



Texas All-Payor Claims Database Biennial Report to the 89th Legislature

September 2024



School of Public Health

Center for Health Care Data

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September 1, 2024

The Honorable Greg Abbott, Governor
The Honorable Dan Patrick, Lieutenant Governor
The Honorable Dade Phelan, Speaker of the House

Dear Governor Abbott, Lieutenant Governor Patrick, and Speaker Phelan:

In accordance with Texas Insurance Code §38.408, I am pleased to submit the Center for Healthcare Data at the University of Texas Health Science Center at Houston Texas All Payor Claims Database (TX-APCD) biennial report to the 89th Texas Legislature. This report provides an update on the TX-APCD.

I am available to discuss any of the issues contained in the report and to provide you with technical assistance. Please contact me at (713) 500-9433 if you have any questions or need any additional information.

Thank you for your consideration.

Sincerely,



Lee Spangler, JD, Executive Director
Texas All-Payor Claims Database

Texas All-Payor Claims Database Biennial Report

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1. Overview

1.1. Background

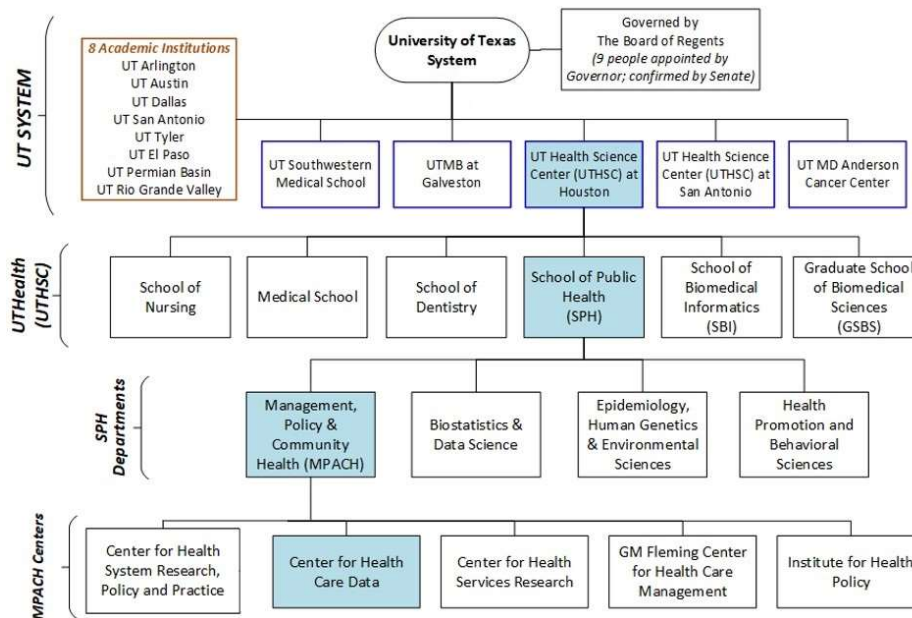
Subchapter I, Chapter 38, of the Insurance Code authorizes the Center for Health Care Data (Center) at the University of Texas Health Science Center at Houston to establish an all-payor claims database (APCD) in Texas. Texas joined over 25 other states that have already implemented mandatory APCDs. Still more are under development.¹ Subchapter I, Chapter 38, also requires the Center and Texas Department of Insurance (TDI) to collaborate on establishing the administrative framework for the Texas All Payor Claims Database (TX-APCD). To that end, TDI has adopted regulations governing the activity of payors and the Center has provided a Submission Guide and Technical Guide to required submitters.

Texans currently face numerous healthcare challenges, with understanding the price, value, and quality of healthcare being among the most significant concerns for many families. To help address rising healthcare costs and enhance its value for patients and taxpayers, the 87th Texas Legislature created the TX-APCD at the Center for Health Care Data at UTHealth Houston School of Public Health, under House Bill 2090 concerning health cost transparency. That law was further modified in the subsequent legislative session by House Bill 3414. The TX-APCD collects and analyzes healthcare claims and payment data from across the state with the aim to increase public transparency of healthcare prices and improve the quality of healthcare outcomes for Texans.

The Center is tasked with administering the database, conducting research and analysis, as well as producing statewide, regional, and geo-zip consumer reports available through a public access portal. Information in the public portal will naturally not identify specific patients, but will be created with the goal of improving transparency and patient decision-making.

¹ State All Payer Claims Databases: Identifying Challenges and Opportunities for Conducting Patient-Centered Outcomes Research and Multi-State Studies. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://aspe.hhs.gov/sites/default/files/documents/a2add9e2d2e196f240357fee73cf3990/APCD-PCOR-Report-2023.pdf>. Last Accessed 2/16/24.

The figure below will provide context for the structure of the Center within the University of Texas System.



