

Reference-based Price Report Potential Savings for CO

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Higher Quality. Lower Cost. A Healthier Colorado.

Reference-Based Price Analysis



- Conducted in partnership with CBGH with funding through the HCPF CO APCD Scholarship fund
- Purpose:
 - Identify trends, variations and potential cost savings for commercial payments in Colorado:
 - By Payers
 - By Facility and Providers
 - By Region
 - Compared to Medicare payments
 - Compared to Statewide Commercial payments
 - Intended to support conversations between payers, employer-purchasers, legislators and others looking for potential ways to reduce health care spending
- Three potential models utilized, although many more exist

Reference-Based Price Methodology

- Analyzed 2012-2016 claims from 33 Colorado commercial health insurance payers to the CO APCD (64% of all commercially insured lives)
- Median payments analyzed (actual payments to providers by patients and health insurance payers)
- Top 12 Inpatient (20% of all inpatient total spend), and top 10 Outpatient (30% of total spend) claims by volume and price
- Outpatient payments were compared to the last published **Medicare fee schedule**, and Inpatient payments were compared to the median payment amounts of **Medicare Fee-for-Service claims in the CO APCD**.
- Three reference-based savings scenarios were used:
 - Normalizing commercial payments to 150% of Medicare (1.5 x)
 - Normalizing commercial payments to 200% of Medicare (2 x)
 - Bringing all commercial payments above the statewide commercial median to the statewide median.

Inpatient and Outpatient Services Analyzed*



Inpatient Services Analyzed

Services with a hospital fee, requiring an overnight stay

Bronchitis & Asthma, DRG 203

Cesarean Section, DRG 766

Cesarean Section, w/Complicating Conditions, DRG 765

Esophagitis, Gastroenteritis, and Digestive Disorders, DRG 392

Heart Failure & Shock, DRG 293

Heart Failure & Shock, w/Complicating Conditions, DRG 292

Major Joint Replace./Reattach., Lower Extremity, DRG 470

Newborn, DRG 795

Spinal Fusion, Non-Cervical, DRG 460

Stroke (Transient Ischemia Attack), DRG 069

Vaginal Delivery, DRG 775

Vaginal Delivery w/Complicating Conditions, DRG 774

Outpatient Services Analyzed

Services with a facility fee, not requiring an overnight stay

Cataract Surgery w/Lens, CPT 66984

Chemo Infusion (1 hr), CPT 96413

Colonoscopy w/Biopsy, CPT 45380

Colonoscopy w/Lesion Removal, CPT 45385

Dialysis Evaluation, CPT 90945

Knee Arthroscopy/Surgery, CPT 29881

Major Joint, Bursa Drain, Injection, CPT 20610

Ultrasound Therapy, CPT 97035

Upper GI Endoscopy w/Biopsy, Single/Multiple, CPT 43239

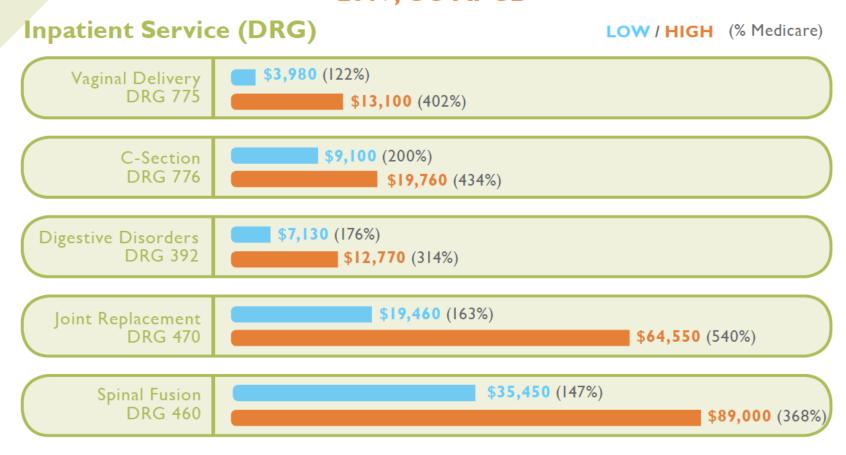
Laparoscopy Appendectomy, CPT 44970

*Professional Office Visits also available on interactive version of this report at www.civhc.org.

