



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

CO APCD
Advisory Committee
May 15, 2018



Agenda

- Welcome and Introductions
- Public Reporting Update
 - Recent Public Releases
 - Upcoming Releases
- Legislative Topics
 - CIVHC and the CO APCD's Role in 2018 Legislation
 - CMS 50/50 Matching Funds Update
 - CO APCD 2018 Rule Change
 - CO APCD/HCPF Scholarship Administration
- Questions, Comments, Suggestions



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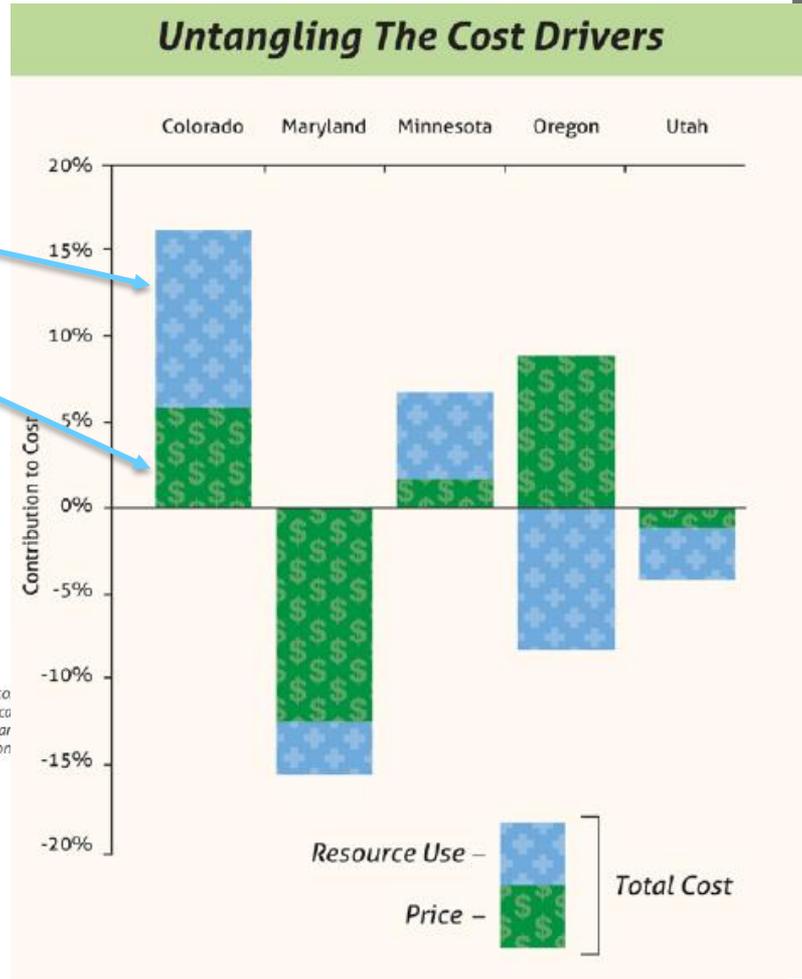
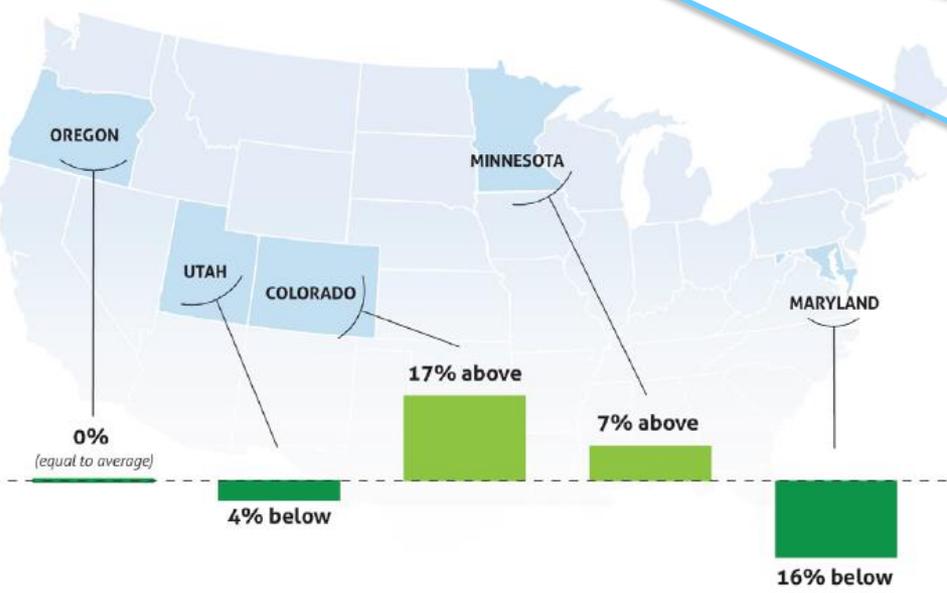
Public Reporting Update

