the timing for the next meeting will be scheduled. As a reminder, the meetings will be held from the 3:30pm – 5pm CST timeslot and will be held virtually for the foreseeable future.

6. **Adjourn**   **Robert Morrow, MD; Executive in Residence & Associate Professor, UT Health School of Public Health**

General Attendees:

Al Patel, UTHealth	Angelina Melina, Superior Health Plan
Blayton Jackson, UTHealth	Victoria Ford, Texas Healthcare and Bioscience Institute
Faisal Muhammad, UTHealth	Jim Locke, Molina Healthcare
Joseph Burling, UTHealth	Rosario Groomes, Molina Healthcare
Melissa Yung, TDI	Fuwei Guo, Molina Healthcare

Doug Danzeiser, TDI	Jim Locke, Molina Healthcare
Lisa Kalakanis, Texas Health and Human Services Commission	Brittani Bilse, Principal
Maggie M, TAHP	Aradhana Suresh, TMF Health Quality Institute
Alex Goldson, Superior Health Plan	Laura Lawlor, Lawlor Consulting
Will McGowan, Superior Health Plan / Centene	Randy Cain, RC Law
John Dowd, Superior Health Plan	