1.2. Administrative Progress

Subchapter I, Chapter 38, Insurance Code, the organic statute for the TX-APCD, was modified by House Bill 3414 in the 88th Regular Legislative Session. One change to the statute was to include an additional member for the TX-APCD Stakeholder Advisory Group (Advisory Group). The new Advisory Group member is to represent institutions of higher learning. That new Advisory Group member, under statute, has a one-year term. To that end an application was approved for the additional member, and Ms. Laura Chambers of the University of Texas System was invited to join the Advisory Group.

The TX-APCD uses the APCD Council Common Data Layout (CDL) as the file format for claims submission by required submitters. The CDL seeks to improve APCD data collection, or “harmonize the claims collection effort across states”. This lays the foundation for state-to-state comparisons, and, importantly, tends to reduce the burden of data submission by multi-state insurance carriers and other national entities.

The CDL describes the technical specifications for data submission. Individual data elements, data types, and field lengths (among other requirements) can be found in the CDL. Each submission from a required submitter contains at least three files, but no more than five. Those files are an eligibility file, a provider file, a medical file, a pharmacy file, and a dental file. Should a required submitter deviate from the CDL requirements data processing delays and errors can occur. Needless to say, there is a need to update the CDL specification from time-to-time and that process is underway at this moment.

Additionally, the Center applied to the Centers for Medicare and Medicaid Services to receive Medicare claims data for fee-for-service coverage that does not fall under the TX-APCD legislation. The Center has acquired the additional Medicare data and will supplement the APCD data to provide an extended view of health care in Texas.

1.3. Basic Description and Background of All Payor Claims Databases

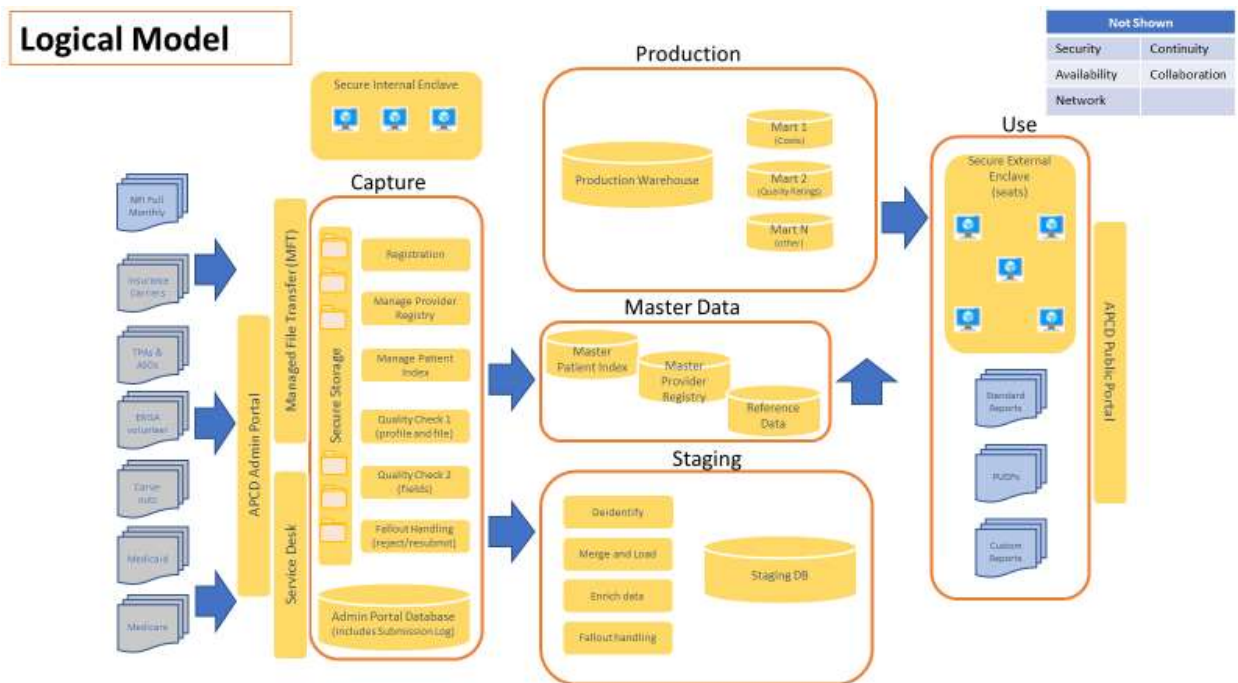
The title “All Payor Claims Database” is not a misnomer and refers to a database that obtains enrollment and claims data from as many payors as possible under state law. According to a report issued in late 2023, there are 25 states that have a mandatory APCD currently operating or in implantation. There are two exceptions to the general rule regarding payor submission of claims information. Under Supreme Court of the United States caselaw interpreting the Employee Retirement Income Security Act (ERISA), states may not mandate ERISA employer self-funded health benefit plans to submit data to an APCD.

