**Virginia All-Payer Claims Database (APCD) Advisory Committee**

**Data Review Subcommittee Meeting Minutes**

August 12, 2016

*Meeting held via teleconference*

Members present: Charlie Frazier (Chair), Al Hinkle, Jon DeShazo, Dave Neuwirth, Marcia Yeskoo

Others present: James Young, Sheryl Turney, Robert Bradshaw, Michael Lundberg, Kyle Russell, Stephanie Kuhn

Call to order at 2:04 p.m.

Charlie Frazier welcomed the members and guests of the All-Payer Claims Database (APCD) Advisory Committee Data Review Subcommittee (hereafter “the Subcommittee”). He then reviewed that the purpose of the subcommittee was to advise on the application process, the data subscriber agreement and any applications requests. Members are limited to the APCD advisory committee and encompass multiple stakeholder groups. There must be at least 3 members present to vote.

Kyle Russell summarized the request from the Virginia Oral Health Coalition. The request is for an aggregate custom report from the Virginia APCD. The core data that would be included in this report was for emergency room visits in calendar year 2014 that are related to dental care with primary diagnosis codes that were provided by the Virginia Oral Health Coalition.

Kyle stated that the report would include standardized proxy reimbursement amounts, the number of individuals with dental related visits, the number of visits related to dental care, benchmark figures to show what percent of overall visits the dental care related visits constituted, and the percent of individuals that went to the emergency room for dental care and were prescribed an opiate within 30 days.

For each metric, VHI would do some geographic and demographic breakouts including by gender, age band, health planning region, health planning district, city/county, and primary diagnosis code. VHI would also breakout the report to compare Commercial, Medicaid, and Medicare Advantage. Kyle noted that Medicare Advantage would only be an overall report since it is so small.

Some other important notes on this report were; there were no individual payers or providers identified, all numbers use a standardized proxy reimbursement amount, and the report would contain no observation counts less than 11.

Virginia Oral Health Coalition would like to use this data to report publicly within their annual oral health scorecard.

Al Hinkle made a motion to approve the application. Dave Neuwirth seconded the motion.

Charlie asked if 2014 was being used because VHI did not have enough claims runout for 2015 yet. Kyle confirmed that VHI had the claims paid in 2015 but not the claims runout process yet. Charlie then asked why urgent care was being excluded. Kyle responded that since it was hard for VHI to identify urgent care facilities, the volume looked very small. Virginia Oral Health Coalition did not want to combine them and there was no real value to having them split out. Charlie also verified that any observation count less than 11 would be hidden. Kyle confirmed that was accurate.

There were no other questions or discussions.

The subcommittee voted unanimously to approve the application.

With no public comment received, the body adjourned at 2:15 p.m.