



A PLAN FOR NEW MEXICO'S
ALL-PAYER CLAIMS DATABASE
(APCD)
March 2016

The All-Payer Claims Database Council
a collaboration between the National Association of Health Data
Organizations and the University of New Hampshire's Institute for
Health Policy and Practice

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1.0 Executive Summary

This report outlines an implementation framework for developing an All-Payer Claims Database (APCD) in New Mexico. The report documents the results of New Mexico stakeholder deliberations and APCD development decisions, and provides a set of recommendations that, if implemented, will serve as the basis for a statewide APCD effort in New Mexico.

New Mexico is well-positioned to advance its APCD effort, with a highly engaged stakeholder community, existing data assets, and foundational work in supporting health system transformation efforts. If New Mexico implements an APCD, it will join a growing number of states with APCD systems to facilitate transparency, policy, and health improvement through system-wide data.

The development of an APCD is one of the components of New Mexico's State Innovation Model (SIM) Design plan¹ and a critical tool for promoting transformative changes in the health care delivery system. The New Mexico State Health System Innovation design plan builds on many unique, cross-sector efforts underway in the state by promoting the integration of existing data sources and recommending plans for obtaining previously unavailable data on cost, pricing, and quality and utilization of health care services through an APCD system².

Based on extensive New Mexico stakeholder input, collected through individual interviews, webinars, and in-person meetings, stakeholders achieved early consensus on the basic issues related to APCD development in the state, with general agreement on the following key issues:

- There is a business case for the development of a New Mexico APCD.
- A legislative approach makes sense for New Mexico.
- An agency in the executive branch of state government should assume the lead role for APCD development.
- An advisory and oversight structure should be established to guide collection, access, use, and protection of the data.
- A New Mexico APCD must facilitate future data linkages to clinical or other data sets.
- Initial uses of a New Mexico APCD should address priority topics in a staged reporting approach as defined by an analytic plan built by stakeholders.
- New Mexico has existing data assets and investments that could be leveraged to support the APCD development and payer and provider administrative simplification efforts.

Once general consensus on these broad APCD issues was achieved, stakeholders were asked to deliberate on key implementation decisions around legislation, governance, oversight, and collaboration. The report provides details about each of these issues, which are summarized in Table 1. Stakeholders were able to achieve decisions on some topics, whereas on others recommendations were made but final decisions still need to be made.

¹ <http://nmhealth.org/about/asd/opa/sim/>

² New Mexico Health System Innovation Design, DRAFT, March 9, 2016, 69-86 (draft receive March 18, 2016).

Table 1. Decisions and recommendations for New Mexico’s Pathway to APCD Implementation

Issue 1: A Legislative Mandate	
<ul style="list-style-type: none"> • A legislative mandate is the appropriate approach to support APCD Development in New Mexico. • A mandate, either under existing or amended legislation, or through administrative rule, should specify key provisions for the collection, release, and protection of APCD data. 	
Decision	<ul style="list-style-type: none"> • The New Mexico Department of Health will begin APCD implementation efforts based on the granted authority under the Health Information Systems Act (HISA) and through SB 323 advisory committee structure. This will allow the state to begin collection of cost and utilization data while assessing the need for additional or amended legislation.
Issue 2: APCD Governance	
<ul style="list-style-type: none"> • New Mexico should identify the overall governance structure that defines oversight and articulates a plan for APCD leadership and operations. • A Data Release Oversight Committee must be established for transparency in data governance, data access and release, and the protection of confidential and sensitive information. 	
Decision	<ul style="list-style-type: none"> • The Department of Health will assume the lead role for APCD development and operations in New Mexico, in collaboration with the Human Services Department • The HISA Advisory Committee, established in SB 323, will provide oversight for the HISA. An APCD Stakeholder Group and possibly other workgroups should be formed to advise the Advisory Committee on issues related to APCD implementation, specifically.
Issue 3: Data Integration and Data Linkage Capacity	
<ul style="list-style-type: none"> • The New Mexico APCD should be designed to allow data integration and linkage with other data sources. This can support public health data linkage and physician and clinic-level analyses via electronic health record linkage. 	
Decisions	<ul style="list-style-type: none"> • Data collection should include necessary patient and provider identifiers for future data linkage. • Data linkage rules should be developed to address what data can be linked under what circumstances, who will be allowed to manage the linkage, and whether linked data sets will be de-identified prior to release.
Issue 4: Analytic Plan Development	
<ul style="list-style-type: none"> • New Mexico should develop an analytic plan that guides the staged release of APCD data and information. 	
Recommendations	<ul style="list-style-type: none"> • Initial reporting products will address priority topics (see Table 4- Priority New Mexico Use Cases). • A staged, or tiered, approach to public reporting will begin with regional and population-level results. • Developing policies to allow broad user access to appropriate data will enhance the value of the APCD.
Issue 5: APCD Partnerships and Collaboration	

A Plan for New Mexico’s All-Payer Claims Database (APCD), March 2016.

<ul style="list-style-type: none"> • New Mexico should continue to strengthen public\private partnerships and initiatives to maximize the utility of the APCD. • New Mexico can collaborate and partner with regional APCDs (e.g., Colorado and Utah) on strategic areas of common interests. 	
<p>Decisions</p>	<ul style="list-style-type: none"> • Alignment with the State Health System Innovation design plan and data integration and collaboration across state, private, and regional entities will be needed to support APCD development and administrative simplification efforts in New Mexico. • Tribal consultation on all aspects of APCD development will be essential. • Memorandums of Understanding will need to be developed and signed between the New Mexico Department of Health and the New Mexico Human Services Department to define support and roles for initial APCD implementation.
<p>Issue 6: APCD Funding</p>	
<ul style="list-style-type: none"> • New Mexico should identify a funding plan that incorporates diverse funding sources and promotes the long-term sustainability of the APCD. 	
<p>Decisions</p>	<ul style="list-style-type: none"> • New Mexico should issue a vendor Request for Information (RFI) to define the APCD requirements and estimate costs for implementing a statewide APCD. • Diversification of funding sources should include a mix of general appropriations, Medicaid match, grants, and data product sales.

Building on these decisions and actions, New Mexico is in a strong position to implement the next steps of APCD development. The Department of Health (DOH)’s legislative authority and Advisory Committee structure, provides the foundation for moving forward, at least for initial data collection. Immediate next steps for New Mexico should include, at a minimum:

- Develop APCD program budget estimates, to define necessary funding requests. New Mexico should use a vendor RFI process to assist in the budget development.
- Develop legislative changes and administrative rules necessary for data collection, data linkage, and data release. New Mexico can use model legislation to support this effort.
- Develop payer data submission requirements to include claims, eligibility, and provider files. New Mexico should leverage existing APCD state data submission requirements and data standards
- Focus on the deployment of the analytic plan using the priority use cases defined by the New Mexico APCD stakeholders to develop a staged approach to analytics.
- Implement the APCD technical build. New Mexico should use a vendor Request for Proposal (RFP) process to select the data integrator and analytics solutions.

Many of the above steps can occur in tandem. For example, the legislative and administrative steps can occur at the same time as the RFI process. Prioritization of use cases to support the development of the analytic plan can also happen concurrent with those steps. With the administrative rules and analytic

plan drafted, an RFP can be issued. In other states, once the administrative rules were enacted and a vendor decision was made, the time between testing payer submissions and full reporting production has been approximately 12 months.

2.0 Introduction

This report, submitted by the National Association of Health Data Organizations (NAHDO) and the University of New Hampshire's Institute for Health Policy and Practice (IHPP), working collectively as the All-Payer Claims Database (APCD) Council, summarizes the findings from a series of activities undertaken to support the development of a plan for a statewide APCD in New Mexico. This report summarizes a series of stakeholder engagement activities, stakeholder deliberations, key decision points, and a set of decisions and recommendations that will enable New Mexico APCD development.