In *Gobielle v. Liberty Mutual Insurance Company*, Liberty Mutual, as sponsor for its own employee plan, challenged the enforceability of a Vermont disclosure law that mandated the transmission of eligibility, medical claim, and pharmacy claim files to that state’s APCD governed by the Green Mountain Care Board. ERISA pre-empts the application of “any and all State laws insofar as they may now or hereafter relate to any employee benefit plan.” The Supreme Court ruled in favor of pre-emption of the state law. “Pre-emption is necessary in order to prevent multiple jurisdictions from imposing differing, or even parallel, regulations, creating wasteful administrative costs and threatening to subject plans to wide-ranging liability. ERISA’s uniform rule design also makes clear that it is the Secretary of Labor, not the separate States, that is authorized ... to require ERISA plans to report data”. Thus, it is generally accepted that fully self-funded plans can not be mandated under state law to submit claims data. In addition to fully self-funded ERISA claims, the TX-APCD cannot require the submission of claims for services under the Veterans Affairs health benefit, which is a federal benefit clearly subject only to regulation by the federal government. The TX-APCD receives data from a large number of payors which are described below under “required submitters”.

The “claims” that are relevant to APCDs generally, and the TX-APCD specifically are administrative claims filed by health care providers. These claims identify diagnoses, treatments, procedures, prices, and other health care-related events related to an individual’s stay at a hospital, treatment at a clinic, dental intervention at a dentist office, or medical intervention at a physician office, clinic, laboratory, or diagnostic setting. The primary purpose of the claim is to share sufficient information with the payor to permit it to make an appropriate payment for necessary services provided to individuals seeking health care. Federal regulations have standardized the electronic format for the transmission of health care claims and is generally known as an “837 standard transaction.” Once a claim is processed health care payors “answer” 837 transactions through an 835 standard remittance advice (essentially an explanation regarding the payment/adjudication of a claim).

1.4. Technical Progress and TX-APCD Logical Design

TX-APCD staff began to work on the infrastructure design of the TX-APCD itself as it regards to data input, storage needs, data privacy requirements and the logical model through which the data will flow and be analyzed in late 2021.



The segregation of the databases in the logical model is good practice as well as necessary to meet the Legislature’s directive that a separate database be maintained for disclosures, ensuring that the information in that database is only the “minimum amount of protected health information” necessary to operate the database.²

The Texas Advanced Computing Center (TACC) at the University of Texas provides, at the time of this report, the storage and systems designs for the TX-APCD. The TACC deploys the world's most powerful advanced computing technologies and includes a comprehensive cyberinfrastructure ecosystem of leading-edge resources in high performance computing, visualization, data analysis, storage, archive, cloud, and data-driven computing. In short, TACC is a leader in super-computing. The Center currently utilizes the TACC for other projects and will build on the existing working relationship to establish the TX-APCD, ultimately supporting the public portal. This requires the architectural design of the data repositories, the conduits for data transfer from data submitters, the process for data quality checks, data enhancements and, when funded, the operations of the public portal.

Once fully funded, data will be accessible to approved external researchers when the TX-APCD reaches a critical data threshold and formalizes the data request and access process. Researchers will be required to submit an approved Institutional Review Board³ (IRB) form along with detailed information regarding the research study to ensure that the project meets the guidelines set by the state. At the time of this report, the Center policies regarding external researcher access are under development. Researchers would be able to access the data through a secure portal viewing only the minimum data required for the

² Texas Insurance Code §38.406.

³ An institutional review board (IRB) reviews research projects involving human subjects. The IRB seeks to protect the privacy, well-being, and rights of the people who are the subject of the project. An IRB can approve, disapprove, monitor, or require modifications to research and must also comply with federal regulations.

defined research project. Researchers will have access to data only through a secure connection and a virtual machine. The virtual machine will have applications for the researcher to utilize when accessing data and engaging in their project.

1.5. Required Submitters

TDI has adopted regulations that sets out with particularity which insurance carriers must submit data to the TX-APCD.

Those entities are:

- a health benefit plan as defined by Insurance Code §1501.002, concerning Definitions;
- an individual health care plan that is subject to Insurance Code §1271.004, concerning Individual Health Care Plan;
- an individual health insurance policy providing major medical expense coverage that is subject to Insurance Code Chapter 1201, concerning Accident and Health Insurance;
- a health benefit plan as defined by §21.2702 of this title (relating to Definitions);
- a student health plan that provides major medical coverage, consistent with the definition of student health insurance coverage in 45 CFR §147.145, concerning Student Health Insurance Coverage;
- short-term limited-duration insurance as defined by Insurance Code §1509.001, concerning Definition;
- individual or group dental insurance coverage that is subject to Insurance Code Chapter 1201 or Insurance Code Chapter 1251, concerning Group and Blanket Health Insurance;
- dental coverage provided through a single service Health Maintenance Organization (HMO) that is subject to Chapter 11, Subchapter W, of this title (relating to Single Service HMOs);
- a health benefit plan as defined by Insurance Code Chapter 846, concerning Multiple Employer Welfare Arrangements;
- basic coverage under Insurance Code Chapter 1551, concerning Texas Employees Group Benefits Act;
- a basic plan under Insurance Code Chapter 1575, concerning Texas Public School Employees Group Benefits Program;
- a health coverage plan under Insurance Code Chapter 1579, concerning Texas School Employees Uniform Group Health Coverage;