Public Reporting: Feb 2018

Total Cost of Care Project: CO White Paper



CO Costs 17% Higher Due to Price AND Utilization

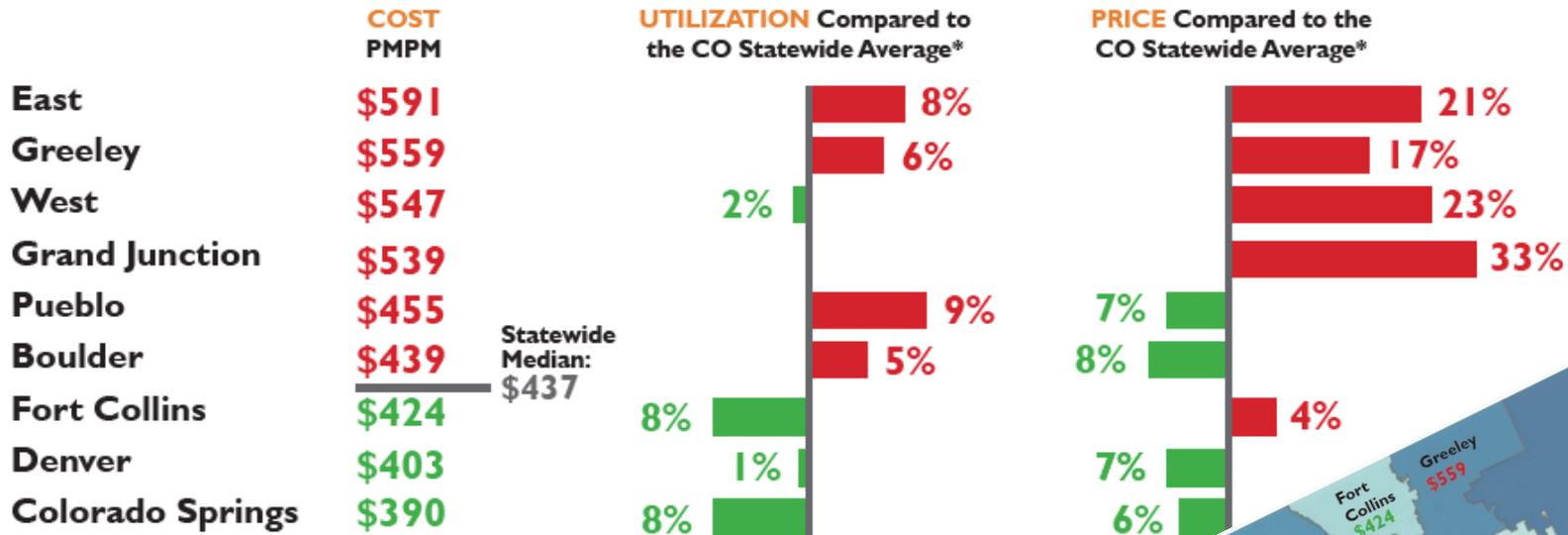


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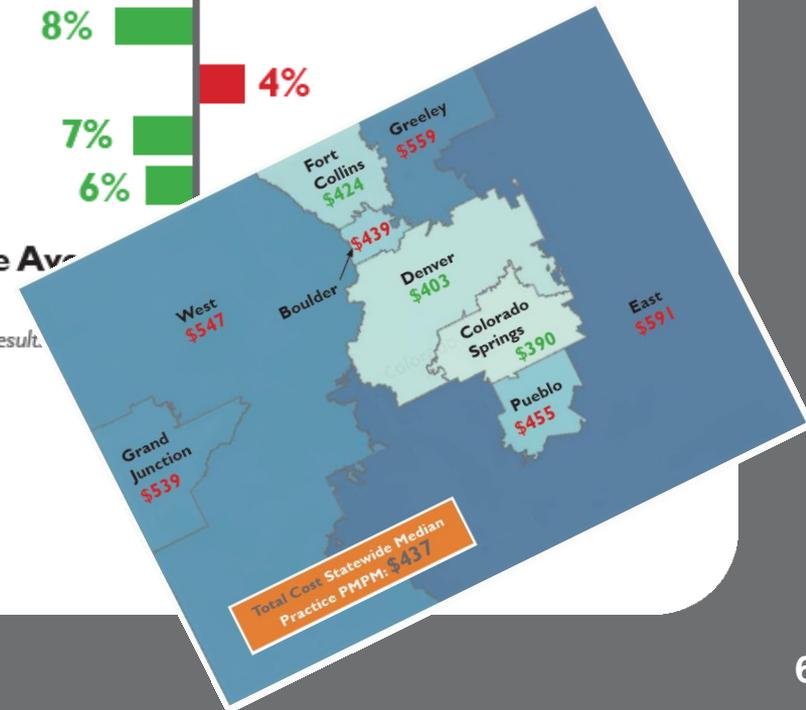


Table 2. Total (Inpatient, Outpatient, Professional, Pharmacy) Median Risk-Adjusted Per Member Per Month (PMPM) Cost by CO Division of Insurance Region



Statewide Average Statewide Average

*Statewide averages only reflect results.

