CO APCD Advisory Committee

August 13, 2019

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Agenda

- Opening Announcements
- Welcome
- CO APCD Scholarship Subcommittee
- CO APCD Funding and State Contract Update
- Public Reporting and Employer Reports Timeline Update
- APM/Drug Rebate Submissions and Compliance
- Committee Business
- Committee Discussion and Public Comment

CO APCD Scholarship Subcommittee

Peter Sheehan •

CIVHC VP of Business Development

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FY 20 Scholarship – YTD Summary

Two projects totaling **$55,642** in Scholarship Funding have been approved through the entire application review and approval process:

19.37 Colorado Consortium
19.96 Lung Cancer

One project has not been approved. Information is being gathered to respond to comments.

19.110 Physician Aid in Dying

Nine other projects are either at HCPF Scholarship Committee, Subcommittee and/or in queue for submission totaling **$147,264**:

FY 20 Scholarship – YTD Summary

20.01 HIE Participation and Post-Acute Care Patient Outcomes
19.114.1 Knee Replacement and Revision Episodes of Care
19.114.1a Knee Surgery Referral Patterns
19.114.2 SOCI Advanced Directives in Northern Colorado
19.114.4 Northern Colorado Low Value Care Tool
20.18 Southwest Health Alliance Cost Analysis
20.23 Mesa County Health Cost Analysis
19.03 Bariatric Research and ED Utilization Following Surgery
20.07 CDLE Trauma Activation Fees

If all of the current projects receive approval, approximately **$297,000** in funding will be available from the full **$500,000** annual Scholarship allocation.

FY 20 Scholarship Funding Information

Holdover Questions from July Meeting

Discussion & Decisions

1. Should consideration be given to adopting a per project funding ceiling? *Recommendation from July – cap at $50k per project*

2. Should consideration be given to placing a limit on the amount of Scholarship funds any one organization would be eligible to receive in a given fiscal year? *No recommendation from July, further discussion requested*