The APCD Council worked closely with the New Mexico Human Services Department (NMHSD) and Medical Assistance Division (MAD) to implement a stakeholder process to inform this report. This report is a synthesis of various forms of New Mexico stakeholder input and the APCD Council's experience in working with other state APCD systems to create a consensus-based plan for a statewide APCD that is the best fit for New Mexico.

Prior efforts by both the New Mexico Department of Health (NMDOH) and NMHSD that focused on health system transformation informed this report. Three key activities that were reflected upon in the identification of an approach to an APCD in New Mexico included:

1. **Medicaid Program Transformation:** Like many states, New Mexico is transforming its Medicaid program and health delivery system in ways that are designed to contain costs and improve population health and the health care delivery system. Medicaid modernization, in the form of Centennial Care, is aligning incentives to promote wellness, integrate care, and implement payment reform. Medicaid expansion, in place since January 2014, has resulted in a state Medicaid program that covers approximately 40% of New Mexico's total population. Together, these efforts provide an opportunity to transform the health of New Mexicans by leveraging Medicaid innovations across the entire delivery system.
2. **New Mexico's State Health Improvement Plan:** New Mexico articulated a vision for health improvement for all its residents in "A Healthier New Mexico", which aligns health care delivery with community activities and other interventions to slow the rate of inflation of health care costs.
3. In 2014, NMDOH, in collaboration with NMHSD, was awarded funding from the Centers for Medicare and Medicaid Services, State Innovation Model (SIM) Initiative to improve population health and health outcomes. SIM components include:
 - The establishment of strong partnerships between public and private stakeholders
 - A consensus vision around the Triple Aim priorities of population health improvement, reducing per capita health care costs, and improving patient satisfaction with health care
 - Intent to align public and behavioral health services.

The development of an APCD is one of the components of New Mexico's SIM plan and a critical tool for promoting transformative changes in the health care delivery system. As discussed further in this

report, New Mexico is well-positioned to advance its APCD effort, based on its engaged stakeholder community, existing data assets, and foundational work in supporting transformation efforts.

2.1 About the APCD Council

The APCD Council is a joint collaboration between the NAHDO and the IHPP, both of which have gained deep experience with state health care data collection, analytics, and usage through their leadership and direction of the APCD Council. As a learning network, the APCD Council provides technical support to states in all stages of APCD development, and has been involved with APCD development across the country over the past decade.

As health care delivery and payment reforms are implemented, and as health care continues to transition to a more analytic-driven industry, states are finding that payer data are a necessary asset. To support states seeking to build this asset, the APCD Council Team has developed a manual³ for states to follow when planning and implementing APCDs. The APCD Development Manual contains a framework, encompassing the collective lessons learned across all APCD states and describes an evidence-based set of tools and practices to guide stakeholders through the planning and development processes. The APCD development framework is illustrated in Figure 1.

Figure 1. APCD Development Framework

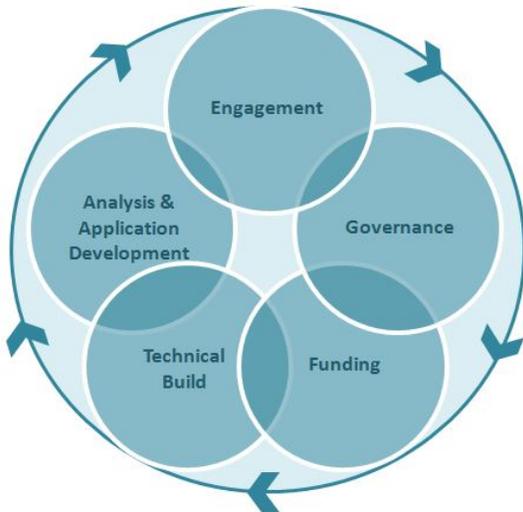


Figure 1 depicts the development path that most state APCD systems have followed. The circular arrows are included to underscore that development steps flow from and build upon stakeholder engagement as a foundation, that each component is interrelated, and that APCD development is a continuous process of engagement and improvement. This framework was used as the basis for the planning efforts in New Mexico.

³ <https://www.apcdouncil.org/manual>

3.0 Project Methodology

This section describes the major project activities that took place in New Mexico to support the development of this report. These activities were guided by the APCD development framework as well as resources and tools in the APCD Development Manual. Given that New Mexico is in the early stages of its APCD effort, the primary focus of the project was the “Engagement” stage of the APCD Development framework. New Mexico stakeholders were engaged through webinars, individual telephone interviews, three in-person all-stakeholder meetings, working group discussions, and a stakeholder survey. Table 2 summarizes the process. Appendix I lists the stakeholders who participated in the process and their organizational representation.

Table 2: Key Activities for New Mexico APCD Planning Project

Activity	Timeline	Format
Kick off call (APCD Council and HSD)	October 22, 2015	Web-based
APCD overview presentation	November 4, 2015	Web-based
Conducted interviews of key stakeholders	October 26 – November 11, 2015	Telephonic
Held series of in-person and web-based meetings for the full stakeholder workgroup and sub-groups	November 13, 2015	In-person
	December 2, 2015	Web-based
	December 3, 2015	Web-based
	December 16, 2015	In-person
	March 15, 2016	In-person
Review of Colorado and Utah APCD activities and partnership opportunities	January 13, 2016	Web-based
Stakeholder electronic survey	January 19-26, 2016	Survey
Stakeholder feedback on implementation plan/report	March 9-15, 2016	Email/In-person meeting

Each of the items in Table 2 is described in further detail below.

APCD Overview Presentation

The NMHSD and APCD Council determined that it would be valuable to the New Mexico stakeholder community to have an APCD overview presentation at the start of the project. The goal of this webinar was to ensure that all interested parties would have the same working knowledge of what APCDs are and how they have been developed and used across the country. The project team conducted an “APCD 101” webinar, focusing on the value of APCDs, their limitations, which states have implemented APCDs, and the various approaches taken for APCD development. Webinar slides with a link to the webinar recording are included in Appendix II.

Key Stakeholder Interviews

Following the APCD overview presentation and prior to the first in-person stakeholder meeting, the team conducted telephonic, individual stakeholder interviews with key organizations representing government, industry, and non-profit perspectives. Figure 2 lists the organizations interviewed by type of organization. The interviewees were jointly selected by NMHSD and the APCD Council.

Figure 2: New Mexico Stakeholders Interviewed, by Type of Organization*

Government	Payers	Providers	Employers	NGOs	Researchers
<ul style="list-style-type: none"> • New Mexico General Services Department • New Mexico Human Services Department • New Mexico Office of the Superintendent of Insurance • Office of the Governor Susana Martinez • U.S. Indian Health Services 	<ul style="list-style-type: none"> • Blue Cross Blue Shield New Mexico • Molina Healthcare • New Mexico Health Connections • Presbyterian Healthcare Services • United Healthcare 	<ul style="list-style-type: none"> • Presbyterian Healthcare Services 	<ul style="list-style-type: none"> • New Mexico Coalition for Healthcare Value • New Mexico General Services Department 	<ul style="list-style-type: none"> • LCF Research/New Mexico Health Information Collaborative • New Mexico Health Insurance Exchange • New Mexico Hospital Association • New Mexico Medical Society • HealthInsight • New Mexico Primary Care Association • Think New Mexico 	<ul style="list-style-type: none"> • University of New Mexico

*Some representatives in Government, Non-Governmental Organizations (NGOs), and other categories are also providers of health care.

All interviews were conducted confidentially, and were structured using an interview guide that was co-developed by the APCD Council and approved by the NMHSD. Appendix III includes the interview guide.

In-Person Meetings

Information gathered in the individual interviews informed the agenda for the first in-person stakeholder meeting convened on November 13, 2015, in Santa Fe. Over thirty stakeholders representing most of the stakeholder organizations were in attendance. The meeting slides are included in Appendix IV. The in-person meeting included the identification of key topics to be addressed in the New Mexico planning phase. During this initial all stakeholder meeting, two primary issues were clearly identified:

1. The need to define how the APCD data will be used by each stakeholder group, and
2. The need to define the governance structure for the management of a New Mexico APCD.

