APCDs are large databases that include medical claims, pharmacy claims, dental claims, and eligibility and provider files collected from private and public payers. APCD data are reported directly by insurers to states, usually as part of a state mandate. APCD data have four potential advantages over other datasets:

- They include information on private insurance that many other datasets do not.
- They include data from most or all insurance companies operating in any particular state.
- They include information on care for patients across care sites, rather than just hospitalizations and emergency department visits reported as part of discharge data systems maintained by most states.
- They also include large sample sizes, geographic representation, and capture of longitudinal information on a wide range of individual patients.

PURPOSE OF AN APCD

Many states have implemented an APCD as an effective and feasible approach to advance the goal of improving health care affordability, efficiency, and cost transparency. Healthcare claims data transactions already occur and having access to this data can provide valuable and actionable insight for healthcare episodes across multiple payers. The healthcare delivery system has data for nearly every event and APCDs can help illustrate where potential interventions can be implemented to improve the health of New Mexicans.

WHO IS IT FOR AND WHAT HAS BEEN DONE?

Over time, the APCD will benefit all New Mexicans in one way or another. For example, families will have access to a new online tool that will compare costs and quality indicators for common hospitalizations, procedures, and treatments, from provider to provider and from community to community throughout the state, allowing New Mexicans to make more informed decisions about where they wish to receive needed care.

Using the APCD, public health officials will be able to identify and target specific communities and populations across the state with particularly high rates of chronic illnesses and other factors such as poverty, obesity, smoking, and substance abuse that place individuals at greater risk of being hospitalized and/or dying. Since initial state funding became available in 2019, a great deal of work has been done to learn how more than a dozen states with APCDs have harnessed their respective databases to improve care and moderate the growth of costs. Much has been learned from the experience of states, including some that have had operational APCDs for nearly two decades. In June 2021, New Mexico completed an exhaustive nationwide search for an experienced technical partner, Milliman Solution, LLC. Milliman is working with state officials and a wide array of stakeholders to build an APCD designed to meet the unique needs of our state. Leveraging the experience of this partner and other states across the nation, New Mexico expects to move quickly to make its APCD operational.

TIMELINE AND WHAT’S NEXT?

- 2012: Provisions of His Act Tied to NMDOH
- 2016: NMDOH Drafts Initial APCD Plan Under CMS SIM Grant
- 2019: Funding Allocated to NMDOH for APCD Initiating Phase of APCD with Stakeholder Engagement
- 2020: APCD Stakeholder Engagement Report
- 2021-22: Develop RFP and APCD Vendor Selection Process Started
- 2022-23: Continue with Stakeholder Engagement Efforts
- 2023-24: Finalize RFP and APCD Vendor Selection Process

PHASED IMPLEMENTATION

- Finalize State Agencies Data Requests
- Finalize APCD Data Governance
- Finalize Public Portal
- Receive Data Requests