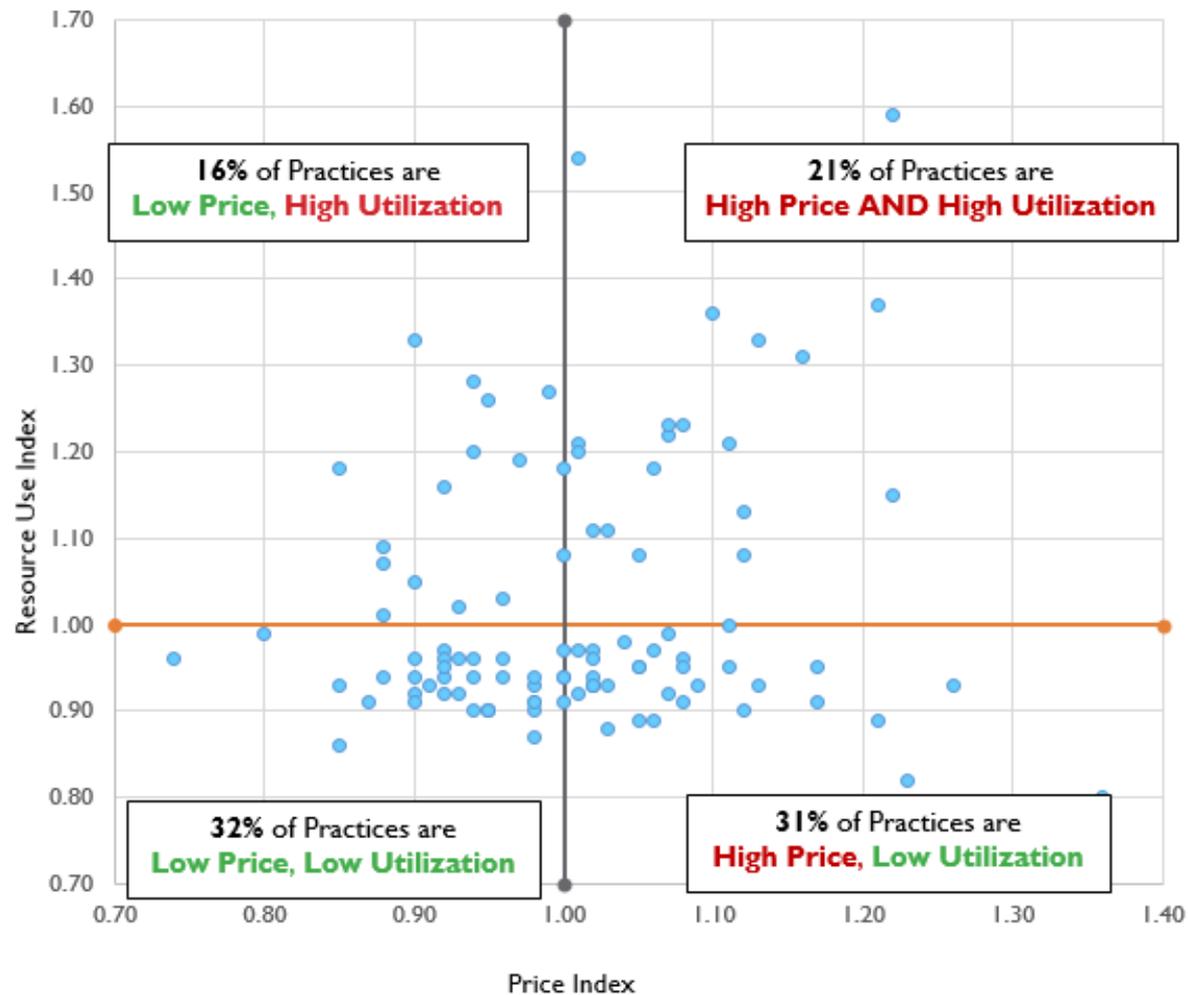


Public Reporting: Feb 2018

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Physician Practice Cost and Utilization Comparison



Quality Interactive Report Insights

Prescriptions for Asthma

89%

of Coloradans receive appropriate prescriptions for asthma



Highest Quality of Care (all payers, statewide)

Colorectal Cancer Screening

Only

28%

of Coloradans get colorectal cancer screening