As a result, two Working Groups – “Use Case” and “Governance” – were formed to focus on these issues.

A second, in-person stakeholder meeting was held on December 16, 2015, in Santa Fe. Twenty-eight stakeholders representing most of the stakeholder organizations were in attendance. This session focused primarily on the Governance and Use Case Working Group findings, with particular emphasis on the discussion of possible options for governance structure for the APCD effort in New Mexico. The meeting slides are included in Appendix V.

A third in-person stakeholder meeting was held on March 15, 2016, in Santa Fe. Approximately twenty stakeholders representing most of the stakeholder organizations were in attendance. The purpose of the meeting was to review a draft project report that had been shared with all stakeholders the week prior to the meeting. This report highlighted major project findings and recommendations, and articulated key decisions that needed to be made to begin the implementation of an APCD in New

Mexico. Several of those decisions were made during that meeting, and are described in the Findings and Recommendations in this report. The meeting slides are included in Appendix VI.

Working Group Meetings

A subset of volunteers from the stakeholder group self-selected to participate in either one or both of the two working groups – APCD Use Cases (12 participants) and/or Governance (13 participants). Figures 3 and 4 contain the working group participating organizations.

Two-hour webinars were held with each group in early December 2015, to discuss and make recommendations to the larger stakeholder group in the form of a straw person proposal (presented at the December 16, 2015 meeting). Materials and findings summaries of the two working group discussions were used to form the basis of this report.

Figure 3. New Mexico Use Case Work Group Organization, by Type of Organization*

Government	Payers	Providers	Employers	NGOs	Researchers
<ul style="list-style-type: none"> • New Mexico Human Services Department • New Mexico Department of Health • U.S. Indian Health Services • New Mexico Legislative Finance Committee 	<ul style="list-style-type: none"> • Blue Cross Blue Shield New Mexico • Molina Healthcare • Presbyterian Healthcare Services • United Healthcare 	<ul style="list-style-type: none"> • Presbyterian Healthcare Services 	<ul style="list-style-type: none"> • New Mexico Coalition for Healthcare Value 	<ul style="list-style-type: none"> • LCF Research/New Mexico Health Information Collaborative • New Mexico Hospital Association • HealthInsight • New Mexico Primary Care Association • Think New Mexico 	<ul style="list-style-type: none"> • University of New Mexico

*Some representatives in Government, Non-Governmental Organizations (NGOs), and other categories are also providers of health care.

Figure 4. New Mexico Governance Work Group Organization, by Type of Organization*

Government	Payers	Providers	Employers	NGOs	Researchers
<ul style="list-style-type: none"> • New Mexico Human Services Department • New Mexico Department of Health • U.S. Indian Health Services • New Mexico Legislative Finance Committee 	<ul style="list-style-type: none"> • Blue Cross Blue Shield New Mexico • Molina Healthcare • Presbyterian Healthcare Services • United Healthcare • New Mexico Health Connections 	<ul style="list-style-type: none"> • Presbyterian Healthcare Services 	<ul style="list-style-type: none"> • No attendees 	<ul style="list-style-type: none"> • LCF Research/New Mexico Health Information Collaborative • New Mexico Hospital Association 	<ul style="list-style-type: none"> • No attendees

*Some representatives in Government, Non-Governmental Organizations (NGOs), and other categories are also providers of health care.

Costs and Funding Webinar

Throughout the stakeholder engagement process, APCD costs and funding options were identified as important issues. To address these topics specifically, the project team convened a webinar on 'APCD Cost and Funding Considerations' on January 13, 2016. Given the geographic proximity to New Mexico, the demographic similarity, and the well-established nature of APCD efforts in neighboring states, representatives from Utah and Colorado were invited to speak with the New Mexico stakeholder workgroup. Norm Thurston, Ph.D., Director of the Utah Department of Health APCD system, and Tracey Campbell, Vice President of Strategy and Business Development at the Center for Improving Value in Health Care (CIVHC), which manages operations for Colorado's APCD system, shared their insights and experiences in establishing and sustaining their states' APCD systems. (This webinar recording is available at <https://attendee.gotowebinar.com/recording/5507261700890481153>).

Stakeholder Survey

In mid-January 2016, the project team conducted an online survey of all stakeholders as an opportunity to provide more detailed feedback regarding the stakeholder process to date, and to gather additional feedback on topics such as governance and funding. Twenty-one stakeholders completed the survey. The stakeholder survey instrument and a summary of the results that have been used to inform this report are found in Appendix VII.

The following sections of this report on Findings and Recommendations synthesize the various stakeholder input sessions, conversations with NMHSD and NMDOH, and observations of other state APCD efforts that can provide guidance for New Mexico's APCD efforts.

4.0 Findings

Finding 1: There is a business case for the development of a New Mexico APCD.

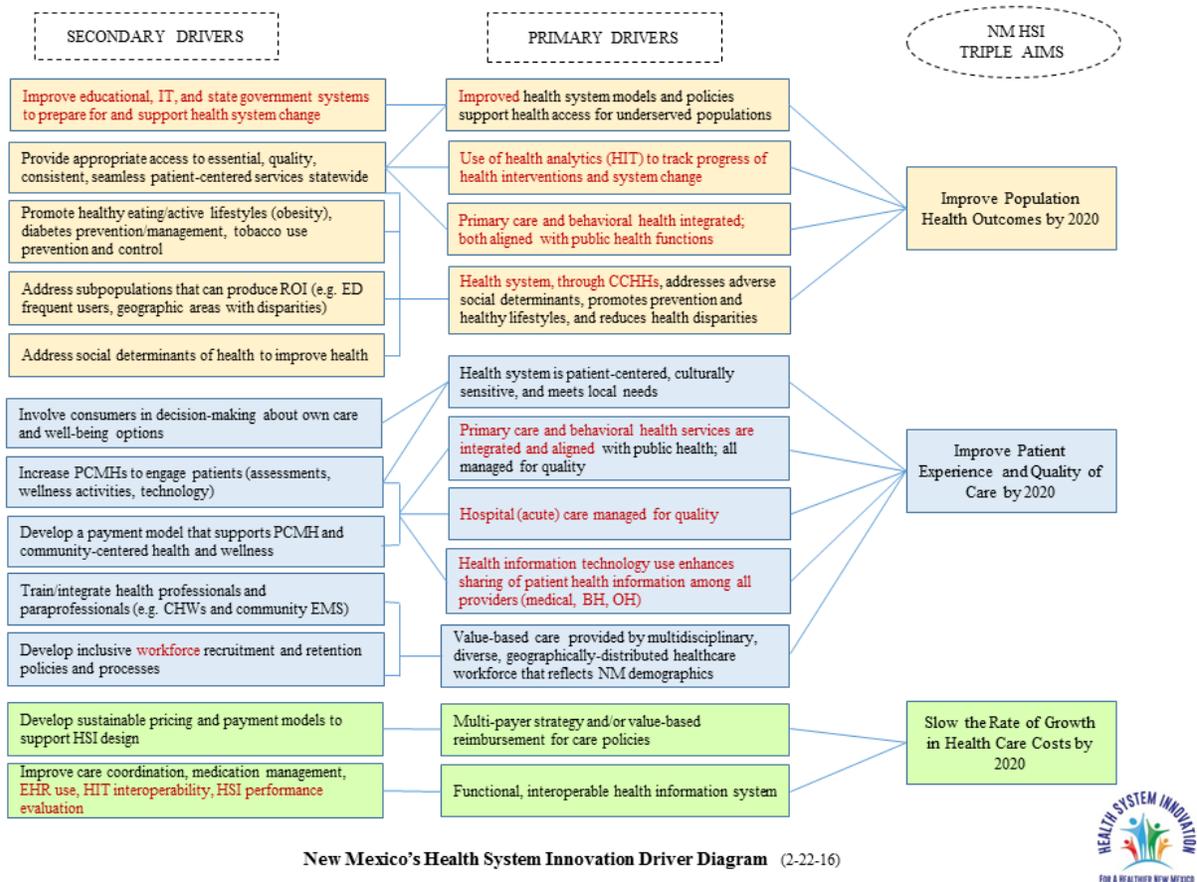
In the initial phases of the engagement process, stakeholders were interested in the broad question of why states are developing APCD systems. The group sought to understand if there was an overall vision of a New Mexico APCD effort — not seeking specific use cases, per se, but focusing on the articulation of the rationale for such a data system and why it is important. During the APCD Overview presentation and in-person meetings, the stakeholders reviewed other state APCD efforts. This provided insights about the utility of the data to the state and its stakeholders.

