



July 22, 2021

State All Payer Claims Databases Advisory Committee
c/o Elizabeth Schumacher
Designated Federal Officer
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue NW Washington, DC 20210

RE: ACEP and EDPMA Comments in Preparation for July 26, 2021 Meeting of the State All Payer Claims Databases Advisory Committee

Dear State All Payer Claims Databases Advisory Committee Members:

On behalf of our members, the American College of Emergency Physicians (ACEP) and the Emergency Department Practice Management Association (EDPMA) appreciate the opportunity to offer comments to the State All Payer Claims Databases Advisory Committee (SAPCDAC) in preparation for your next meeting on July 26, 2021.

As background, ACEP is the national medical society representing emergency medicine. Through continuing education, research, public education, and advocacy, ACEP advances emergency care on behalf of its 40,000 emergency physician members, and the 150 million Americans we treat on an annual basis. EDPMA is the nation's largest professional physician trade association focused on the sustainable delivery of high-quality, cost-effective care in the emergency department (ED), and its members manage over half of the 146 million visits to U.S. emergency departments each year. Together, ACEP and EDPMA members provide a large majority of emergency care in our country, including rural and urban settings, in all fifty states.

ACEP and EDPMA understand that SAPCDAC has the responsibility of advising the Secretary of Labor on the standardized reporting format for the voluntary reporting by group health plans to State All Payer Claims Databases (State APCDs) and that SAPCDAC has already developed draft recommendations, through the work of four subgroups. ACEP and EDPMA appreciate the work that SAPCDAC has conducted to ensure that data submitted to State APCDs are complete and transparent. We would like to provide some specific comments on the recommendations as well as other input for SAPCDAC to consider.

Data Collection

ACEP and EDPMA support SAPCDAC's recommendation to establish a standard data submission timeline. We believe all health plans that submit data to a State APCD do so in a timely, transparent, and complete manner.

Data Security

ACEP and EDPMA appreciate SAPCDAC's commitment to ensuring that all the data submitted to State APCDs are secure. We agree that there should be a uniform set of uniform set of data release protocols, requirements, and data use agreements to protect the data.

Data Submission

ACEP and EDPMA have the following recommendations regarding the submission of data to State APCDs:

- ***Calendar Year Submission:*** All health plans submitting data to State APCDs should be required to report data for full calendar years and not for any periods of time shorter than that. When a State APCD is used as part of a program related to the calculation of payment in relation to surprise medical billing, all participating health plans must submit full and complete data sets for any reference year utilized in the program.
- ***Required Data Elements:*** All health plans reporting to State APCDs should be required to include all additional payments, including quality incentive and other value-based payments, which combined with a base fee schedule, would accurately reflect the full amount of payment for a given service.
 - As part of the required data element set required under a State APCD, plans should be required to include the following data elements in each submission:
 - The allowed amount for each service;
 - The patient's cost sharing responsibility for the service; and
 - The health plan's payment to the provider for the service.
 - The physician/non-physician provider specialty taxonomy
 - The modifier linked to the CPT code and payment
- ***Segregation of Payer Type:*** If a State APCD is used to analyze or evaluate commercial health plan payments, then it must solely utilize data from commercial health plans and not from any government payers. Furthermore, if a State APCD collects data from government plans, including Medicare Advantage or Medicaid Managed Care Organization (MCO) plans, the data should be compiled separately and kept segregated from commercial health plan data.
- ***Self-Funded Plans (ERISA plans):*** ACEP and EDPMA understand that self-funded, or ERISA plans, will have the ability to opt-in to providing data to State APCDs. **To increase transparency and accountability in the health care market, we strongly encourage ERISA plans to opt-in.** If ERISA plans do opt-in, then they:

- Should be required to opt-in and make the appropriate notifications to the appropriate state agency 60 days prior to the start of the calendar year. We strongly recommend that ERISA plans that opt-in be required to remain a participant for at least a full calendar.
- Should be required to report all the data that state-regulated health plans are required to submit. **If ERISA plans do choose to submit data, then they should report ALL their data and should not be granted the option of choosing which data to report.**
- **Transparency:** To ensure transparency, State APCDs must clearly present data in a way that will make it easy for appropriate users to interpret. State APCDs should also be required to identify what data elements health plans are required to report on and methodologies utilized in aggregation and analysis of the data. By making it clear which data elements are or are not included in a particular State APCD, stakeholders will be able to compare the data that are available across State APCDs and understand which State APCDs include more comprehensive sets of data.

Thank you for the opportunity to provide feedback. If you have any questions, please contact Laura Wooster, ACEP's Associate Executive Director of Public Affairs at lwooster@acep.org, or Elizabeth Munding, EDPMA's Executive Director at emunding@edpma.org.

Sincerely,



Mark S. Rosenberg, DO, MBA, FACEP
ACEP President



Bing Pao, MD, FACEP
Chair of the Board, EDPMA