UTHealth Houston
School of Public Health
Center for Health Care Data

"IMPROVING HEALTH THROUGH DATA"

TX-APCD: A New Resource for Advancing Public Health and Transparency

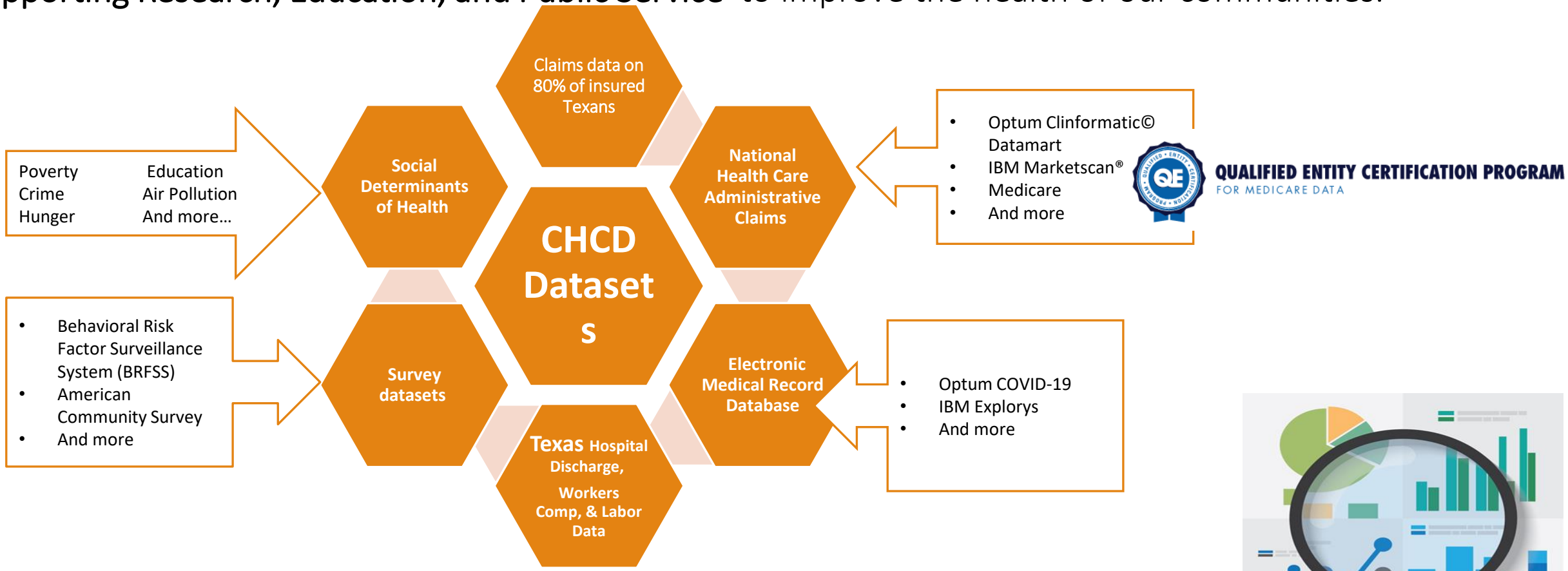
UTHealth Center for Health Care Data (CHCD)

UTHealth | The University of Texas Health Science Center at Houston | School of Public Health | Center for Health Care Data

Largest, research accessible, healthcare data repository in Texas

Applying expertise in analytics, clinical medicine, public health, management, and public policy &

Supporting Research, Education, and Public Service to improve the health of our communities.



QUALIFIED ENTITY CERTIFICATION PROGRAM
FOR MEDICARE DATA

What is an All Payor Claims Database?

- An All Payor Claims Database is *exactly* what is sounds like…
  - A database that collects medical, dental, and pharmacy claims from "all" payors in a state.
  - The claims are obtained using a standardized format – the Common Data Layout.
  - The claims are then organized into a researcher accessible format and database.
- This is to aid in providing a comprehensive view of health care utilization, payments, and quality across the entire health care system.
- APCDs began to gain traction in the 1990s with a few states in New England implementing their own versions. Since then – almost 25 states (including Texas) have established APCDs. Some states have two (one voluntary, the second mandatory) although there is not likely any advantage to having two APCDs.

APCD Benefits

Transparency: The TX-APCD provides transparency in health care costs and utilization, which can help patients and providers to make better about their health care.

Quality Improvement: The TX-APCD can be used to track the performance of health care providers and systems, **in the aggregate**, which can help identify opportunities for quality improvement.

Research: The TX-APCD is a valuable resource for researchers to study health care trends and patterns, as well as evaluate the effectiveness of health care interventions.

Public Health: The TX-APCD can provide disease prevalence and incidence awareness to help identify potential health threats to Texans and track the spread of infectious diseases.