- basic coverage under Insurance Code Chapter 1601, concerning Uniform Insurance Benefits Act for Employees of the University of Texas System and the Texas A&M University System;
- a county employee health benefit plan established under Local Government Code Chapter 157, concerning Assistance, Benefits, and Working Conditions of County Officers and Employees;
- group dental, health and accident, or medical expense coverage provided by a risk pool created under Local Government Code Chapter 172, concerning Texas Political Subdivisions Uniform Group Benefits Program;
- the state Medicaid program operated under Human Resources Code Chapter 32, concerning Medical Assistance Program;
- a Medicaid managed care plan operated under Government Code Chapter 533, concerning Medicaid Managed Care Program;
- the child health plan program operated under Health and Safety Code Chapter 62;
- the health benefits plan for children operated under Health and Safety Code Chapter 63;
- a Medicare Advantage Plan providing health benefits under Medicare Part C as defined in 42 USC §1395w-21, et seq.;
- a Medicare Part D voluntary prescription drug benefit plan providing benefits as defined in 42 USC §1395w-101, et seq.⁴

This represents a very large proportion of those who have some form of health coverage in Texas. The calculation is shown in the table below. Readers should note: The Center, through its own resources (meaning without General Revenue Funding), is providing the Texas Original Medicare claims data in support of the goals set for the TX-APCD and is labeled as “Traditional Medicare”. This represents a sizeable number of Texans who have some form of health coverage in Texas. Readers should note: **The Center, through its own resources (meaning without General Revenue Funding), is providing the Texas Original Medicare claims data in support of the goals set for the TX-APCD.**

TX-APCD at a Glance

23.3 million Texans are represented in TX-APCD from 2019 to present.

- **15.5 million** Commercial and Medicare Advantage Covered Texans in 2023
- **2.5 million** Medicare Fee-For-Service Covered Texans in 2023
- **3.7 million** Medicaid Covered Texans in 2024

⁴ 28 TAC §21.5401.

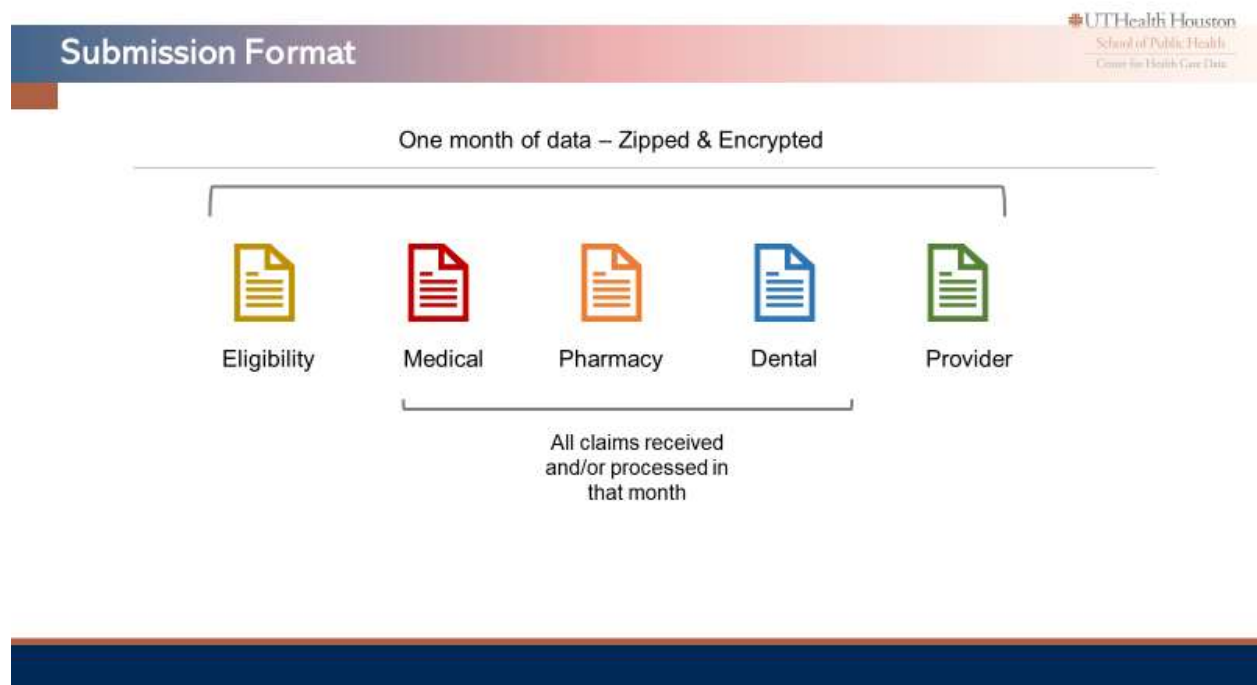
1.6. Communications with Submitters

The TX-APCD engages in monthly forums/meetings with required submitters. Every other month a general submitter forum is held where TX-APCD staff present information to the technical teams of payors and engage in question and answer sessions. The information presented to the submitters is maintained on the TX-APCD website. In months that do not have a general submitter forum scheduled a technical advisory meeting is held. Technical advisory meetings are intended to offer an opportunity to resolve complex technical issues that may present themselves to the TX-APCD or submitters through a discussion with engineers and developers.