The ultimate value of an APCD may be summarized as the breadth of health system-wide data that, when "unlocked" through analytic applications and measures, facilitates a greater understanding of how the entire delivery system is performing. Through this process, states can identify opportunities to improve variations in cost, access, and quality. It is widely accepted that what cannot be measured cannot be understood nor improved. One of the greatest values of an APCD platform is how the data brings all players to the table to solve system-wide problems that one entity or one sector cannot solve alone. Local data is powerful, and unlocking it with local knowledge can stimulate meaningful changes. New Mexico stakeholders identified several key issues within the state that would benefit from having data of this type and scope.

Like many states, New Mexico has a need to better understand and address healthcare costs. State expenditures on publically funded health care during state fiscal year 2015 totaled \$1.7 billion, the

largest category in New Mexico’s \$6.2 billion state budget after public education.⁴ New Mexico is implementing strategies to improve health care affordability and access⁵. Bending the cost curve, improving population health, and monitoring quality will require a series of steps, including the analysis of claims and clinical data beyond the Medicaid population, to provide a wider lens into New Mexico’s health system performance and population health. Doing so will help New Mexico meet the goals of the Triple Aim⁶ as outlined in its SIM project driver design (see Figure 5).

Figure 5: Health System Innovation Drivers in New Mexico



Implementing these reforms and improvements are, by their nature, data and information-intensive. Table 3 examines specific secondary SIM drivers that an APCD could support. For each driver, opportunities for New Mexico and examples from other states have been provided. More state

⁴ Think New Mexico. “Making Health Care More Affordable by Increasing Transparency and Ending Price Discrimination”, p. 7.

⁵ The Commonwealth Fund, "Aiming Higher: Results from a Scorecard on State Health System Performance, 2014." May 2014. <http://www.commonwealthfund.org/publications/fund-reports/2014/apr/2014-state-scorecard>

⁶ The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement to optimize health system performance to simultaneously pursue three dimensions, “Triple Aim”: Improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of healthcare.

examples can be viewed at www.apcdshowcase.org, which is a site developed by the APCD Council showcasing APCD efforts across the country.

Table 3: Secondary SIM Drivers That an APCD Effort Could Support

SIM Secondary Driver	Opportunity for New Mexico	Other State APCD Examples
Provide appropriate access to essential, quality, consistent, seamless patient-centered services statewide.	Generate provider and claims-based access and quality measures and benchmarks by type of insurance and by geography and use them for health services planning and delivery.	Colorado Minnesota New Hampshire Maine Massachusetts Utah Vermont
Address sub-populations that can produce ROI (e.g. ED frequent users, small areas with disparities).	Produce analyses focused on high cost services and high utilizing providers across care settings such as emergency departments, laboratories, and radiology.	Colorado Minnesota New Hampshire Rhode Island Vermont
Address “social determinants of health”.	Map existing population health measures to help drive population health efforts to control obesity, tobacco use, and chronic conditions.	Minnesota New Hampshire Utah Vermont
Involve consumers in decision- making about their own health and well-being options.	Understanding of provider network composition and services pricing to aid consumer decision-making via public website and/or the information exchange.	Colorado Maine New Hampshire Virginia
Expand use of Primary Care Medical Homes (PCMHs) to engage patients (assessments, wellness activities and technology).	Develop and expand PCMH efforts in both Medicaid and commercial payment systems.	Maine New Hampshire
Develop a payment model that supports PCMH and community-centered wellness.	Utilize historical payment information to establish budgetary targets in new payment models and provide insight into PCMH and community wellness benefits.	Minnesota New Hampshire Oregon
Develop sustainable pricing and payment models to support innovation design.	Set price targets, develop bundled payments, audit insurance rates, and provide outcomes analysis on health reform efforts.	New Hampshire Network for Regional Healthcare Improvement (NRHI) Vermont
Improve care coordination, medication management, EHR interoperability, evaluation of health system performance.	Develop linkages with New Mexico’s health information exchange to provide provider-level data on utilization and performance.	Maine Vermont

The New Mexico SIM project will require the state to evaluate existing and develop new, outcomes-based payment models that will move New Mexico toward a system that rewards patient-centered care. The implementation of a statewide APCD platform, which provides an independently validated source of longitudinal, cross-payer data and information, can assist the state in meeting the SIM requirements by providing a comprehensive data set that supports analyses at the physician, clinic, and rare event levels.

New Mexico stakeholders have given much thought to their individual and statewide information needs, and almost all stakeholders agreed that having statewide cost and utilization data on insured populations was important for policy and budget, health and payment reform, population health, and consumer price transparency purposes. Priority topics and reporting approaches are discussed in Finding 2 below.

A Special Note about Self-Funded Plans and ERISA

The March 2016 Supreme Court of the United States decision in *Gobeille v. Liberty Mutual Insurance Company*ⁱ means that states may not continue to require private, self-funded employers to submit their health claims data to a state's APCD. Some employers may continue to choose to submit the data; others may choose to opt-out of the requirement. As of December 2015, New Mexico had 738,231 individuals enrolled in Medicaid representing 35% of the total population.ⁱⁱ Combining the Medicaid, Medicare, and non-ERISA self-funded commercial lives, a significant percentage of the population could be included in an APCD. Approximately, only 24% of the population would not be included in a New Mexico APCD (see worksheet in Appendix VIII)

State APCD agencies will need to engage employers and articulate the benefits to APCD participation, some of which include access to data and information that reflects the broader insured population of a state for comparative analysis.

Even without 100 percent of the covered populations in a state, APCDs provide a large sample size and a broader view of a state's health care picture than single-source data.

ⁱ <http://www.scotusblog.com/case-files/cases/gobeille-v-liberty-mutual-insurance-company/>

ⁱⁱ <https://www.medicaid.gov/medicaid-chip-program-information/by-state/new-mexico.html>

Finding 2: Stakeholders agreed on APCD priority topics and a staged reporting approach.

The Use Case Working Group reviewed potential use cases⁷ that came forward in interviews and meeting discussions, and prioritized these for New Mexico. The goal was to identify a set of uses that could be supported by a core set of APCD data elements to address priority questions and issues. The Use Case Working Group narrowed down and prioritized the comprehensive list of use cases based on several criteria:

- Significance in terms of high cost/high volume conditions. For example, measuring potential savings through targeted improvements (i.e., overuse of the Emergency Department for non-urgent care),

⁷ For the purposes of APCD development, a use case is an application of the APCD by a user to attain a specific goal. The use case descriptions will drive the functional requirements needed to attain stakeholder goals.

- Relevance to health care and payment reform initiatives. For example, evaluating health system reform efforts to demonstrate value (i.e., effectiveness of Centennial Care),
- The potential to leverage future funding opportunities. An APCD system that might position New Mexico for obtaining future sources of funding (i.e., providing a competitive edge for grant funding and promotion of partnerships through use of analytics).

The Use Case Working Group identified and prioritized use cases that were perceived as supporting health reform activities currently in place, such as Centennial Care, 2015 SB 323, and HIE-related activities; and those associated with population health and health disparities. In addition, consumer information is embedded in SB 323, and transparency is especially important to private sector stakeholders, including consumer advocates.

Table 4 summarizes the priority use cases identified by the New Mexico stakeholders that can be generated from a “minimal” APCD data extract that states typically collect. This minimal data set does not include clinical information (i.e., lab values, radiology results), but does include data elements from payer administrative data that support many of the priority use cases.

