CO APCD Advisory Committee

November 12, 2019
Agenda

• Opening Announcements
• Welcome
• Operational Updates
• CO APCD Scholarship Subcommittee
• Regulatory and Legislative Updates
• Analytics and Reporting Updates
• Public Comment
Operational Updates

Ana English, MBA •

CIVHC President and CEO
CO APCD Funding Sources

• State Related
  ▪ CMS 50/50 – CAP outstanding questions; funding risks
  ▪ State General Fund – Approved GF $3.5M (~$2.6M new)
  ▪ State Medicaid Analytics Contract - Recurring Contract
  ▪ SIM/TCPI – Finalization of Contracts

• Non-State Related
  ▪ Non-State CO APCD Data Requestors – Multi-Stakeholder
  ▪ Grant Related CO APCD Contracts – AHRQ Research Grant
Data User Support: CO APCD Data Brief

**Goal:** To improve transparency regarding CIVHC processes, CO APCD data, and progress on development of new data and analytics, to improve trust and communication with all stakeholders.

**Frequency:** Every other Monday morning, via email blast

**Distribution List:**
- State Agencies – HCPF, DOI, HHS, CBHC, OeHI, CDPHE,
- Governor's Office
- Data Release Review Committee (DRRC)
- CO APCD Advisory Committee (CAAC)
- CIVHC Board
- CIVHC Staff
- Employer Community/Alliances
- Health Committee Legislators
- Data Users Group / Current & Past Users as appropriate

*Also have opt-in opportunity in newsletter*
Data User Support: CO APCD Data Brief

Content (as relevant):

- Updates to Enhanced Analytics Timeline
- Data Quality Progress
- Updates to Standard/Employer/Community Reports
- New/Upcoming Public Releases
- Data Discovery Information/Log
- Performance Standards Updates – survey data, timeliness, data completeness, etc.
- New Data-centric Presentations/Resources
- Any general announcements applicable (events, etc)
- LinkedIn group info

Feedback from the CAAC:
- Is the information in Brief helpful?
- What is working?
- What can we do better?
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CO APCD Scholarship Subcommittee

Peter Sheehan •
CIVHC VP of Business Development
Applications Approved

Thirteen projects totaling $275,056, 55% of the $500,000 total available, has been approved through the application review process.

Leaving $224,944, or 45% available.

Pending Projects

Four other projects totaling $96,230 are either in the review process or being queued for review. If these applications are approved:

• $128,715 or 26%, would be available through the rest of the fiscal year.

One project has not been approved, primarily due to a narrow scope and whether it merited use of public funds.
## FY 20 Scholarship – YTD Summary

<table>
<thead>
<tr>
<th>Data Requestor Organization</th>
<th>Project</th>
<th>Scholarship Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Requests</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CU Anschutz - Division of Health &amp; Policy &amp; Research</td>
<td>20.01 HIE Participation &amp; Post Acute Care Patient Outcomes</td>
<td>$39,066</td>
</tr>
<tr>
<td>CU Colorado Clinical &amp; Transitional Sciences Institute</td>
<td>19.96 Lung Cancer Screening &amp; Proximity Report</td>
<td>$22,132</td>
</tr>
<tr>
<td>CU School of Medicine - Dept. of Neurology</td>
<td>19.87 Neurology Adolescent Stroke Risk Factors</td>
<td>$33,392</td>
</tr>
<tr>
<td>CU Denver</td>
<td>19.03 Emergency Care following Bariatric Surgery</td>
<td>$41,396</td>
</tr>
<tr>
<td>Northern Colorado Consortium</td>
<td>19.114.1 Knee Replacement/Revision Episodes &amp; Referral Patterns</td>
<td>$17,024</td>
</tr>
<tr>
<td>Includes: Larimer County, Northern Colorado IPA,</td>
<td>19.114.2 Advanced Care Directives Code Evaluation</td>
<td>$2,888</td>
</tr>
<tr>
<td>Colorado Business Group on Health</td>
<td>19.114.4 Northern Colorado Low Value Care</td>
<td>$1,520</td>
</tr>
<tr>
<td>CO Consortium for Prescription Drug Abuse &amp; Prevention</td>
<td>19.37 CO Opioid Use &amp; Abuse Prevention Evaluation</td>
<td>$33,510</td>
</tr>
<tr>
<td>CO Dept. of Labor &amp; Employment</td>
<td>20.07 Trauma Activation Fees</td>
<td>$800</td>
</tr>
<tr>
<td>9Health</td>
<td>19.191 Economic Value of 9Health Screenings</td>
<td>$9,856</td>
</tr>
<tr>
<td>Mesa County Public Health</td>
<td>20.23 Mesa County Health Care Cost Analysis</td>
<td>$18,995</td>
</tr>
<tr>
<td>Local First</td>
<td>20.18 Southwest Health Alliance Cost Analysis</td>
<td>$18,995</td>
</tr>
<tr>
<td>Peak Health Alliance</td>
<td>20.34 &amp; 20.35 Limited Data Set &amp; Custom Outmigration Report</td>
<td>$35,482</td>
</tr>
<tr>
<td><strong>Total FY 20 Scholarship Dollars Allocated</strong></td>
<td></td>
<td><strong>$275,056</strong></td>
</tr>
<tr>
<td><strong>FY 20 Scholarship Amount Remaining</strong></td>
<td></td>
<td><strong>$224,944</strong></td>
</tr>
</tbody>
</table>
Application Reconsideration Process