2. Data Submitted to the Center

2.1. Data File Details and Statistics

In 2023, payors were required to submit historical data, beginning January 1, 2019, as well as provide monthly submissions for current periods.



Each month a payor is required to provide adjudicated claims for a prior month. The TX-APCD receives an eligibility file monthly from all payors which describes all individuals eligible for benefits. For those payors who use a network for benefits, a provider file is submitted along with claims for the line or lines of business for which the submitter provides coverage: dental, medical, and pharmacy. The end result is that the TX-APCD has claims data from January 1, 2019 to the present.

The following is a more particular description of the files the TX-APCD receives:

Eligibility File: Contains records of individuals covered under various health plans, including some demographic information (such as address) and coverage periods.

Medical Claims File: Includes records of medical claims submitted by providers, detailing the services rendered to patients.

Pharmacy Claims File: Records of prescription drug claims, including details on medications dispensed and associated costs.

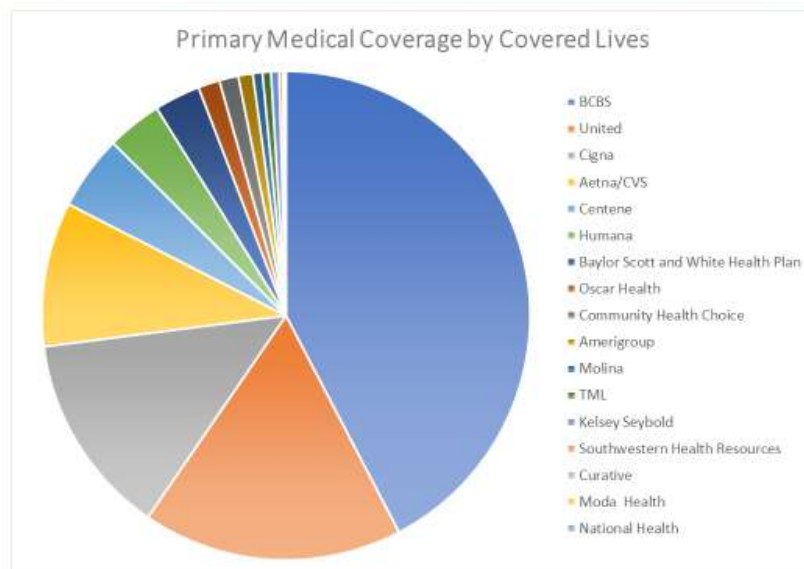
Dental Claims File: Contains records of dental services provided, similar in structure to medical claims.

Provider File: Information about healthcare providers, including identifiers, specialties, and locations.

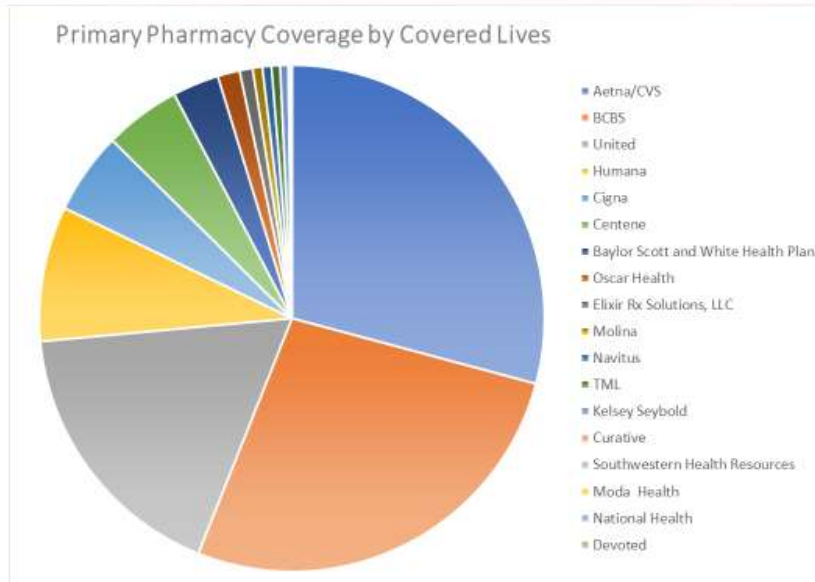
As of May, the TX-APCD has almost 6 billion (5,734,640,888) rows of data collected from over 19,500 submitted data files.

As shown in the graph below, most Texans represented in the submissions received by the Center are covered by a few large administrators/insurers.