Table 4. Priority New Mexico Use Cases

Use Case Domains	Stakeholders	Key Data Requirements*
Policy and Budget Information <ul style="list-style-type: none"> • Program Evaluation • Budget • Target interventions/savings 	Policy makers, state agencies, tribal	Geographic fields Financial fields Provider identifiers
Health/Payment Reform <ul style="list-style-type: none"> • Medical home effectiveness • Comparative performance • Value-based metrics • Network analytics • Patient utilization patterns 	Policy makers, state agencies, plans, providers, researchers, tribal	Patient identifiers Financial fields Geographic fields Provider identifiers
Population Health <ul style="list-style-type: none"> • Chronic disease prevalence • Mental health utilization • Disparities 	State agencies, researchers, providers, plans, employers, tribal	Geographic fields Patient identifiers (longitudinal/cross-system tracking)
Regional Variation <ul style="list-style-type: none"> • Rural, urban, frontier comparisons • Utilization, pricing, quality 	Policy makers, researchers, state agencies, plans, providers, employers, consumers, tribal	Geographic fields Financial fields
Utilization of Healthcare Services-effectiveness <ul style="list-style-type: none"> • ED overuse, patterns by populations • Robust risk-adjustment methods 	All stakeholders	Patient identifiers Geographic fields Financial fields Provider identifiers
Quality of Healthcare Services <ul style="list-style-type: none"> • Readmissions • Risk adjustment methods • Positive outcomes where possible 	All stakeholders	Patient identifiers Geographic fields Provider Identifiers
Consumer Tools/Price Transparency <ul style="list-style-type: none"> • Price comparator website • Quality comparisons 	Consumers, employers, providers, payers, tribal	Financial fields Provider identifiers

**New Mexico should align data requirements with payer capabilities and data availability, as well as limit data collection to what is needed to support these priorities.*

Other APCD use cases were not identified as initial priorities for APCD system functions. These are noted in this report in order to record uses of an APCD that could be considered in later stages of APCD development as the system evolves and matures. This includes:

- Rate review applications; rate setting audits
- Administrative simplification in state reporting requirements of payers and providers
- Telehealth effectiveness
- Long-term care and care coordination metrics and effectiveness
- Provider profiles utilizing claims (and later clinical) data sources

It should be noted that the Use Case Working Group agreed that risk adjustment should be incorporated, as appropriate, into comparative public reports. It was also recognized that there will likely be additional opportunities to leverage the APCD, some of which may not emerge until the use of the APCD evolves.

Reporting Approach

New Mexico stakeholders agreed that a staged or tiered approach to public reports, similar to other state APCD initiatives, is advisable. Several state APCDs have used staging or tiers of analytics to assure stakeholders that there is a clear process and set of outcomes for the analytic services associated with the APCD. Given the complexity of APCD data and the complexity of measures from it, this strategy can work to reduce failures and increase the likelihood of support from stakeholders. Based on stakeholder discussions, considerations for New Mexico include the following general guidance:

- New Mexico stakeholders agreed that tiering or staging public-facing reports will be advisable (e.g., moving from basic to highly specialized reporting).
- New Mexico APCD reports should initially focus on public and population health topics, leaving price comparisons for later reporting.
- Early reporting should align with the New Mexico SIM for prioritization.
- To the extent possible, stakeholders recommend reports should include a mix of utilization, process, quality, and cost measures.
- Early stage reporting will not likely identify individual providers, groups, clinics, health systems.

A Special Note about Tribal Community Needs

It should be noted that how the information will be used is of extreme importance to the Tribal community and entities serving them. Not only do the Tribes have unique information needs, concerns about sensitivities and potential misuse must be addressed and built in to the data oversight and release processes. This stakeholder process did not delve into detail about Tribal community needs, but future engagement should include a focus on this constituency.

Finding 3: A legislative approach makes sense for New Mexico.

All New Mexico stakeholders and the smaller Governance Working Group were asked the following questions:

1. Should an APCD in New Mexico be a mandated or voluntary effort?

2. What prior APCD legislative efforts have taken place, and is there any existing legislation that could be modified to support an APCD?
3. Which organization(s) should be responsible for overseeing an APCD?

After exploring these questions, stakeholders concluded that for an APCD to be successful in New Mexico, a legislative mandate would be necessary. As one stakeholder suggested, "a mandate gets people and organizations at the table". Mandated reporting is a compliance tool, defining the requirements for reporting (data quality and error thresholds), data validation processes, and disclosure practices⁸. Given consensus about a mandated approach to APCD development in New Mexico, stakeholders discussed issues related to the adoption of existing legislation or enactment of a new statute. These decision points each have advantages and disadvantages and are discussed later in the Recommendations section of this paper.

Finding 4: A New Mexico APCD must facilitate data linkage.

Early on in the project, New Mexico stakeholders recognized the utility of claims data for measuring and understanding system-wide utilization patterns and costs of care. Additionally, cross-system data linkage was stated to be very important to the New Mexico APCD in the future. Cross-system linkage in New Mexico would ideally support efforts such as patient-centered measurement, care coordination, and episodes of care analyses. It was observed that clinical data and registry data would enhance the claims database utility, which is important to certain use cases such as effectiveness and quality of care metrics.

Examples of data linkage use cases could include adding clinical data fields, such as blood pressure measurements, to the APCD from the electronic medical record to assess effectiveness of a clinic's control of hypertension in at-risk populations of interest. Another example would be the linking of APCD data to registries, such as vital records birth certificates, to enhance information for birth outcomes studies. While data linkage was seen as being very important, the stakeholder working group determined that the initial APCD use cases should be focused on claims and payer administrative data fields. APCD enhancement through clinical data linkage should be considered as a later-stage goal once the core APCD platform is established. However, in order to ensure that data linkage can occur in the future, the system should be designed to facilitate linkage by collecting appropriate patient and provider identifiers in the initial stages of the APCD development.

Finding 5: New Mexico has existing data assets and investments that could be leveraged to support the APCD and administrative simplification.

Stakeholders identified five health and information technology activities that are underway in New Mexico that may have implications for a future APCD. These include:

1. The State Health System Innovation Model (SIM) incorporates cross-sector efforts underway in New Mexico and lays out a Health System Innovation Design to align clinical, behavioral, and oral health care within Patient-Centered Medical Homes (PCMHs) to improve population health.

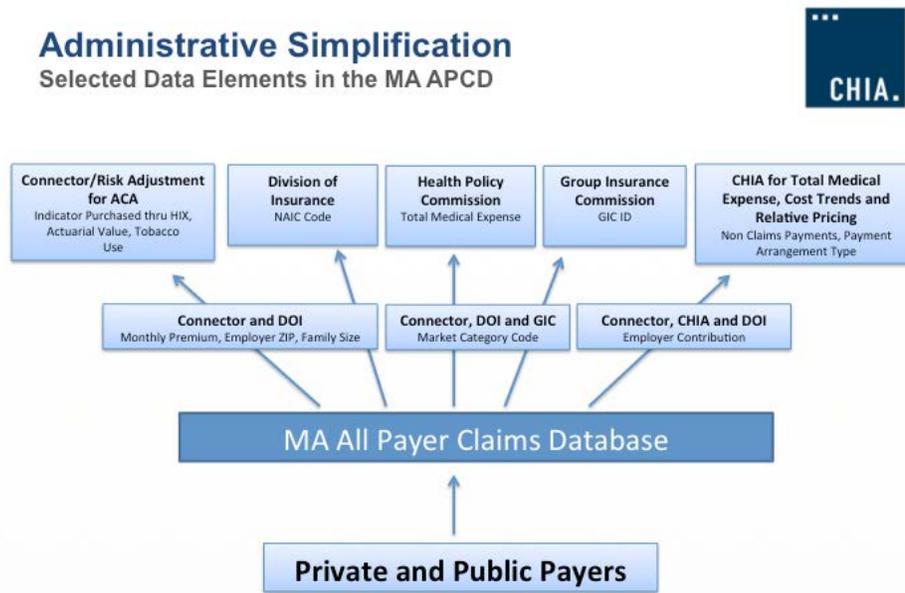
⁸ "State Health Data Collection and Reporting: Current Practice and Opportunities for Improvement", Report to the Consumer Purchaser Disclosure Project, November 2007, page 7.