Lowest Quality of Care (all payers, statewide)

Breast Cancer Screening

Women in rural counties have a lower percentage of breast cancer screening than women in urban counties. (all payers, statewide)



58%

of Urban

49%



of Rural

Diabetes A1c Testing



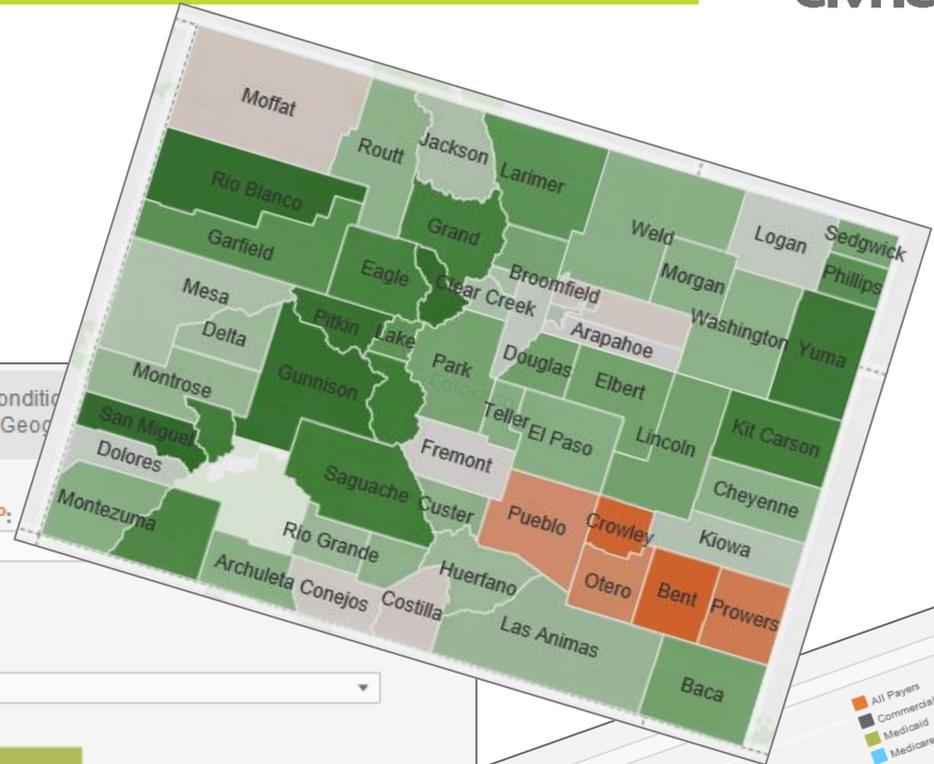
1 in 4 diabetes patients **DO NOT** receive their A1c test at least once a year. (all payers, statewide)