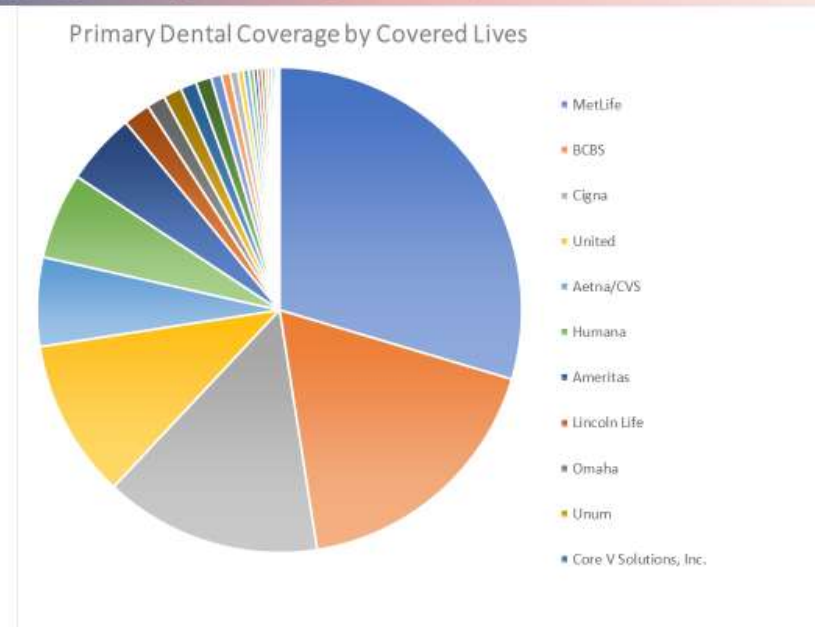
Submitters (aggregated by parent organization)



Submitters (aggregated by parent organization)



Submitters (aggregated by parent organization)



2.2. Current Progress and Recommendation

At the time of this report, the TX-APCD is currently just beginning Phase II activities. Creation and development of a Master Patient Index (MPI) is ongoing. An MPI is necessary

to facilitate research and eliminate potential duplication of data or misattribution of services. It identifies patients across separate clinical, financial and administrative systems (meaning across coverage types and payors) and eliminates double counting of individuals or incorrect designation of services to the incorrect individual. A probabilistic linkage approach is being utilized for the MPI. The tool used for this development is the Splink Python package, developed by the UK Ministry of Justice. The Splink Python library is a free and open source software package used for probabilistic record linkage at large scale and has been downloaded over 2 million times. The benefit of using an open source tool is that all users of the TX-APCD can have a full understanding of how the algorithm works and the TX-APCD will not become tied to a proprietary private solution. Key features of the MPI scheme we are working on include the use of unsupervised learning for parameter optimization, as well as its speed, scalability, accuracy, and interactive output. The primary novel aspect of this scheme is the use of various similarity functions to compare potential matches, accounting for uniqueness or repetitiveness with term frequency, and utilizing a tuned Fellegi-Sunter linkage algorithm (a mathematical algorithm that allows for the computation of predictions). In simpler terms, matches are determined by weighting data elements by reliability. For instance, identical birthdates may more reliably indicate two records are about the same person, even if the spelling of the home addresses in those records do not match because street names are less reliable than birthdates and are often misspelled.

Simultaneously with the development of the MPI, a Master Provider Registry (MPR) is also being developed. Similar to the MPI, an MPR is intended to provide a single index of providers that provide care to Texas patients. Again, the index is intended to permit accurate identification of providers across separate clinical, financial and administrative systems. It also endeavors to seek that providers are appropriately identified to prevent double counting of providers or assignment of provided services to the wrong individual. One of the difficulties in creating the MPR is the fact that the information is self-reported by providers, which leads to inaccurate entries.

Finally, we continue to move forward to achieve our goal of data availability.

APCD Project Phases of Implementation

APCD is currently focused on **Phase I** objectives: Data Submission and Conformance/Quality Checks.

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graph TD
    A[Research / Public Reporting] --> B[Data Submission]
    B --> C[Conformance & Quality]
    C --> D[Data Enhancement]
    D --> A
    