2. The existing Medicaid Management Information System (MMIS) will be replaced by 2020. In addition to serving as a claims transaction system, the MMIS currently receives post-adjudicated claims from all Medicaid payers on a monthly basis. This post-adjudicated claims repository could feed a future New Mexico APCD as a way to promote administrative simplification and reduce carrier burden for submissions.
3. The New Mexico Health Information Collaborative (NMHIC) serves as the statewide health information exchange (HIE). The NMHIC was discussed as being a possible platform whereby claims could be added to the clinical data it now collects.
4. The New Mexico Health Insurance Exchange (NMHIX) was also discussed as a possible model for APCD implementation, because it has an existing governance and stakeholder structure in place. Additionally, APCD claims data could support NMHIX efforts to provide benefit and provider quality information to consumers.
5. For population health measurement, leveraging the New Mexico Department of Health's Indicator-Based Internet System (NM IBIS) for regional and population benchmarks should be considered as a platform for data dissemination. NM IBIS integrates multiple sources of public data in structured tables and queries.

Finally, while not specific health and technology efforts, both the New Mexico Coalition for Health Care Value (NMCHCV), a nonprofit, employer-led entity of self-funded employers providing tools for negotiating quality, cost, and payment arrangements, and the Interagency Benefits Advisory Committee (IBAC) representing 200,000 lives, would both benefit from an APCD to be able to drive value-based purchasing and population health efforts.

Each of these efforts were discussed to determine if and how best they can support any future New Mexico APCD effort. In addition, a statewide APCD introduces the potential for consolidating reporting requirements across state agencies. New Mexico stakeholders suggested that conducting an inventory of current reporting feeds and mapping these to data elements in a core APCD format would highlight opportunities to streamline carrier reporting, to support efforts towards administrative simplification. Figure 6 is a diagram from the Massachusetts APCD effort whereby administrative simplification was a key strategy to reduce costs and duplicated carrier submissions to various state agencies and projects. Similarly, an analysis of carrier feeds required by state agencies such as NMDOH, NMHSD and New Mexico Office of the Superintendent of Insurance (NMOSI), as well as NMHIX, should be completed to help to determine the value of developing an administrative simplification strategy for New Mexico.

Figure 6: Massachusetts Administrative Simplification Strategy



5.0 Recommendations

This section summarizes the initial stakeholder discussion and thoughts for APCD development in New Mexico and the final decisions agreed to at the third in-person stakeholder meeting on March 15, 2016.

Recommendation 1: New Mexico should begin APCD data collection under existing legislative authority.

As discussed in Finding 3, the stakeholder group identified a legislatively-created APCD system as the approach most likely to succeed in developing a robust APCD in New Mexico. The research for this project identified several pieces of legislation (passed and failed) that were potentially applicable to development of authorizing legislation for an APCD in New Mexico, as shown in Table 5.

Table 5: New Mexico Legislation Potentially Relevant to an APCD

Bill/Act	Notes	Links
SB 323 – Safe Disclosure of Certain Health Information (passed 2015)	An Act to amend sections of the Health Information System Act to provide for the safe disclosure of certain information related to specifically identifiable data sources; enacting a new section of the health information system act to establish a health information system advisory committee; providing for the posting of information for public access.	http://www.nmlegis.gov/lcs/legislation.aspx?chamber=S&legtype=B&legno=323&year=15
HB 18 – Transfer Health Info Data Management (2012)	Transfer of the Health Information Systems Act to the Department of Health from the New Mexico Health Policy Commission; Chaptered	http://www.nmlegis.gov/lcs/legislation.aspx?chamber=H&legtype=B&legno=%20%2018&year=12 and

		http://www.sos.state.nm.us/uploads/files/Bills2012/SignedAndChapeterdBills/chap15hb18b.pdf
SB 278 – Electronic Records Medical Act	Chaptered / Signed Into Law	http://www.nmlegis.gov/lcs/legislation.aspx?chamber=S&legtype=B&legno=%20278&year=09 and http://www.nmlegis.gov/sessions/09%20Regular/final/SB0278.pdf
SB 403 – All Payer Claims Database Task Force	Pocket Veto	http://www.nmlegis.gov/lcs/legislation.aspx?chamber=S&legtype=B&legno=%20403&year=13 and http://www.sos.state.nm.us/uploads/files/SB403.pdf
SB 578- Establishing an APCD for New Mexico.	Action Postponed Indefinitely	http://www.nmlegis.gov/lcs/legislation.aspx?chamber=S&legtype=B&legno=578&year=1

In synthesizing the stakeholder discussion and reviewing legislation, two different approaches for the APCD legislation were identified and discussed:

1. Use existing legislation for the APCD. The authority given to the DOH through the Health Information Systems Act (HISA) would enable the collection of APCD data. In some states, similar public health laws have been the basis for APCD implementation. For example, Utah’s Department of Health used their Health Data Authority Act. New York amended its Statewide Planning and Research Cooperative System (SPARCS) legislation to expand collection beyond hospitalization data sets to include claims.
2. Develop brand new legislation. Most states have created new, comprehensive legislation to develop an APCD. These pieces of legislation have established the APCD’s uses, governance, funding, oversight, data collection, and data linkage and release requirements. Developing new legislation can take more time and often requires significant political support and effort for passage. Given that the 2016 legislative session has ended in New Mexico, the soonest legislation could be introduced is 2017.

At the March 15, 2016 meeting, the group concluded that the HISA provided authority for early APCD implementation. The legislation needs to be more thoroughly reviewed to determine if there are any necessary amendments to the legislation to support the APCD implementation effort. The group was informed that model legislation⁹ exists (from the APCD Council) that can support these efforts (see recommendation 2 below).

KEY DECISION: NM will begin APCD implementation efforts based on the authority granted in the Health Information Systems Act.

⁹ Model APCD Legislation, 2015, available at <https://www.apcdouncil.org/publication/model-all-payer-claims-database-legislation>

Recommendation 2: Specify key provisions for the collection, release, and protection of APCD data.

While the HISA provides authority for APCD data collection, it does not specify operational aspects of an APCD. Therefore, New Mexico should align the laws of the state, and adapt legislation and administrative rules accordingly, to address the following:

- The purpose and intent of the APCD program.
- Define the agency and its oversight and advisory entity to guide the program over time.
- Define the scope of information to be collected (which entities are required to submit data), the permitted uses, and the general reporting requirements.
- Describe how privacy and integrity of the data will be protected.
- Describe required reporting requirements for the program.

In general, states develop the general parameters of the APCD in legislation, and use rulemaking to develop detailed specifications. Maintaining details in rules allows for modifications to the APCD, as needed to address changes to the healthcare environment. The rules or regulations typically define more specific aspects of the APCD, including:

- Data elements and definitions for collection
- Thresholds for required data submissions
- Submission format and timelines
- Review and validation process
- Penalties for noncompliance
- Requirements for encryption to protect sensitive fields

ACTION ITEM: New Mexico should develop rules, policies, and procedures that define the specific data submission parameters.

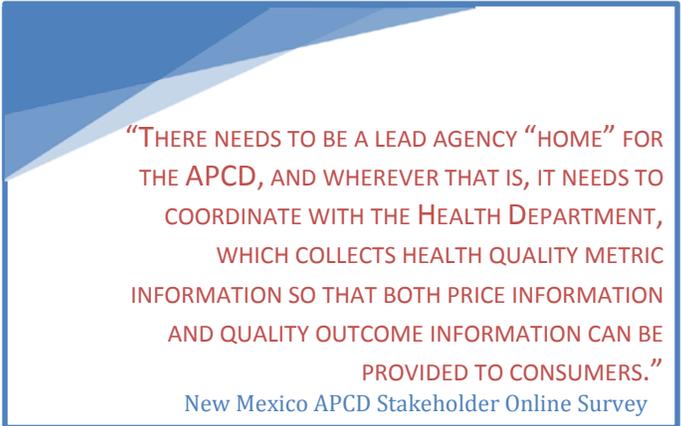
It was expected by some that legislative action in the future may be necessary to fully support the APCD.