Proposed Reconsideration Process For Discussion
Scholarship applications that have been denied can be reconsidered if the following conditions are met:

• The reason for initial denial must be addressed in a revised application
• Scholarship funding must still be available for that fiscal year
• The month of February has been suggested as the appropriate time to bring back applications for reconsideration for the following reasons:
  1. This provides ample time for other applications to be reviewed and funded through the Scholarship process
  2. It allows enough time for projects to be placed into the production queue and completed before end of the fiscal year, June 30th.
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Regulatory and Legislative Updates

Vinita Bahl, DMD, MPP •
CIVHC VP of Analytics and Data
APM/Drug Rebate Analysis Timelines

• Receipt of Data (APM/Rebate) from Submitters:
  • Historical files 2016-2018 due September 30, 2019

• Status of File Submissions
  • APM: files from all 20 submitters received
  • Drug Rebate: files from 29 submitters received; 5 not received

• Validation and Analysis Timeline
  • Validation and resolution of questions, October 31
  • Primary care spending report, November 15
  • Summary reports and analysis, December 31
APM/Drug Rebate File Validation Checks

• Validation Checks
  • Quantitative check of completeness and accuracy of APM and drug rebate data, based on comparison of subset of submitted data with CO APCD
  • Qualitative evaluation of submitted data

• Validation results sent to submitters
• More than 30 meetings with submitters held to-date to resolve questions and submission errors
Proposed Regulatory Changes

• Recommended DSG Changes (DSG v11) for public stakeholder hearing week of October 21, ED rule hearing November 22 with implementation in Spring 2020. Goals of DSG recommended changes:
  • Improve quality of submitted data
  • Improve completeness of data
  • Move towards adoption of national standards and to be more consistent with APCD Council Common Data Layout

• Propose changes to the Alternative Payment Model / Drug Rebate File Submissions for rule hearing in early 2020 with Implementation Mid-2020
  • Changes to APM and drug rebate file submissions will not be proposed until after recommendations for DSG v11 are presented to payers.
CO APCD Data to Support Legislation

Out-of-Network

• Addresses payment for
  • Services of out-of-network providers in in-network facilities
  • Emergency services at an out-of-network facility

• Payment based on greater of carrier-specific rate or CO APCD 60\textsuperscript{th} or 50\textsuperscript{th} percentile allowed amount

• Methodological Challenges
  • Insufficient volume of services
  • Professional anesthesia services – insufficient volume, inconsistent definition of time unit values, invalid data
  • Emergency services – bundled payments; defined differently by payer
CO APCD Data to Support Legislation

Out-of-Network (continued)

• CO APCD allowed amounts created for:
  • Professional services, excluding anesthesia
  • Professional services for anesthesia
  • Facility ER services, including:
    • ER case rates + high-cost carve-out services
    • Observation case rate
    • Outpatient surgery case rate
    • Admit from the ED
Primary Care Payment Reform Collaborative