```

Three Technical Phases:

1. **Data Submission**
 - **Submission portal**
 - Registration
 - Notifications
 - Service Desk
 - **Automation**
 - Movement of files from submission to receipt.
 - **Conformance & Quality**
 - Conformance Rules
 - Quality Checks
 - Exception Logic
2. **Data Enhancement**
 - Master Patient Index (MPI)
 - Master Provider Registry (MPR)
 - Data Linkage
 - Claims Reconciliation
 - Anonymization of Records
 - Claims Groupings into Episodes/Admissions
3. **Data Availability**
 - Public Reporting & Qualified Research
 - CHCD Research and Service Contracts

Recommendation

The TX-APCD is not fully-funded and all activities to-date have been supported by UTHealth Houston. UTHealth Houston will seek state funding in the upcoming session of the Texas Legislature.

To assure continued progress in the establishment of the TX-APCD, success in the development of a public portal, and facilitation of meaningful research it is recommended that a legislative appropriation for the TX-APCD be included in the state budget for the 2026–2027 biennium.

Appendix A. TX-APCD Stakeholder Advisory Group

Through House Bill 2090 (HB 2090), the 87th Texas Legislature directed the Texas Department of Insurance (TDI) and the Center for Health Care Data (Center) to collaborate on the creation of the statewide Texas All Payor Claims Database (TX-APCD) and establish a Stakeholder Advisory Group. The Stakeholder Advisory Group is to advise the Center by providing expertise and relevant experience in the development and operation of the APCD for the state of Texas to include the following areas:

1. Establishing and updating the standards, requirements, policies, and procedures relating to the collection and use of data contained in the database.
2. Evaluating and prioritizing the types of reports the Center should publish.
3. Evaluating requirements for data requests from qualified research entities.
4. Assisting the Center in developing recommendations for a report to the legislature by September 1 of even years to further improve the transparency, cost effectiveness, accessibility, and quality of health care in this state.
5. Providing recommendations to meet constituent expectations and improvement of deliverables.

Qualifications and Membership Categories

Membership of the advisory group should represent interests from across the state and stakeholder groups.

The Stakeholder Advisory Group, consistent with Texas Insurance Code §38.403, shall be composed of:

1. The state Medicaid director or the director's designee;
2. A member designated by the Teacher Retirement System of Texas;
3. A member designated by the Employees Retirement System of Texas; and
4. 13 members designated by the Center, including:
 - a. Two members representing the business community, with at least one of those members representing small businesses that purchase health benefits but are not involved in the provision of health care services, supplies, or devices or health benefit plans;
 - b. Two members who represent consumers and who are not professionally involved in the purchase, provision, administration, or review of health care services, supplies, or devices or health benefit plans, with at least one member representing the behavioral health community;
 - c. Two members representing hospitals that are licensed in this state;
 - d. Two members representing health benefit plan issuers that are regulated by the department;

- e. Two members who are physicians licensed to practice medicine in this state, one of whom is a primary care physician; and
- f. Two members who are not professionally involved in the purchase, provision, administration, or review of health care services, supplies, or devices or health benefit plans and who have expertise in:
 - i. Health planning;
 - ii. Health economics;
 - iii. Provider quality assurance;
 - iv. Statistics or health data management; or
 - v. Medical privacy laws.
- g. One member representing an institution of higher learning.

Terms and Requirements for Service

The initial term of membership will be for three years beginning January 1, 2022. The one member representing an institution of higher learning has a term of one-year per House Bill 3414 (88th Reg. Session).

The Stakeholder Advisory Group will hold up to six meetings per year.

APCD Stakeholder Advisory Group Membership

2024

Last	First	Organization	Title	Category
Aiena	Lane	Huntsville Family Medicine	Family Medicine Physician	e. Physician licensed to practice...
Blanton	Jimmy	Medicaid	Director, Office for Value Based Initiatives	Appointed - Medicaid
Chambers	Laura	University of Texas System		g. Institution of Higher Learning
Duran	Blaise	ERS	Director for Actuarial and Reporting Services	Appointed - Employee Retirement System
Holcomb	Holly	Childress Regional Medical Center	CEO	c. Represent licensed hospitals in this state
Love	Karen	Cook Children's Health Plan	President	d. Health Plan issuers
Marks	Elena	Texas Non-Medical Drivers of Health Consortium	Director	f. health planning, public health, access to health services, HIPAA & research involving health data
McCandless	Pati	Blue Cross Blue Shield	VP Government Relations	d. health plan issuers
McCord	John	Texas Retailers Association	Executive Director	b. represent business community
McKay	Kyle	TRS	Health Analytics Manager	Appointed - Teacher Retirement System
Miller	Charles	Texas 2036	Senior Policy Advisor	a. represent consumers
Miff	Jennifer	DFWHC Foundation	President	c. represent licensed hospitals in this state
Snyder	Richard	Texas Medical Association	Chairman of the Board	e. physician licensed to practice
Thyssen	Monica	Meadows Mental Health Policy Institute	Senior Vice President	a. represent consumers - behavioral health
Town	Robert	UT Austin	Professor Economics	f. health economist
Tullos	Jeff	DNOW	Director - Benefits, HRIS, Travel	b. represent business community

Appendix B. General Information

OVERVIEW

House Bill (HB) 2090, a health cost transparency law passed in the 87th Legislative session, establishes the Texas All-Payor Claims Database (TX-APCD) within the University of Texas Health Science Center at Houston School of Public Health Center for Health Care Data (Center). The purpose of the TX-APCD is to increase public transparency of health care information and improve the quality of health care in this state.

WHAT IS THE CENTER FOR HEALTH CARE DATA?