Public Interactive Reports – Condition Prevalence



- Asthma
- Breast Cancer
- Cervical Cancer
- COPD
- Colorectal Cancer
- Diabetes I & II
- Hypertension

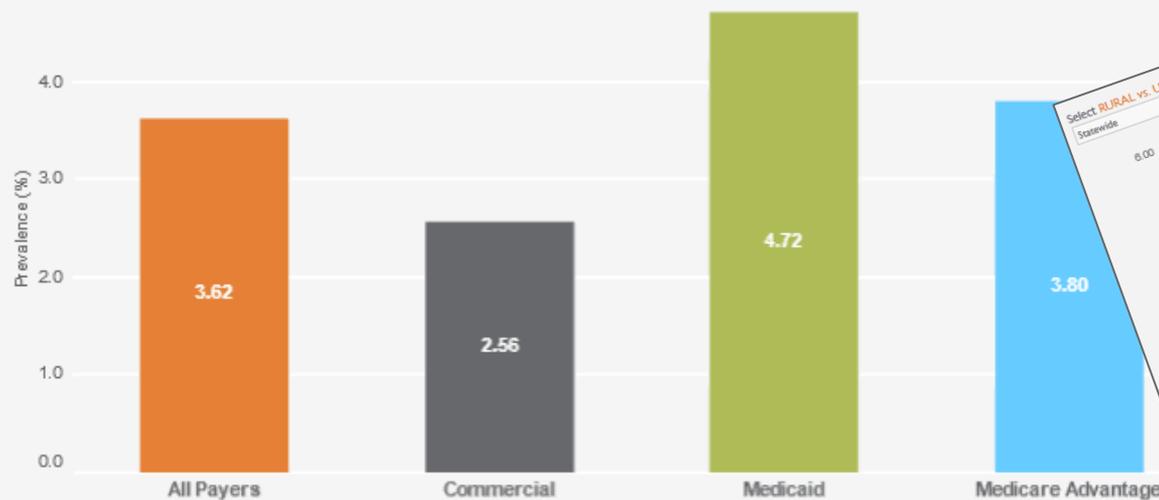


Condition Prevalence Overview | Condition Prevalence Trends | Condition & Geography

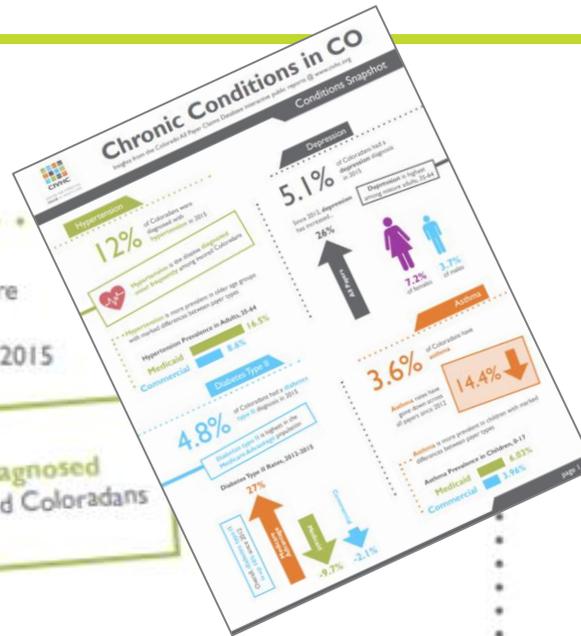
Select **CONDITION**: Asthma | Select **YEAR**: 2015 | Select **AGE GROUP**: All