• Goal: Calculate primary care spending as a percentage of total medical spending

<table>
<thead>
<tr>
<th>Claims-based payments for primary care</th>
<th>+</th>
<th>Non-claims-based payments for primary care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total claims-based payments</td>
<td>+</td>
<td>Total non-claims-based payments</td>
</tr>
</tbody>
</table>
CO APCD Data to Support Legislation

Primary Care Payment Reform Collaborative (continued)

• Status of Calculating Primary Care Spending
  • Produced report of primary care spending as a percentage of total medical expenditures in August 2019
    • Included fee-for-service payments, but not most non-claims-based payments
  • New report of primary care spending, based on Alternative Payment Model submissions under development
    • Will include fee-for-service and non-claims-based payments
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Analytics and Reporting Updates

Vinita Bahl, DMD, MPP •
CIVHC VP of Analytics and Data

Cari Frank, MBA •
CIVHC VP of Communication and Marketing
New Analytic Development

Low Value Care

• What is low value care?
  • Treatments and diagnostic and screening tests where risk of harm or costs exceeds the likely benefit for patients
  • Defined by a national boards and medical specialty societies; documented low value services as guidelines called Choosing Wisely

• CIVHC, with sponsorship from HCPF, engaged Milliman to apply their MedInsight software to CO APCD to measure use and cost of 48 low value services
New Analytic Development

Low Value Care (continued)

• Submitted draft report to HCPF summarizing findings from analysis of results from 2015-2017; included discussion of potential improvement interventions

• High-level results and benchmarks

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Value Index</td>
<td>35.3%</td>
<td>34.9%</td>
<td>47.2%</td>
</tr>
</tbody>
</table>

(Comparison of low value care spending not displayed because states use different methods of measuring spending)
New Analytic Development

Low Value Care (continued)

• Thirteen services accounted for 81% of spending for low value care

• Investigation of measurement details uncovered unexpected results raising questions about the validity of a portion of services classified as low value

• Next steps
  • Review draft report with HCPF; discuss strategies for engaging providers and other key stakeholders and for releasing results
  • CIVHC to summarize results by provider
New Analytic Development

PROMETHEUS / Episodes of Care

• Submitted CO APCD data to Payformance for creation of episodes in August 2019

• CIVHC and Payformance jointly tested and created method of importing data for episode creation

• Payformance in process of creating episodes; estimated completion November 15
New Analytic Development

PROMETHEUS / Episodes of Care (continued)

• Next steps

1. Import episode results into CO APCD
2. Compare Payformance Medicaid episodes to those generated by HCPF
3. Evaluate completeness of the procedure episodes, i.e., the percentage of each type of procedure that was included in a Prometheus episode
4. Assess validity of procedure episode PACs, based on an evaluation of triggering diagnoses
Medicare Reference-based Pricing – County/DOI (Get Data/Interactive/Reference Pricing)
Medicare Reference-based Pricing – Individual Hospital Facility, with Quality

<table>
<thead>
<tr>
<th>Inpatient and Outpatient Services</th>
<th>Hospital Name</th>
<th>Hospital % of Medicare</th>
<th>DOI % of Medicare</th>
<th>County % of Medicare</th>
<th>Patient Experience</th>
<th>Hospital Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Centura Health-Porter Adventist Hospital</td>
<td>250%</td>
<td>260%</td>
<td>200%</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
<tr>
<td></td>
<td>Denver Health Medical Center</td>
<td>240%</td>
<td>260%</td>
<td>200%</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
<tr>
<td></td>
<td>National Jewish Health</td>
<td>Null</td>
<td>260%</td>
<td>200%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Presbyterian St Lukes Medical Center</td>
<td>260%</td>
<td>260%</td>
<td>200%</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
</tbody>
</table>

Blank regions in the map indicate that the value was suppressed due to low volume.
- Not available for hospitals that are not required to report to Centers for Medicare & Medicaid Services due to low Medicare volume.
Medicare Reference-Based Commercial Price Variation By County for Inpatient/Outpatient Combined Hospital Services, 2015-2017

17 counties are paying more than 3 times Medicare prices for inpatient/outpatient combined hospital services.

10 counties are paying less than 2 times Medicare prices for inpatient/outpatient combined hospital services.