The Center is the largest, research accessible, health care data repository in Texas and was a natural selection to house the TX-APCD. The CHCD is certified by the Center for Medicare and Medicaid Services (CMS) as a Qualified Entity. This certification covers security and appropriate use of Medicare data.

WHAT IS AN APCD?

An APCD is a system that collects health care claims and related data from payors of health care services in a geographic area. The APCD may then provide the public, researchers, stakeholders, and policymakers a transparent reporting from the data resource. The TX-APCD will have claims and eligibility data from commercial payors, government and municipal benefit plans (such as ERS for example), and Medicaid managed care organizations.

TX-APCD AND THE CHCD ARE INDEPENDENT

The Center and TX-APCD do not provide any treatment or other clinical services to patients, create any medical records related to treatment, nor do they do any billing for health care treatment.

PROTECTIONS

HB 2090 does not permit any reporting that publicly identifies individual patients. Per HB 3414, public reporting of the identity of payors that are not required to submit data to the TX-APCD (typically employers) is also similarly protected.

PUBLIC ACCESS PORTAL FOR TRANSPARENCY

The TX-APCD will create a public access portal that will permit Texans to search and retrieve health care information and reports on a regional and statewide basis. The reporting will address health care costs, quality, utilization, outcomes, and disparities as well as access to health care services and population health.

RESEARCH

Researchers from public interest organizations, institutions of higher learning, the Center, and health care providers may access the TX-APCD to conduct studies that are consistent with the law.

REPORT TO THE LEGISLATURE

The TX-APCD must issue a report to the Legislature by September 1 of each even numbered year that (1) analyzes the data submitted by payors, (2) information regarding the submission of data, (3) recommendations of the Center to improve the transparency, cost-effectiveness, accessibility, and quality of health care, and (4) an analysis of the trends of health care affordability, availability, quality, and utilization.

FUNDING

The TX-APCD effort did not receive funding in the 2021 or 2023 legislative sessions. Funding for the TX-APCD will be sought in the 89th legislative session in order to permit the Center to better comply with goals set for the TX-APCD and provide this valuable resource to Texas consumers and lawmakers.

ACCOMPLISHMENTS

As required by HB 2090, the TX-APCD and Center, have timely established a Stakeholder Advisory Group and in cooperation with TDI, adopted regulations for payors on data submission. The TX-APCD has successfully implemented the common data layout for files submission by required payors. An historical claim submission period for claims from January 1, 2019 to the present has concluded. The TX-APCD is now receiving monthly submissions from required payors.

HOW CAN THE TX-APCD BE USED?


Potential Use	Examples
Report on health system spending, utilization (medical and pharmacy), and performance	<ul style="list-style-type: none">• Creation of a public portal reporting on variation by geographic area, plan and program type, as well as disease. Analysis of this variation can help consumers assess what is best for them and aid payors to identify drivers of cost to better target control efforts as well as opportunities for interventions and performance improvement.• Measuring low value care and unnecessary utilization of high cost types of service.
Enhance state policy and regulatory analysis	<ul style="list-style-type: none">• Prepare reports and analysis on issues that are of interest to policymakers.• Study cost impact of COVID-related moratorium on elective services.• Identify pricing variations across regions.• Comparative studies of utilization, cost and quality of care.• Benchmarking state-funded cost, utilization and quality of health care with commercial plans.• Quantify opportunity to impact spending for high-cost beneficiaries.
Enable value-based care delivery and health care improvement	<ul style="list-style-type: none">• Examine statewide medical cost structure, distribution of services, and utilization patterns.

Potential Use	Examples
	<ul style="list-style-type: none"> Analyze pharmacy data to define the scope of cost reduction strategies such as generic drug substitution and specialty drug options. Identify collaborative opportunities to reduce the provision of low-value care through benefit design, education, and incentives.
Support public health monitoring and improvement	<ul style="list-style-type: none"> Provide disease prevalence and incidence surveillance as well as associated costs and utilization; support state initiatives such as registries.
Provide reliable data for health care research and evaluation	<ul style="list-style-type: none"> Compare the differential effects of policies or interventions across payor types and populations among other specific research initiatives.

WHO IS INTERESTED IN THE TX-APCD?

The TX-APCD has already received over numerous statements of interest in data use from different units at Texas agencies (HHSC, DSHS), Texas academic researchers, foundations and not-for-profit organizations. For example:

- Evaluation of the Healthy Texas Women Section 1115 Waiver Demonstration program for HHSC (currently under contract with the Center)
- Opportunities to support and enhance Texas DSHS registries, including Stroke, Birth Defects, Cancers, and Sickle Cell Disease registries
- Exploration of Rural Health issues
- Epidemiological surveillance of emergence or trends of disease or health conditions
- Cancer research
- Mental Health research
- TX-Cares: Texas-Cardiac Arrest Registry to Enhance Survival
- Monitor effectiveness of MCO interventions in Medicaid as members cross plans and across time
- Feasibility of supporting DSHS Maternal Morbidity and Mortality Review Committee
- Opportunities to assess impact of social, environmental and other non-medical cost drivers on health outcomes, utilization and cost of care for different populations

 **UTHealth**[®] | **School of Public Health** | **Center for Health Care Data**
The University of Texas | 1200 Pressler | Houston | TX 77030
Health Science Center at Houston | Ph: 713.500.9000 | <https://go.uth.edu/txapcd>

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