



STATE OF INDIANA

MIKE BRAUN, GOVERNOR

Indiana Department of Insurance

Holly W. Lambert, Commissioner
311 W. Washington Street, Suite 103
Indianapolis, Indiana 46204-2787
Telephone: 317-232-3520
Fax: 317-232-5251
Website: in.gov/idoi

APCD Advisory Board Meeting
Tuesday May 20, 2025
Indiana Government Center South
Conference Room 17 Harrison Hall
302 W Washington Street
Indianapolis, IN 46204

Board Members Present

- ✓ Jonathan Handsborough
- ✓ Brian Arrowood
- ✓ Meghann Leaird
- ✓ Kathryn Brown
- ✓ Susan Brock Williams

APCD Executive Director
Family and Social Services Association
Indiana Department of Insurance
Elevance
Eli Lilly

Board Members Virtual

- ✓ Nick Sloffer
- ✓ Dawn Moore
- ✓ David Wilmot
- ✓ Robert Davis
- ✓ Candace Shaffer
- ✓ Barry Hart

PHPNI
Indiana Pharmacist Association
Physician
Indiana Department of Health
Purdue University
Small Business

Board Members Absent

Hon. Vaneta Becker
Hon. Shelli Yoder
Hon. Robin Shackelford
Hon. Julie McGuire
Matt Browning
Gloria Sachdev

Indiana State Senate
Indiana State Senate
Indiana House of Representatives
Indiana House of Representatives
Indiana Hospital Association
Secretary of Health of Family & Social Services

Director Handsborough opened the meeting at 10:00 AM. Stacy French read the roll call, and a quorum was met. Director Handsborough moved to approve the minutes from the advisory board on December 10, 2024. Brian Arrowood moved the minutes to be approved, and Susan Brock Williams 2nd the motion. Director Handsborough requested the two new advisory board members, Barry Hart and Nick Sloffer, to introduce themselves.

ACCREDITED BY THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

- Barry Hart, a former member of the Employers Forum, shared his strong commitment to employer-based cost management and the role of insurance companies in healthcare. He also highlighted his expertise in pharmacy.
- Nick Sloffer, a Pharmacy Director, discussed his background in both community practice and pharmacy. He noted his transition to the payer side five years ago, bringing valuable insights to the board.

Director Handsborough gave a warm welcome to both members, acknowledging the expertise they bring to the advisory board.

Director Handsborough opened with an Indiana APCD status update.

- Annual Registration finished January 31, 2025.
- The Data Request checklist has been completed.
- The fee schedule is finalized.
- Marketing update.

Current extracts include:

- Claims Date Range: 01-01-2020 to 12-31-2024
- Total # of submitters: 35
- Total Claims – 1,211,193,123
- Unique Members - 7,417,832

Upcoming changes:

Director Handsborough stated that when the initiative started, we aimed to implement the best practices utilized by other APCDs. Currently, Indiana has one of the most advanced APCDs in the nation. The new focus is on making us an industry leader, with priorities including:

- Monthly website data refresh – Communication with the administrator has begun.
- Chatbot and AI development
- Utilizing external data sources.
- Identifying the provider’s location information.
- Implementation of the new legislation (HEA 1003 & HEA 1004)

The next advisory board is tentatively scheduled for June 16 or 17, 2025. An email will be sent to the advisory board regarding discussion topics.

Legislation (HEA 1003 & HEA 1004)

Today’s focus will be on HEA 1003 with the goal of aligning IDOI issued RFI with statutory requirements. Director Handsborough read the statute and discussed the APCD app and utilization of external data sources as the main focus.

Monthly Data Refresh

- Dawn Moore raised concerns about lagging in data obtained from government sources such as CMS.
- The APCD team is mostly looking at primary payers.
- Susan Brock Williams inquired about the lag in data reporting.

Director Handsborough acknowledged some items are going to have a lag time, which is unavoidable. He emphasized that no APCD currently operates with a monthly refresh, but the goal is to be as real-time as possible and set an industry standard. As far as the second question is concerned, the APCD team is

primarily looking at the primary payer sources, as well as looking across all payers as we continue to cleanse the data. Director Handsborough confirmed that the current lag is 4 to 6 months, which is comparable to other APCDs

Monthly Refresh & Value:

Brian Arrowood questioned whether the monthly refresh would apply to the website and asked for clarification on its value. Director Handsborough explained that the priority is monthly data/website refreshes over quarterly refreshes to get as close to real time information as possible; to support this effort, discussion with Onpoint has been initiated.