This information is based on data from the RAND Corporation analysis (https://www.rand.org/pubs/research_reports/RR13933.html) of commercial health insurance payments in the Colorado All-Payer Claims Database (CO APCD) from 2015-2017. Percentage of Medicare represents the total commercial payment divided by the Medicare payment for those services where Medicare is the baseline at 100%. Visit www.civhc.org for the interactive and downloadable dataset. Not all counties are available due to low volume.
Report shows Employer’s Medicare reference-based pricing and volumes of services for both inpatient and outpatient services as well as a breakout by Fully-Insured and Self-Insured Plan.

<table>
<thead>
<tr>
<th>Employer Name Here</th>
<th>Total Services</th>
<th>Total Allowed</th>
<th>Total Simulated</th>
<th>Percent of Medicare</th>
<th>IP Services</th>
<th>IP Standard Price</th>
<th>Simulated Price</th>
<th>OP Percent of Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYER</td>
<td>5,789</td>
<td>$21,729,755</td>
<td>$6,409,413</td>
<td>339%</td>
<td>337</td>
<td>$25,086</td>
<td>$77</td>
<td>455%</td>
</tr>
<tr>
<td>Fully-insured</td>
<td>2,381</td>
<td>$9,205,152</td>
<td>$3,246,523</td>
<td>284%</td>
<td>167</td>
<td>$10,686</td>
<td>$71</td>
<td>467%</td>
</tr>
<tr>
<td>Self-insured</td>
<td>3,408</td>
<td>$12,524,603</td>
<td>$3,162,889</td>
<td>396%</td>
<td>170</td>
<td>$33,782</td>
<td>$81</td>
<td>448%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statewide</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>559,179</td>
<td>$1,855,463,715</td>
<td>$692,826,765</td>
<td>25%</td>
<td>45,523</td>
<td>$16,344</td>
<td>$7,447</td>
<td>219%</td>
</tr>
</tbody>
</table>

By DOI Region

<table>
<thead>
<tr>
<th>DOI Region</th>
<th>Total Services</th>
<th>Total Allowed</th>
<th>Total Simulated</th>
<th>Percent of Medicare</th>
<th>IP Services</th>
<th>IP Standard Price</th>
<th>Simulated Price</th>
<th>OP Percent of Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boulder</td>
<td>70,306</td>
<td>$177,921,206</td>
<td>$86,208,097</td>
<td>214%</td>
<td>6,657</td>
<td>$12,743</td>
<td>$251</td>
<td>228%</td>
</tr>
<tr>
<td>Colorado Springs</td>
<td>43,395</td>
<td>$128,877,586</td>
<td>$47,477,322</td>
<td>271%</td>
<td>3,513</td>
<td>$15,260</td>
<td>$291</td>
<td>336%</td>
</tr>
<tr>
<td>Denver</td>
<td>278,769</td>
<td>$1,070,812,339</td>
<td>$402,343,959</td>
<td>266%</td>
<td>27,276</td>
<td>$16,453</td>
<td>$291</td>
<td>384%</td>
</tr>
<tr>
<td>East</td>
<td>19,139</td>
<td>$36,168,118</td>
<td>$13,480,637</td>
<td>268%</td>
<td>566</td>
<td>$15,691</td>
<td>$446</td>
<td>301%</td>
</tr>
<tr>
<td>Ft. Collins</td>
<td>12,228</td>
<td>$36,111,327</td>
<td>$10,726,641</td>
<td>237%</td>
<td>600</td>
<td>$18,081</td>
<td>$313</td>
<td>432%</td>
</tr>
<tr>
<td>Grand Junction</td>
<td>16,619</td>
<td>$63,116,440</td>
<td>$19,898,431</td>
<td>317%</td>
<td>1,212</td>
<td>$19,786</td>
<td>$848</td>
<td>409%</td>
</tr>
<tr>
<td>Greeley</td>
<td>12,228</td>
<td>$36,111,327</td>
<td>$10,726,641</td>
<td>237%</td>
<td>600</td>
<td>$18,081</td>
<td>$313</td>
<td>416%</td>
</tr>
<tr>
<td>Pueblo</td>
<td>23,624</td>
<td>$64,665,866</td>
<td>$21,043,245</td>
<td>307%</td>
<td>1,254</td>
<td>$16,036</td>
<td>$7,077</td>
<td>227%</td>
</tr>
<tr>
<td>West</td>
<td>54,270</td>
<td>$152,529,985</td>
<td>$60,372,376</td>
<td>253%</td>
<td>2,164</td>
<td>$20,312</td>
<td>$10,228</td>
<td>199%</td>
</tr>
</tbody>
</table>

