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New Mexico's All Payer Claims Database

Presentation to the LHHS Committee July 7, 2021 Kenneth Geter, PhD, Bureau Chief, CHSEB Heidi Krapfl, MS, Deputy Division Director of Programs Epidemiology and Response Division

Today's Discussion

- All Payers Claims Database (APCD) Overview
- Current APCD Efforts in New Mexico
- Roadmap & Timeline for New Mexico APCD





- Healthcare system in US is becoming more costly, complex and fragmented among disparate organizations with competing interests.
- Healthcare cost is increasing without knowledge of value or systems in place to analyze problem or recommend solutions and ensure sustainability.
 - 2020 RAND paper cites private insurance pays 247% more for same services at same facilities that Medicare paid for in 2018 in US. Other select states as high as 325%
 - 230% in 2017
 - 224% in 2016



- APCDs systemically collect medical, pharmacy, and dental claims, eligibility files, and provider files (physician and facility).
- A claim is created when an insured patient receives care or fills a prescription, and includes a record of what was provided, who provided it, how much was charged, and how much was paid.
- Data are submitted directly to a central repository.

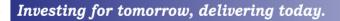




• A fully implemented APCD can:

- ...fill critical information gaps about healthcare cost and usage and identify trends
- ...promote healthcare transparency initiatives for healthcare policy and government leadership
- ...provide relevant and useful information for diverse stakeholders' interest
- ...start to impact public health by using claims data to reduce morbidity in cost-effective ways (Example: compare diabetes outcomes to claims data for diabetes treatment)



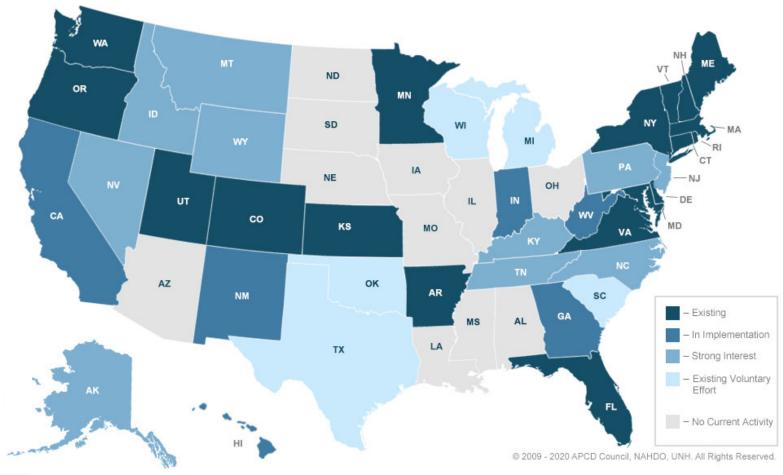


- Providers
 - Quality and utilization of provider and peer group care
 - Identify and monitor quality improvement projects
- Payers
 - Comparative performance of provider networks to statewide benchmarks
 - Identify variation in utilization and cost efficiency
- Employers
 - Increased transparency in the cost and utilization of health care to stabilize the cost of health coverage for employers
 - Larger population/sample size and benchmarks

- Consumers
 - Price "shopping" websites to find lowest cost for procedures, etc.
- Policy Makers
 - Inform/support public policy with information on how the health care system is operating and support data-driven improvements in access, quality and cost of healthcare
- Public Health Practitioners
 - Variation in utilization of health care services to target "hot spot" opportunities to improve population health
 - Cost burden of chronic diseases such as diabetes, cardiovascular disease and asthma
 - Evaluate public health programs







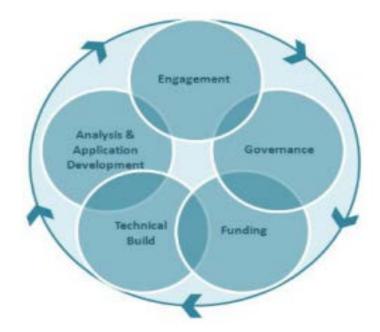


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- Policy makers
- Payers
- Health care providers
- Employers and employer coalitions
- State agencies
- Consumers
- Researchers
- Health Information Exchange (HIE) and Health Insurance Exchange (HIX) systems.





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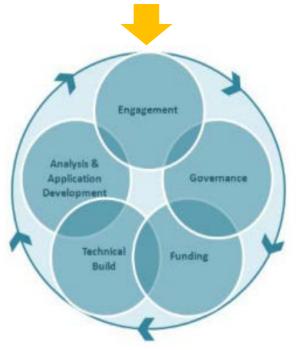
Population-level data resources from New Mexico Department of Health:

- Births and Deaths
- Notifiable Conditions (Infectious Diseases)
- Youth, Adult and Pregnancy Surveys
- Hospitalization and Emergency Department
- Prescription Monitoring Program
- Tumor Registry





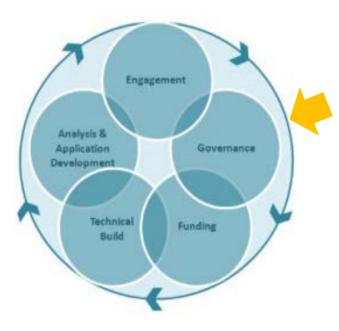
- Just over 70 individuals representing various stakeholder groups engaged in Fall/Winter of 2019. (Report)
- Input and Guidance still being sought from stakeholders regarding implementation of APCD in New Mexico.
 - Internal to state agencies-Steering committee
 - External efforts with HIS Act AC
- Summer re-engagement efforts that will lead up to Fall APCD Summit