Prevalence (%), by Payer Type and Geography

Select **RURAL vs. URBAN**: Statewide



Chronic Conditions Insights



Hypertension

12% of Coloradans were diagnosed with hypertension in 2015



Hypertension is the disease diagnosed most frequently among insured Coloradans

- Hypertension is more prevalent in older age groups with marked differences between payer types

Hypertension Prevalence in Adults, 35-64



Depression

5.1% of Coloradans had a depression diagnosis in 2015

Since 2012, depression has increased...

26%



7.2%
of females



3.7%
of males

Depression is highest among mature adults, 35-64

Upcoming Releases of CO APCD Data

Consumer Shopping Tool

My Selections

Change

- Service (Select): **Knee Arthroscopy**
- Location (Select Zip): **80128**



CIVHC
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Facility Name	Distance	Estimated Price	Quality	
		Total Price (median plan/patient paid amt)	Patient Experience	5-Star Hospital Ranking
Named Hospital A	1.5 m	\$15,000	★★★★★	★★★★★
Named Hospital B	2.5 m	\$17,000	★★★★★	★★★★★
Ambulatory Surgery Center A	2.8 m	\$22,000	★★★★★	★★★★★
Ambulatory Surgery Center B	10 m	\$11,000	★★★★★	★★★★★

DEMO DATA ONLY

Public Reporting: Planned Consumer Shopping Services



Imaging (CPT):

- Bone density scan
- CT – abdomen/ pelvis with contrast
- CT – abdomen/pelvis without contrast, followed by contrast
- CT - head and brain without dye
- CT - head and brain with dye
- Mammogram - bilateral
- MRI - back
- MRI - brain stem without dye
- MRI - brain stem with and without dye
- MRI - knee
- MRI - pelvis
- MRI- shoulder, wrist, elbow
- Myocardial Perfusion Imaging
- Ultrasound - abdominal complete
- Ultrasound - Breast

Surgical & Preventive (episodes):

- Knee Arthroscopy
- Cataract Surgery
- Colonoscopy
- Breast Biopsy
- Gall Bladder Surgery
- Upper GI Endoscopy
- Tonsillectomy
- Knee replacement
- Hip replacement
- Vaginal birth
- C-Section

Upcoming Releases of CO APCD Data

- **Data Bytes**
 - Firearm Injuries
 - Opioid Prescriptions: Volume and Trends
- **Spot Analysis**
 - Prescription Drug Cost Trends



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Legislative & Regulatory Topics

Legislative Topics: CIVHC and the CO APCD in 2018 Legislation



GOAL: Position ourselves to be a source of data to inform policy development on both sides of the aisle.

- Produced 4 reports in response to legislative requests (2 D, 2 R).
 - What is the psychoactive Rx rate for foster care children vs other children?
 - What is the difference between charge rates, discount rates, and negotiated rates?
 - How much would it cost to pay for PT in lieu of opiates for certain people?
 - What is the average amount billed vs average amount paid for different CPT codes?
- Ongoing conversations with legislators and advocacy groups to develop more complex analyses to inform future policy decisions.
- Met with dozens of legislators, individually and in small groups, to expand understanding of what the APCD can do and how we can inform policy development.

Legislative Topics: State/Federal Funding

- **CMS 50/50 State Matching Program**

- 50/50 maintenance funds are part of the CMS Medicaid 90/10 Federal matching program.
 - 100% match for dollars currently supporting state Medicaid health information infrastructure – including APCDs.
 - CO Medicaid portion of CO APCD costs calc'd at approx. 41% of CO APCD budget or \$2.1M annually.
 - \$2M total funds
- TCHF provided \$1M to HCPF for State match for current FY
 - \$700k in new funding with \$300k in existing grant funding.
- CMS Cost Allocation Plan (CAP) submitted. Federal approval pending.
- CIVHC worked with HCPF and the Joint Budget Committee to introduce a bill during this session, allocating funds for future years as well as the CO APCD Scholarship Fund.