Variation in Facility Payments - Inpatient



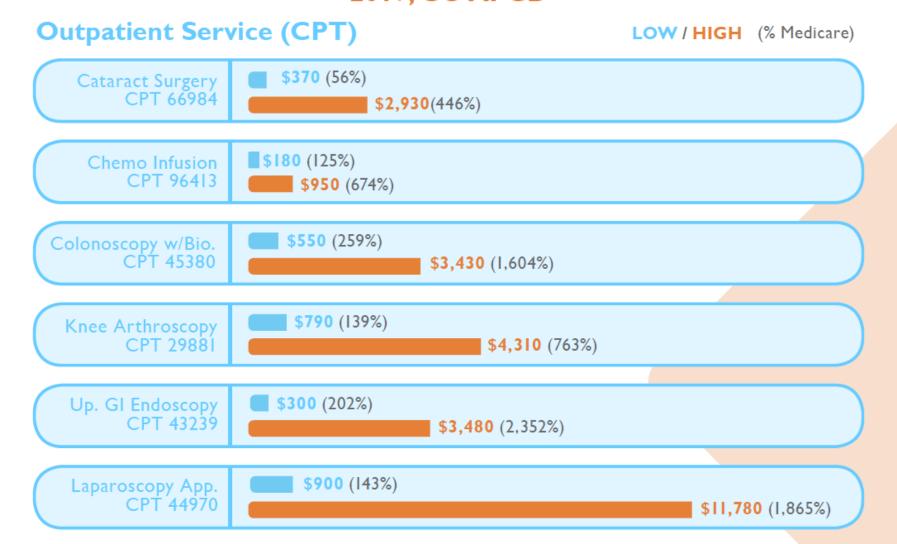
Inpatient Variation in Facility Median Paid Amount & Percent of Medicare 2017, CO APCD



Variation in Facility Payments - Outpatient



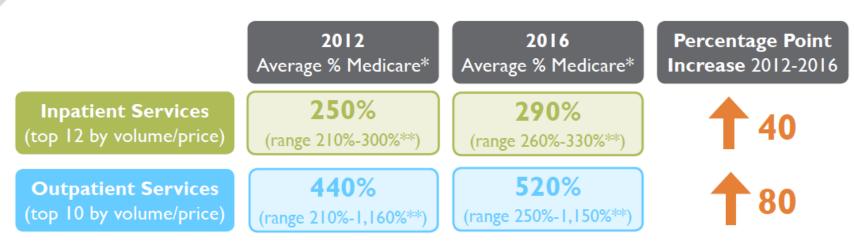
Outpatient Variation in Facility Median Paid Amount & Percent Medicare 2017, CO APCD





Statewide Trend Results

Statewide Results: Percent of Medicare Fee Schedule Comparison/Trend Commercial Payers, 2012 & 2016, CO APCD



^{*} Average % Medicare reflects the average percent of Medicare across all services analyzed in each category.

^{**} Range reflects lowest average % Medicare rate and highest average % Medicare rate across the individual services analyzed.



Potential Statewide Savings: \$42-178M

Statewide Results: Inpatient & Outpatient Annual Potential Savings Scenarios Commercial Payers, 2016, CO APCD

Total Current Spend Median Price (potential savings*)

200% Medicare (potential savings**)

150% Medicare (potential savings**)

Inpatient Services (top 12 by volume/price)

\$284 million

\$36 million

\$86 million

\$136 million

Outpatient Services (top 10 by volume/price)

\$59 million

\$13 million

\$36 million

\$42 million

Total (IP/OP) (rounded to nearest mil.)

\$343 million

\$49 million

\$122 million

\$178 million

^{*} Median price potential savings reflects potential annual statewide savings if all IP/OP payments analyzed that were above the statewide median were paid at the statewide median price. Assumes prices below the statewide median remain the same.