Policy Making: The data from the TX-APCD can be used to inform health policy decisions and help to identify areas of the health care system that may require additional resources or attention.

ERISA Plans and APCDs

- Fully Self-funded ERISA Plans are exempted from submitting claims nationwide.
  - ERISA is a federal law that regulates employer sponsored benefit plans. ERISA health plans are typically "self-funded" – which means they pay for the health services directly and do not buy insurance policies for that purpose. There is a very strong federal preemption provision in ERISA.
- Gobeille v Liberty Mutual Insurance Company
  - 6 -2 SCOTUS decision.
  - Liberty Mutual argued that Vermont's APCD submission mandate interfered in its ability to administer benefits uniformly across the nation. Vermont argued that as a state they had authority over health and welfare of its citizens.
  - SCOTUS agreed with Liberty Mutual and that the submission requirements were not a traditional form of state regulation, but instead was regulating the administration of ERISA plans. Thus, states can not mandate the submission of claims to APCDs.

Texas HB 2090

Purpose and Protection

- Legislative Purpose:
  - Controlling health care costs and improving affordability
  - Improving Population Health
  - Improving Health Care Quality and Outcomes
  - Increasing transparency of costs, utilization, and access
  - Establishes the TX-APCD

Which plans are required to submit in Texas and How many Covered Lives?

Medical plans

Dental plans

Behavioral Health plans

Medicare Advantage plans

Medicare Supplemental plans (voluntary)

Non-ERISA self funded plans

County and Municipal Sponsored Plans

State Plans

Managed Care Organizations/HHSC (Medicaid)

[Medicare available through CHCD]

Est. ~17 million covered lives.

Texas HB 2090

What data FILES must payors submit?

Enrollment data file identifying data about a person who receives health care coverage from a payor.

Provider file information about the individuals and entities that submitted claims that are included in the medical or dental claims file;

Medical claims file medical claims and other encounter information.

Pharmacy file data about prescription medications and claims filed by pharmacies and retail dispensaries.

Dental claims file dental claims and other encounter information.

These are not medical or dental records! They are claims for payment.

Texas HB 2090

Purpose and Protection of APCD

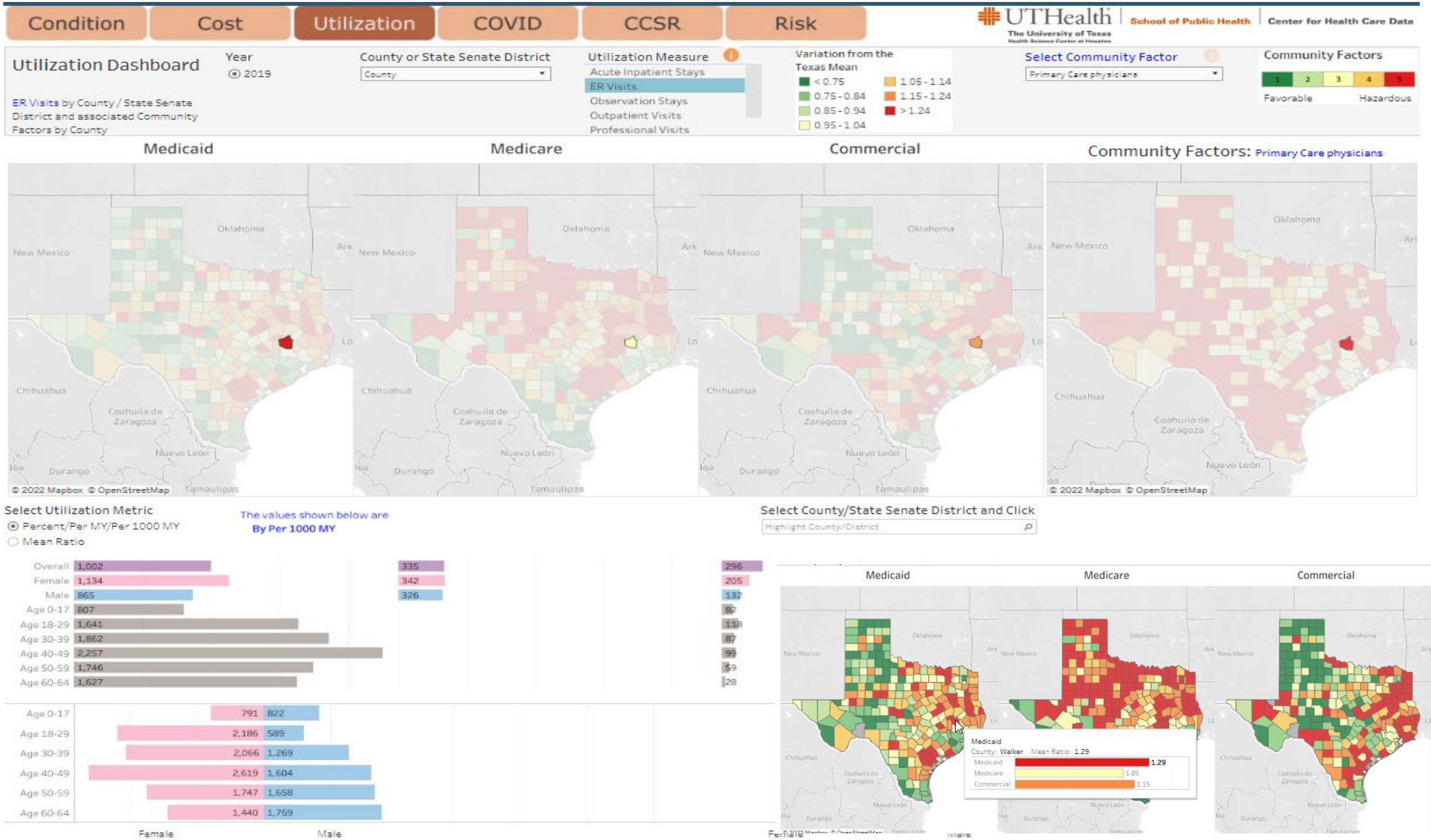
- Reporting/Research must be for "non-commercial" purposes
- Research must conform to data privacy and security requirements
- Some PHI identifiers are segregated.
  - Accessible Databases do not contain fully identifiable information
  - Identifiable information must be maintained separately.
- Research is performed by CHCD & Qualified Research Entities
  - Public Interest Research Organization (501(c)(3))
  - Institution of Higher Learning
  - Health Care Provider engaged in improving the quality and cost of health care.