- HIS Act and APCD Rule articulate general expectations
- APCD Data Policy, procedures and applicable subcommittee in development and abide to Statute and Rule
- Input and guidance provided from nationally recognized organization for development of APCD data policy and procedures





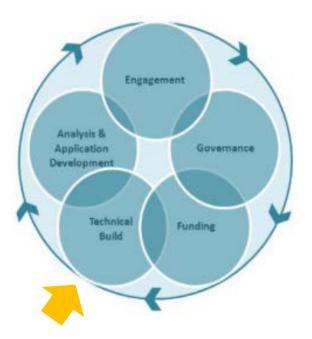
- Startup Funding: C2 funding in 2019 and 2021
- Startup & Ongoing Funding: CMS 90/10 Funding, CAA (APCD Grant) FFY22
- Ongoing Funding: Hourly based rates for various data products.







• Open procurement (NDA)

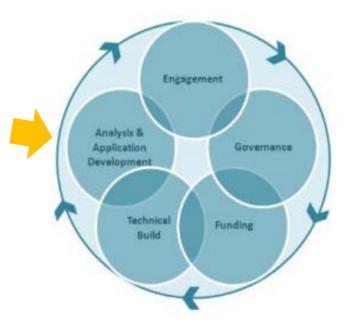




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• APCD analytic capacity can be set-up through contractor, inhouse, or a combination.





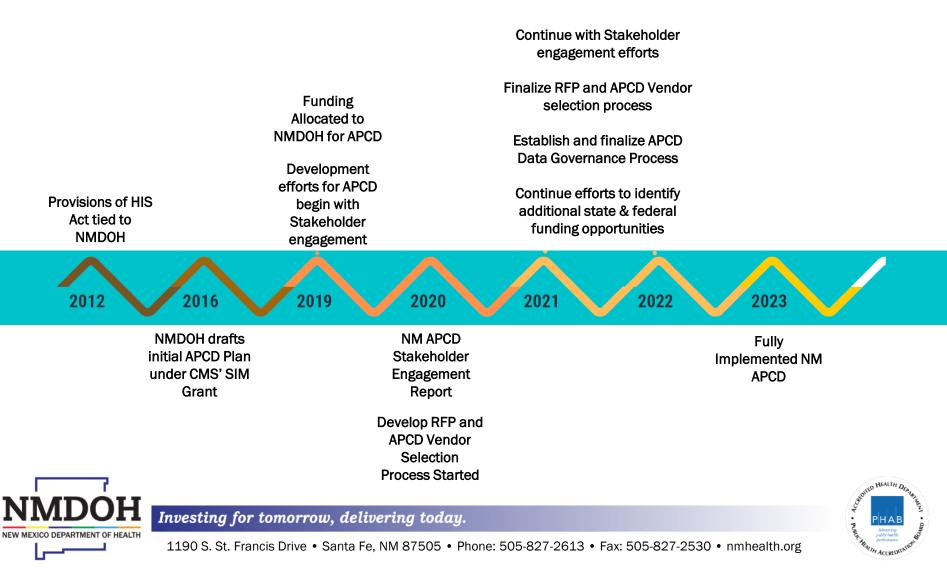
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- Resources New Mexico has leveraged so far:
 - Engaging external partnerships/expertise include:
 - National Association of Health Data Organizations (NAHDO)
 - James Harnar-APCD Communications expert
 - All Payer Claims Database Council (APCD Council)
 - Freedman Healthcare
 - Other states have shared experiences and resources for development of their APCD
 - Washington
 - California
 - Texas







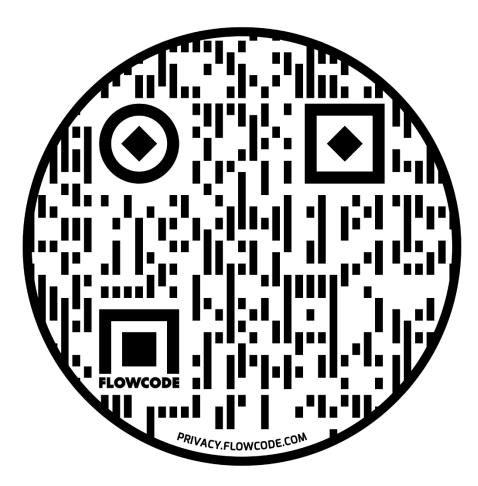
APCD: Next Steps

- Re-engage stakeholders & host Virtual Summit
- Identify and apply for available funding
- Discuss and determine baseline and measures
- Finalize composition process and charge for applicable APCD Data policy subcommittees
- Implement analytics plan for APCD





APCD Council Development Manual

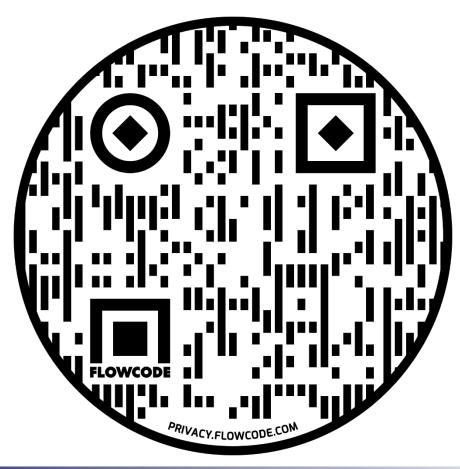




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2020 RAND Healthcare Cost Paper





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Thank you

For follow up questions, please reach out to Ken Geter <u>Kenneth.Geter@state.nm.us</u>

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