^{** 150%} and 200% Medicare Potential Savings reflects potential annual statewide savings if all IP/OP payments analyzed were normalized to either 150% or 200% Medicare payments.

In Perspective



\$178 Million Dollars Could Pay For:

Groceries for a year for 17,000 families of four

Childcare for a year for 13,000 families of four^{vii} Annual tuition and fees at CU Boulder for 12,000 students

Affordable housing units for 890 families in need^{ix}





Regional Inpatient Results: Price Comparison, High to Low as % Medicare Commercial Payers, 2016, CO APCD

Division of Insurance Region

Median Inpatient Price (% of Medicare)

West	386%
East	374%
Ft. Collins	354%
Grand Junction	347%
Greeley	326%
Denver	280%
Pueblo	278%
Colorado Springs	251%
Boulder	242%

1.6 x Difference



Regional Opportunities – West DOI Inpatient



\$8.9-16.3 Million in Potential Savings

Regional Cost Savings Analysis, Inpatient
West DOI Region, Commercial Payers, 2016, CO APCD

Total West DOI
Current Spend

Median Price (potential savings*)

200% Medicare (potential savings**)

150% Medicare (potential savings**)

Inpatient Services (top 12 by volume/price)

\$26.7 million

\$8.9 million

\$12.8 million

\$16.3 million

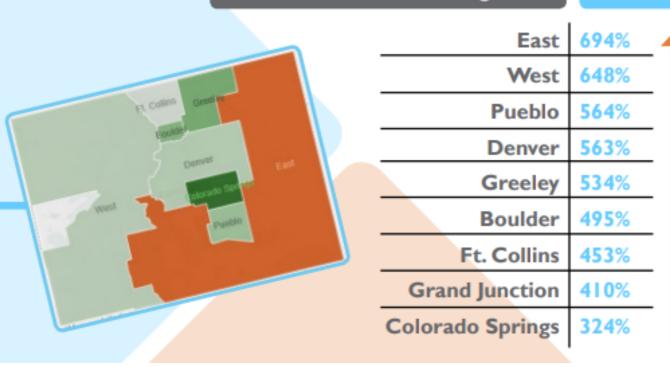




Regional Outpatient Results: Price Comparison, High to Low as % Medicare Commercial Payers, 2016, CO APCD

Division of Insurance Region

Median Outpatient Price (% of Medicare)

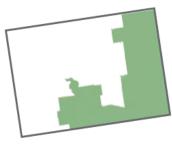


2.1 x Difference

Regional Opportunities – East DOI Outpatient



\$990k-1.9 Million in Potential Savings



Regional Cost Savings Analysis, Outpatient
East DOI Region, Commercial Payers, 2016, CO APCD

Total East DOI
Current Spend

Median Price (potential savings*)

200% Medicare (potential savings**)

150% Medicare (potential savings**)

Outpatient Services (top 10 by volume/price)

\$2.4 million

\$990k

\$1.7 million

\$1.9 million

Regional Opportunities – Denver IP/OP



\$24-93 Million in Potential Savings

Regional Cost Savings Analysis, Inpatient/Outpatient
Denver DOI Region, Commercial Payers, 2016, CO APCD

Total Denver DOI
Current Spend

Median Price (potential savings*)

200% Medicare (potential savings**)

150% Medicare (potential savings**)

Inpatient Services (top 12 by volume/price)

\$156 million

\$16 million

\$45 million

\$72 million

Outpatient Services (top 10 by volume/price)

\$29 million

\$8 million

\$18 million

\$21 million

Total (IP/OP) (rounded to nearest mil.)

\$185 million

\$24 million

\$63 million

\$93 million

^{*} Median price potential savings reflects potential annual statewide savings if all IP/OP payments analyzed that were above the statewide median were paid at the statewide median price. Assumes prices below the statewide median remain the same.

^{** 150%} and 200% Medicare Potential Savings reflects potential annual statewide savings if all IP/OP payments analyzed were normalized to either 150% or 200% Medicare payments.