Recommendation 3: Fully describe the overall governance structure for APCD oversight and articulate a plan for APCD leadership and operations.

Stakeholders agreed that there needs to be an agency identified in the executive branch to take the lead for the APCD. The entity should be the one best capable of supervising the implementation and operating of the APCD system and assuring necessary compliance.

Functions of the governing entity are to ensure the infrastructure to collect, maintain, and disseminate the data that are in place. Additionally, the governing entity is charged with ensuring collection of the data and for the financial and staffing resources required to manage the APCD. Existing oversight models in other states include:

- Department of Health - Minnesota, New York, Utah
- Independent State Agency - Maine, Vermont
- Health and Insurance departments with overlapping responsibilities - New Hampshire, West Virginia
- Independent, non-partisan, non-profit organization designated by State – Colorado, Virginia



“THERE NEEDS TO BE A LEAD AGENCY “HOME” FOR THE APCD, AND WHEREVER THAT IS, IT NEEDS TO COORDINATE WITH THE HEALTH DEPARTMENT, WHICH COLLECTS HEALTH QUALITY METRIC INFORMATION SO THAT BOTH PRICE INFORMATION AND QUALITY OUTCOME INFORMATION CAN BE PROVIDED TO CONSUMERS.”

New Mexico APCD Stakeholder Online Survey

In the previously described Cost and Funding Webinar held on January 13, 2016, New Mexico stakeholders were interested in how two intermountain states, Colorado and Utah, structured and funded their APCD systems. This webinar highlighted the Colorado and Utah variations in governance models and articulated the different approaches that can be taken by New Mexico. Key points of this webinar that related to governance included:

- While both states' systems have legislative mandates for system creation, Utah is a state-managed system whereas Colorado has delegated operations and management to CIVHC, an independent, non-profit entity.
- Both states emphasized the importance of understanding who will use the data and how to connect with these users. While consumer information is important, APCD data is essential to other uses that make the system more effective, such as generating information to measure utilization and pricing variation, providing comprehensive views of state markets, and providing information to drive improvements.
- Both states offered to support New Mexico's efforts whether in helping to define use cases, better understanding financials and operations, or partnering on technical implementation.

No oversight model is considered better than another, but the oversight model that New Mexico selects should be designed to leverage infrastructure capacity, resources, and funding opportunities. New Mexico stakeholders discussed various entities including the NMHSD, NMDOH, and NMOSI. Stakeholders, including NMHSD, felt that a New Mexico APCD should not be a Medicaid-only or Medicaid-driven initiative. Concerns that it would remain Medicaid-only or lose broad stakeholder support were voiced. The APCD Platform should be separate from the Medicaid/MMIS so that the effort is not seen as Medicaid-focused but rather inclusive of the myriad purposes that the APCD can have. However, the MMIS could still provide data feeds to the APCD for administrative simplification purposes as described in Finding 5. Additionally, the stakeholders felt strongly that the APCD should, to the extent possible, integrate with other data assets that the DOH currently maintains.

At the March 15, 2016, stakeholder meeting, the NMHSD and NMDOH leadership reported that:

- i. NMDOH will be the lead agency for APCD development in New Mexico.
- ii. NMDOH will assume the lead role for APCD implementation using their existing authority and advisory committee structure.
- iii. NMHSD will work in close collaboration with the DOH to assist in APCD implementation.

KEY DECISION:
The Department of Health will assume the lead role for APCD development in New Mexico, in collaboration with the Human Services Department.

Recommendation 4: A Data Release Oversight Committee is necessary to ensure transparency in data governance, data access and release, and the protection of confidential and sensitive information.

It is recommended that New Mexico identify (or create) Governance and Data Release Oversight Committees (or one committee that is responsible for both) to develop processes and procedures to address a number of key parameters that govern APCD data collection, protection, use, linkage, and release. This includes documentation of the expected data files to be made available publically, among state agencies, and to specific requestors (such as researchers), as appropriate. The Data Release Oversight/Governance Committee is put in place to provide the necessary assurances that data will be collected and used according to the intent of the APCD.

One issue raised by the New Mexico stakeholders was ensuring that mechanisms be put in place that protect the public release of proprietary information, such as health plan and provider contractual relationships, and assure that there are not antitrust concerns associated with data release. Colorado has developed guidance¹⁰ (see sidebar) to consider in data release to address antitrust concerns.

Because New Mexico stakeholder consensus is that collection of patient and provider identifiers is important to the current and future development of a statewide APCD, it will be essential to balance patient confidentiality protections and management of sensitive information with the use case information needs.

The 2015 SB 323 establishes an Advisory Committee, which can provide some APCD oversight functions. Stakeholders expressed a preference to have oversight responsibility as part of the SB 323 Advisory Committee structure, which would likely need to appoint other Workgroups to focus on specific aspects of the APCD, including stakeholder involvement and data release oversight.

Colorado APCD Policies to Protect Proprietary and Industry Information

Based on the following criteria, financial data provided in response to a written request for the Colorado APCD data will generally be:

- At least six months old;
- Reported for a limited number of specific conditions and procedures;
- Limited to the average charges and amount paid across all commercial payers;
- Aggregated to reflect all commercial payers as if they operated as a single entity; and
- Reported as high, low and median or average values only.

Claims information will generally be:

- Summarized so that no individual claims line detail will be provided;
 - Scrubbed to remove and include no dollar amounts that could be reversed; and
 - Engineered and associated with specific payers.
-

KEY DECISION:

The Advisory Committee established in SB 323 can provide oversight functions for a NM APCD, but specific APCD Workgroups (e.g., Stakeholder and Data Release Oversight) may be necessary.

¹⁰ Antitrust Legality of Reports and Analytic data Sets Generated Based on All Payer Claims data; Center for Improving Value in Health Care, https://www.apcdouncil.org/sites/apcdouncil.org/files/media/state/final_anti_trust_summary_05-02-14.pdf

Recommendation 5: New Mexico should identify a funding plan that incorporates diverse funding sources and promotes long-term sustainability of the APCD.

Funding for an APCD is a key consideration at the initial planning/development stage, and as the system evolves. Several stakeholders emphasized that appropriate resourcing of the APCD is important to its success. Some stakeholders also stated that there is no “appetite” for fee assessments in New Mexico; therefore, there may not be a funding option at this time.

During the Cost and Funding Webinar on January 13, 2016, key points raised related to funding included:

- In addition to general funds and data product revenues, Utah receives a Medicaid 50/50 match, which is about 15 percent of Utah's total APCD budget. To qualify for this funding match, Utah's APCD is considered a direct service to Utah's Medicaid program and the APCD data aggregation and analytics functions clearly support Medicaid functions.
- Colorado receives no state general fund appropriations. CIVHC benefitted from funding received from two Colorado foundations to support the establishment of the APCD. The ongoing budget is sustained by fees for non-public data, as well as operating and research grants from state and federal sources.

Stakeholders discussed how to best leverage funds from a diversity of funding sources/streams. Options include:

- General appropriations to provide the base funding, which can be requested in future “new” legislation.
- New Mexico can use federal funds, as much as possible. For example, Medicaid 50/50 match funds, similar to Utah, and continuation of use of SIM funding, if any more funds become available, can be used.
- Data sales can support the APCD effort. While data sales will not assist with start-up costs, they should be considered when designing the APCD and thinking about analytic needs. Generally, states do not receive more than 10 percent of the needed funds through data sales.

APCD system costs are dependent upon a multitude of factors, such as intended scope of data collection, resources of the state agency managing the system, potential collaborative partners, and desired uses and analytic plans. Because market structures and existing agency capabilities differ in different states, estimating the needs for any individual state is difficult. Therefore, New Mexico should consider developing and issuing a vendor Request for Information (RFI) in order to clearly define its requirements and begin to develop a more detailed budget, based on responses to the RFI. This will enable New Mexico to determine its ultimate funding strategy, with a base estimate for system costs.