Medicare reference-based pricing and volumes also calculated by Division of Insurance (DOI) region.
Employers can benchmark themselves to the statewide, regional, or county percent differences to understand how their prices compare. Employers can conduct further analysis using CO APCD data to understand costs and volumes for specific procedures.
# ED Severity Level Data Byte

## Colorado Emergency Department Facility Payments and Price Range, Commercial Payers

**Colorado All Payer Claims Database, 2018**

<table>
<thead>
<tr>
<th>Emergency Department Severity Level &amp; CPT Code</th>
<th>Average Allowed Amount</th>
<th>Median Allowed Amount</th>
<th>Allowed Amount Range</th>
<th>Maximum Allowed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity Level 1: 99281</td>
<td>$346</td>
<td>$293</td>
<td>$190-$495</td>
<td>$4,967</td>
</tr>
<tr>
<td>Severity Level 2: 99282</td>
<td>$525</td>
<td>$464</td>
<td>$337-$700</td>
<td>$8,758</td>
</tr>
<tr>
<td>Severity Level 3: 99283</td>
<td>$1,072</td>
<td>$998</td>
<td>$691-$1500</td>
<td>$22,388</td>
</tr>
<tr>
<td>Severity Level 4: 99284</td>
<td>$1,754</td>
<td>$1,592</td>
<td>$1,000-$2317</td>
<td>$13,861</td>
</tr>
<tr>
<td>Severity Level 5: 99285</td>
<td>$3,115</td>
<td>$2,949</td>
<td>$1,990-$4687</td>
<td>$47,779</td>
</tr>
</tbody>
</table>

Allowed Amounts represent facility payments made by commercial health insurance companies and patients to Colorado Emergency Departments for severity level evaluation and management Current Procedural Terminology (CPT) codes. Allowed Amount Range represents the 25th to 75th percentile allowed amounts paid, and the Maximum Allowed Amount is the highest allowed amount paid for that CPT code at an ED facility. These payment estimates do not include amounts for other services which may be performed during the visit such as lab tests, imaging services, surgical procedures, or other fees that may be billed directly by the ED physician or provider. For ED Severity Level billing trends, visit the Publications page of www.civhc.org.
Blinded Data Byte Process

• What is a Data Byte?
  • A public data release requiring less than 8 hours of development time.
  • Available to requesting stakeholders as internal resources are available, and as evaluated by the CAAC.
  • Completed Data Bytes are provided to the requestor and published at on civhc.org

• Proposed Process: Blind requestors for CAAC review and only provide names if requestor approves prior to release.
Upcoming Public Reporting

• Data Bytes
  • ER/Mental Health Utilization (media request) – November
  • Low birthweight and Premature Births (leg. Request) – November
  • Pending review – Adverse Reactions to Vaccinations

• Aligning additional future public reports with state and employer deliverables – Low Value Care, APM and Drug Rebate, etc.
New CO APCD Annual Report Process

• FY 19 CO APCD Annual Report to the General Assembly only will cover items required by statute
• Committee review via email in December
• CIVHC will submit early January
Annual Report Required Items

• The uses of the data in the all-payer health claims database;
• Public studies produced by the administrator;
• The cost of administering the Colorado all-payer health claims database, the sources of the funding, and the total revenue taken in by the database;
• The recipients of the data, the purposes for the data requests, and whether a fee was charged for the data;
• A fee schedule displaying the fees for providing custom data reports from the Colorado all-payer health claims database.
Evaluating a May/June “State of the State” Report using CO APCD

• Summary information of what we are seeing for trends and opportunities
  • Cost (PMPM)
  • Low Value Care
  • Prometheus
  • APMs
  • Drug Rebates
  • Etc.
Future Meetings

9am – 11am
February 11, May 12, August 11, November 10