- Brian Arrowood cautioned that rapid implementation could be costly and additionally claims data can't be fully real-time.

Director Handsborough reiterated that the goal remains to achieve the most real-time data possible. Susan Brock Williams asked the following questions:

- "How are we getting extra dollars from the state?"
- "How can we afford it?"
- "Where is the money coming from?"

Director Handsborough responded that the APCD team has enhancement money hasn't touched yet. We also have funding from CMS as well that can be utilized for the Medicaid population/portion of the APCD. Candace Shaffer emphasized the importance of TIC (Transparency in Coverage) and hospital files as valuable database additions. Director Handsborough acknowledged that the APCD team will likely put those two items (and other data sources) to a vote, next meeting.

HEA 1003 (Cash Prices)

The hospital files include cash price definitions per HEA 1003, referring to discounted pricing. Director Handsborough clarified that this will be assessed during the RFI process. Dawn Moore asked whether the price refers to the charge/bill or the paid amount. Brian Arrowood noted that industry standards define cash prices as what patients pay when bypassing insurance. Director Handsborough explained that the paid amount is shown on the APCD website. The Indiana APCD is not currently capturing cash prices for anything, including medical services or prescription drugs, though the team can look at it.

Director Handsborough mentions that the patient assistance program data is currently not included in the APCD. His team will investigate this for further discussion with the board.

APCD Denied Claims Data:

Candace Shaffer asked if other APCDs collect denied claims data. Director Handsborough stated that fully denied claims are not currently collected, though some APCDs track limited denied claims. He will consult with his team's data analysts. Nick Sloffer asked whether GoodRx and similar discounts are included in pharmacy pricing. Director Handsborough responded that discount prices are not currently captured, but his team will investigate further.

Susan Brock Williams raised a question regarding Eli Lilly's patient assistance program and asked about its inclusion. Director Handsborough responded that his team would evaluate it and invite advisory board members to propose additional external sources.

Data Request Process/Snapshot Data Overview:

Director Handsborough shared an overview of the data request process. He highlighted the snapshot download buttons. Part of the data request process is going to require statutory authority and rules to make it available. Pending legislation. Director Handsborough mentioned that discussions of the Data Request Committee and all that it entails with each of the committee seats that need to be filled. Kudos to Brian

Arrowood for the idea. Director Handsborough mentioned that Brian Arrowood recommended forming an external team to review data requests, with board representation from multiple sectors (Health, Education, Pharmacy, Medical, etc.)

Susan Brock Williams asked about record access thresholds based on legal definitions. Director Handsborough clarified that everything in the snapshot is public and free but noted that additional requests would require legislation.

Director Handsborough reiterated his commitment to adhering to legal requirements while ensuring feasibility.

HEA 1003 & HEA 1004 Timeline discussion:

Kathryn Brown expressed concerns about the aggressive timeline. Susan Brock Williams asked how many vendors would respond.

- Brian Arrowood noted that vendor participation depends on who drafts the RFI and RFP.

Director Handsborough emphasized that the APCD is established and strategically designed to address Hoosier-specific needs, drive meaningful cost comparisons, and enable real-time integration. This forward-thinking approach positions Indiana at the forefront of APCD innovation and leadership.

External Data Sources for the Advisory Board:

Kathryn Brown asked whether a list of external sources would be provided. Director Handsborough confirmed that the list will be shared with the board.

APCD Timeline for HEA 1003 (RFI), HEA 1004 (Commission and Brokerage fees).

Director Handsborough answered. HEA 1004 is going to try and get the ball running in July, whereas HEA 1003 must be done by September 2025. Susan Brock Williams asked: What is the current administration's vision?

Director Handsborough stated, initially when the team was setting this up, it was to take the best practices across the nation and stand it up. Now the new direction is to move forward to innovate. What do Hoosiers need? Comparing cost between various treatment settings, approaches and getting as close to real time data as possible. The direction is to jump to lead from the front.

Director Handsborough adjourned the meeting at 11:30am.