ACTION ITEM: New Mexico should issue a vendor Request for Information to define the APCD requirements and understand the budget needs for APCD development.

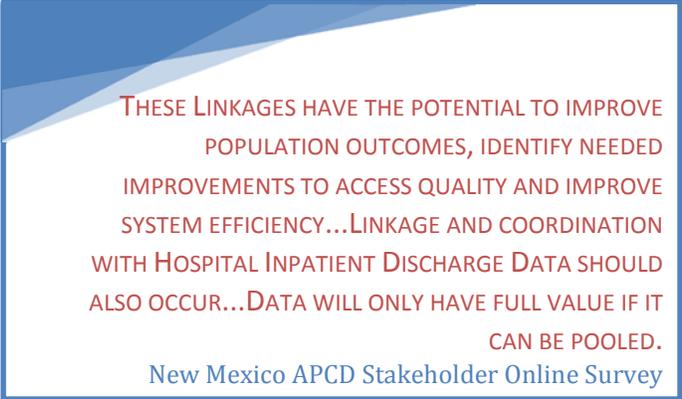
Recommendation 6: Continue to strengthen public/private partnerships and initiatives to maximize the utility of the APCD.

Where possible, partnerships and collaboration across agencies and initiatives will be essential to any APCD development. Whichever agency becomes the lead, Memoranda of Understanding (MOUs) should be written and signed early on to get commitment on sharing resources (analytic, financial, etc.). Because the APCD typically provides a comprehensive view of a state, it is a unique data source of interest to many audiences within and external to state government. Even though oversight and control is located in the responsible agency, understanding who the users are (and might be), and connecting with these users is important to getting the most value from a statewide APCD. When the data are made available in formats appropriate to the end user needs, they are more likely to be used by third parties (providers, payers, employers, researchers) that are in a position to make the system more effective.

ACTION ITEM: New Mexico should identify what types of agreements are necessary between NMDOH and NMHSD to support APCD development, and determine if other state agencies need to have agreements in place for initial APCD implementation activities.

Recommendation 7: Data collection should include patient and provider identifiers that will allow for data linkage to clinical data sets and registries and produce reports that are provider-specific.

New Mexico stakeholders felt that a core set of APCD data elements, similar to other state formats, should be collected at a minimum. The core data elements should include data elements included in payer administrative data sources (claims and enrollment files), including key data elements essential to future data linkages, which all stakeholders agreed were important to maximizing future utility of information (discussed in Finding 4).



THESE LINKAGES HAVE THE POTENTIAL TO IMPROVE POPULATION OUTCOMES, IDENTIFY NEEDED IMPROVEMENTS TO ACCESS QUALITY AND IMPROVE SYSTEM EFFICIENCY...LINKAGE AND COORDINATION WITH HOSPITAL INPATIENT DISCHARGE DATA SHOULD ALSO OCCUR...DATA WILL ONLY HAVE FULL VALUE IF IT CAN BE POOLED.

New Mexico APCD Stakeholder Online Survey

Patient Identifiers

To support the data linkage activities discussed in Finding 4, the APCD data system will need to include patient identifiers. Some states have collected indirect patient identifiers. However, this approach does limit (or complicate) linkage activities. There are trade-offs to the collection of direct patient identifiers, but the utility for linkage is maximized by collecting them.

Provider Identifiers

Payment reform, PCMHs analytics, and consumer pricing transparency will require the collection of unique provider identifiers. Although provider-level reports may not be an initial reporting focus, the capacity for provider network attribution will be important to later-stage analytics and use cases. Other states have developed initial provider reporting at the health system or hospital level; often then refining the reporting to specific clinics before ultimately providing reporting at a practitioner level.

There are multiple challenges with the data aggregation of the provider files which require intensive efforts with states, carriers, and providers.

Recommendation 8: New Mexico should develop an analytic plan that guides the release of APCD data and information.

An analytic plan, developed in collaboration with stakeholders, defines the process for generating information for the APCD user base. It outlines issues such as data quality, data validation, and the timing and staging of APCD reporting. Based on the Use Case Working Group’s discussions, New Mexico’s analytic framework should focus initial reports and data products on the priority topics and reports listed in Table 4, releasing information in a tiered or staged approach, beginning with population and regional comparisons. This approach is modeled on other state reporting practices in which initial, early stage reporting centers on global comparisons (regional, geographic, population), evolving in later stages to more granular reports at the payer and clinic levels as data quality is quantified and carrier reporting improvements are implemented.



Integrating APCD data with other population-based data sources was mentioned at several points during stakeholder discussions. The analytic plan should explore the feasibility of leveraging the New Mexico Indicators-based Internet System¹¹ (NM IBIS) as an existing platform for disseminating APCD population and regional statistics as discussed in Finding 5. Adding the APCD data as an IBIS module could be a cost-effective means of data dissemination, providing a new source of information to the IBIS community of users.

Future Considerations

After addressing the major governance, funding, and analytic planning aspects of APCD development articulated above, New Mexico stakeholders can move forward with other implementation decisions. These include the technical build components and the establishment of an ongoing, sustained stakeholder structure for assuring a transparent, open, and responsive process. Stakeholders are critical to the success of the APCD and their input is important to advising the APCD oversight agency over time.

Technical Build

Several stakeholders suggested that New Mexico explore the possibility of leveraging the APCD platform of another state APCD agency, such as CIVHC or the Utah Department of Health to reduce costs. Adopting another APCD platform can accelerate implementation by utilizing the data submission specifications and IT platform of the other state, promoting uniformity in submission and analytics, and

¹¹ <https://ibis.health.state.nm.us/>

A Plan for New Mexico’s All-Payer Claims Database (APCD), March 2016.

facilitating regional benchmarking and comparisons. The proper legal and confidentiality protections would have to be in place, but some felt this option worth consideration.

With the administrative rules and analytic plan drafted, an RFP can be issued that would help New Mexico select data integration and analytics vendors (or one vendor to do both) that would address the detailed needs of the technical build. The formerly mentioned APCD development manual¹² provides guidance and tools to assist with this process.

Ongoing Stakeholder Communications Plan

APCD development is a continuous process. To promote the principle of a “community-based data system”, stakeholders should be at the table throughout the entire life of the system, not just during the planning and implementation stages. In fact, stakeholders often provide key insights and solutions for addressing the inevitable technical challenges that can be expected to arise (e.g., data quality, interpretation of findings). States that have invested in building strong stakeholder processes have forums to deliberate the many challenges faced during each phase of system development and deployment. As the New Mexico APCD matures, stakeholders provide input for enhancements that drive the ultimate value of the information produced.

Key factors to maintaining stakeholder engagement over time include:

- Inclusiveness
- Transparency and open processes
- Managing expectations
- Clear feedback loops
- Data quality assessment and improvement.

Having both a well-defined work plan and communication plan can help guide New Mexico in its work and make that planned work clear to all stakeholders.

6.0 Conclusions

New Mexico has a strong stakeholder community that almost unanimously supports some form of APCD development. While there was consensus around decisions such as mandated reporting, executive branch leadership, and diversification of multiple funding sources, there are other details about the legislative and administrative rules needed, funding approach, location of the data system, and technical development considerations yet to be made. There are many reasons to move forward with a New Mexico APCD initiative, including a strong foundation and broad stakeholder support. Building on these strengths and adopting best practices from other states, New Mexico can be successful in its APCD plan.

¹² <https://www.apcdouncil.org/manual>

Appendices

Appendix I-New Mexico APCD stakeholder workgroup

Appendix II- APCD overview presentation

Appendix III- Stakeholder interview guide

Appendix IV- Slides Nov 13

Appendix V- Slides Dec 16

Appendix VI- Slides March 15

Appendix VII- Stakeholder survey instrument and results summary

Appendix VIII- Worksheet: Estimates of Insurance Coverage in New Mexico