Legislative Topics: State/Federal Funding

- **CMS 50/50 State Matching Program**
 - The funding will support:
 - Ongoing operations of the CO APCD, specific to Medicaid data/analytics
 - CIVHC's ability to assist state agencies and legislators, including HCPF
 - Unfunded public reporting mandate
 - HCPF/CO APCD Scholarship, providing eligible requestors with funds to help offset the cost of CO APCD data

Legislative Topics: Regulatory

- **Proposed Changes to CO APCD Rule include:**
 - Alternative Payment Models
 - Why collect this?
 - Support transition from Fee-for-Service (FFS) model to value-based purchasing (VBP)
 - APMs represent an important and growing category of payments/reimbursement to providers
 - APMs will contribute to a more complete understanding of the total amount spent on health care for Coloradans and will allow the state to set goals, formulate strategies and track progress toward providing high value care.
 - Supplemental file, once a year
 - Modeled after Massachusetts and Oregon's APM file

Legislative Topics: Regulatory

- **Proposed Rule Changes include (continued):**
 - Prescription Drug Rebate Information
 - Will help Colorado better understand how much is being paid for prescription drugs, track trends, and identify opportunities to reduce spending.
 - Aggregated information submitted annually
 - Will be collected in accordance with Federal laws.
 - This data will allow stakeholders to investigate the effect of drug rebates and other price concessions on aggregate and per member prescription spending and growth trends.

Legislative Topics: Regulatory

- **Rule Change Stakeholder Outreach:**
 - Payer Connect Call - Thursday, May 3rd
 - Proposed Rule Language
 - Data Submission Guide (DSG v10)
 - Fact Sheet
 - **Committee Action Item:**
 - CO APCD Advisory Committee Rule Change Letter of Support

Legislative Topics: Scholarship

- **Administration of HCPF/CO APCD Scholarship:**
 - HCPF provides up to \$500,000 in annual grant funding to defray the costs of non-profits & govt. entity access to the APCD for research
 - HB 1327 calls for the CO APCD Advisory Committee to have a role in reviewing and recommending applications for scholarship grants

Legislative Topics: Scholarship

- **Administration of HCPF/CO APCD Scholarship:**
 - The Advisory Committee shall:
 - Consult with HCPF to develop a grant application form
 - Review applications and recommend to HCPF which applications should be approved and the amount of each recommended grant

Legislative Topics: Scholarship

• Current Process

- CIVHC evaluates eligibility (revenue less than \$5M)
 - Obtains budget documents (990)
- Once the project is fully outlined and has recommendation for approval from the Data Release and Review Committee (DRRC), it is sent to HCPF
- HCPF has an internal review process and will ask questions, approve or deny the request
- Once approved the project moves into production
- Upon delivery, CIVHC gets satisfaction statement from client then invoices HCPF

Legislative Topics: Scholarship-FY18 Recipients

- Colorado Community Managed Care Network (CCMCN)
- Northwest Community Health Partnership (NWCCHP)
- Colorado Health Institute (CHI)
- CDPHE
- New Hampshire Insurance Department
- Boulder Valley IPA (BVIPA)
- Doctor's Care
- Bell Policy Center
- Colorado African Organization
- San Louis Valley Health Partnership (SLVHP)
- Summit County Care Collaborative
- CO Cancer Coalition on Lung Cancer Screening Taskforce
- Colorado Business Group on Health (CBGH)
- Colorado Coalition of Sepsis Survival
- University of California San Francisco
- Department of Insurance
- Colorado Academy of Family Physicians
- Bell Policy Center
- Catalyst for Payment Reform
- Dartmouth University
- Colorado Legislature

Legislative Topics: Scholarship

- **FY 19 Anticipated Applicants - Preliminary**
 - University of Colorado
 - Colorado Dental Association
 - Project Angel Heart
 - Department of Insurance
 - Washington State University College of Nursing
 - CDPHE
 - University of San Diego Research Foundation
 - Prime Health



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Discussion