Texas HB 2090

Required Activities

- **Monitor integrity of data submitted**
  - Test the quality of data reported to the center "to ensure that the data is accurate, reliable, and complete."
- **Report to the Legislature**
  - Analysis of the data submitted to the database
  - Information regarding the submission of data to the center
  - Recommendations from the center to further improve the transparency, cost-effectiveness, accessibility, and quality of healthcare
  - Analysis of the trends of health care affordability, availability, quality and utilization.
- **Portal for the Public (Establish and Maintain)**
  - May not identify patients, providers, plan issuer or other payor. Aggregate – not specific.
  - Statewide, regional and zip code reports on:

Cost	Quality
Utilization	Outcomes
Disparities	Population health
Access to healthcare	


Condition
Cost
Utilization
COVID
CCSR
Risk
UTHealth
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Utilization Dashboard
Year
2019
County or State Senate District
County
Utilization Measure
Acute Inpatient Stays
ER Visits
Observation Stays
Outpatient Visits
Professional Visits
Variation from the Texas Mean
< 0.75
0.75 - 0.84
0.85 - 0.94
0.95 - 1.04
1.05 - 1.14
1.15 - 1.24
> 1.24
Select Community Factor
Primary Care physicians
Community Factors
Favorable
Hazardous
ER Visits by County / State Senate District and associated Community Factors by County
Medicaid
Medicare
Commercial
Community Factors: Primary Care physicians
Oklahoma
New Mexico
Chihuahua
Coahuila de Zaragoza
Nuevo León
Durango
Tamaulipas
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Select Utilization Metric
Percent/Per MY/Per 1000 MY
Mean Ratio
The values shown below are
By Per 1000 MY
Select County/State Senate District and Click
Highlight County/District
Overall 1,002 335 296
Female 1,134 342 205
Male 865 326 132
Age 0-17 807 82
Age 18-29 1,641 118
Age 30-39 1,862 87
Age 40-49 2,257 99
Age 50-59 1,746 59
Age 60-64 1,627 28
Age 0-17 791 822
Age 18-29 2,186 589
Age 30-39 2,066 1,269
Age 40-49 2,619 1,604
Age 50-59 1,747 1,658
Age 60-64 1,440 1,759
Female
Male
Medicaid
Medicare
Commercial
Community Factors: Primary Care physicians
Medicaid
County: Walker Mean Ratio: 1.29
Medicaid 1.29
Medicare 1.05
Commercial 1.15

Milestones and Roadmap

Jan 2022	July 2022	Oct 2022	Summer 2023	Summer Fall 2023	Winter 2023	Summer 2024	Late Fall 2024
APCD Stakeholder Advisory Group Established	Required Notices to Industry Posted	Registration of Payors and Test Phase Begins	Monthly Data Submissions Begin	Historical Data Submissions (Jan 1 2019 – Present) to begin	Bring to finalization the application process, DUA, and fees.	Availability to Researchers	Public Access Portal Availability