CO Employer Case Study



\$530k-3.3 Million in Potential Savings

Inpatient Annual Potential Employer Savings Scenarios Commercial Payers, 2016, CO APCD

Total Current Spend Median Price (potential savings*)

200% Medicare (potential savings**)

150% Medicare (potential savings**)

100% Medicare (potential savings**)

Inpatient
Services
(top 12 by
volume/price)

\$5.1 million

\$530k

\$1.5 million \$2.4 million

\$3.3 million

^{*} Median price potential savings reflects potential annual savings for a Colorado employer if all inpatient payments analyzed that were above the statewide median were paid at the statewide median price. Assumes prices below statewide median remain the same.

^{** 100%, 150%} and 200% Medicare Potential Savings reflects potential annual savings for a Colorado employer if all outpatient payments analyzed were normalized to either 100%, 150% or 200% Medicare payments.

National Implementation



Montana Case Study

- In 2017 with \$9M in deficits projected, the Montana State Employee Plan negotiated 234% of Medicare rates with the majority of hospitals in the state.
- In the first year, \$15.6M was saved using the reference-based pricing model.
- As a result of Montana's success, North Carolina plans to implement something similar for their state employee health plan in Jan. 2020

Moving Forward in Colorado



- Payers/providers/employers/legislators and others should consider using reference-based models as one potential cost-savings model
- CO APCD can be used as a source to analyze potential impact and further discussions
- Other considerations geographic location, type of facility, payer mix, etc. need to be considered when developing new models of payment

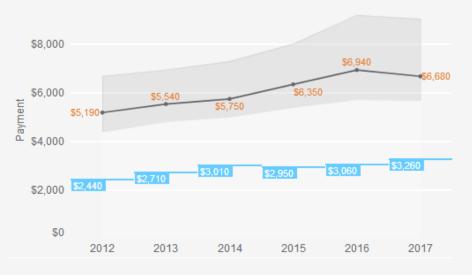


Hospital Procedures Select REGION: Select PROCEDURE: Select YEAR: Statewide Vaginal Delivery (normal), DRG 775 2017 Median Commercial Payment to Facilities by Region Commercial Payer Volume and Median Payment Vaginal Delivery (normal), DRG 775, 2017 Vaginal Delivery (normal), DRG 775, Statewide Region, 2017 \$10,000 \$8,000 2,000 Payment \$6,000 \$4,000 West East WILL NEED TO PUT IN FINAL LINK WHEN LIVE REPORT IS READY ON OUR SITE @ OpenStreetMa



Commercial Payment Range by Year

Vaginal Delivery (normal), DRG 775, Statewide Region, 2012-2017



Facility Volume and Median Commercial Payment

Vaginal Delivery (normal), DRG 775, Statewide Region, 2017





Median Payment

Volume

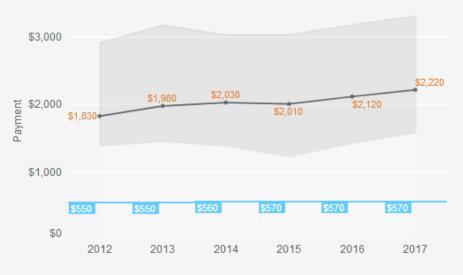
Other Procedures Select REGION: Select PROCEDURE: Select YEAR: Statewide Knee Arthroscopy/Surgery, CPT 29881 2017 Median Commercial Payment to Facilities by Region Commercial Payer Volume and Median Payment Knee Arthroscopy/Surgery, CPT 29881, 2017 Knee Arthroscopy/Surgery, CPT 29881, Statewide Region, 2017 \$3,000 600 t. Collins Greelen \$2,500 500 Median Payment \$2,000 400 Denver \$1,500 300 \$1,000 200 \$500 Medicare Payment 100 \$0 0 Payer AU Payer AX Payer AQ Payer BI @ OpenStreetMap contributors Median Allowed Amount \$1,270

\$4,870



Commercial Payment Range by Year

Knee Arthroscopy/Surgery, CPT 29881, Statewide Region, 2012-2017



Facility Volume and Median Commercial Payment

Knee Arthroscopy/Surgery, CPT 29881, Statewide Region, 2017





Questions

Comments

Insights

Contact Info



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