CO APCD Funding and State Contract Update

Ana English, MBA •

CIVHC President and CEO

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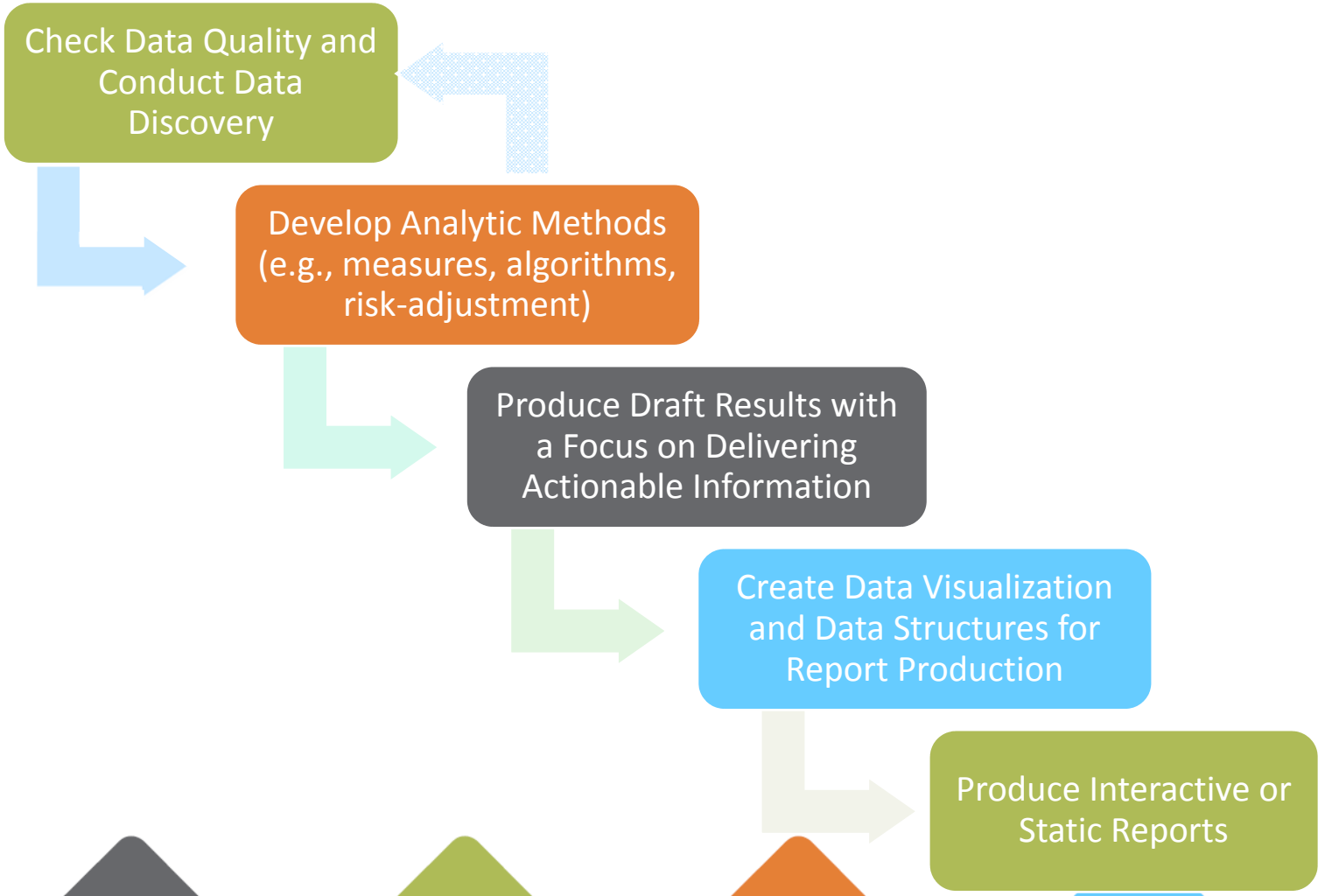
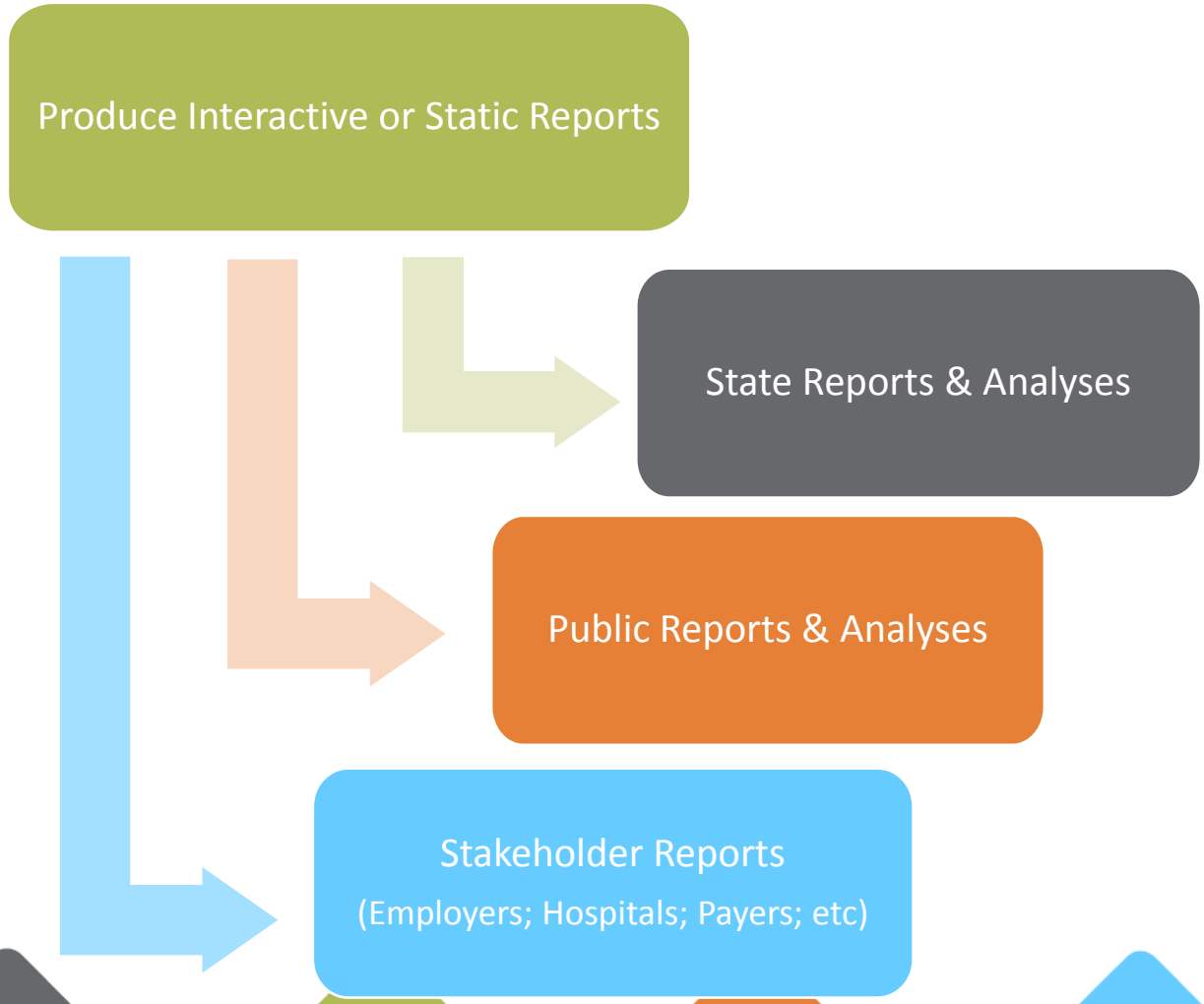
CO APCD Funding Sources

- 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

Enhanced Analytic Process



Enhanced Analytic Process



State General Funding Contract SOW

- *Currently finalizing contract with HCPF*
- *Developing a proposed timeline for key deliverables below to discuss/refine with HCPF*

Deliverable	Notes
Employer/Purchasing Alliances Reports	A suite of employer/community reports are planned and mock-ups were presented for feedback. Measurement methods for reports under development
Health Partners Total Cost of Care	Modifying current methodology to increase the population included in measures of risk-adjusted total cost of care; developing method with Health Partners to report total cost of care for employers/purchaser alliances
Reference based pricing	Phase 1: County & DOI Region report (using 2017 acute IP/OP data) to be publicly available Sept 2019. Phase II: Working with RAND consultant to add additional year and expand beyond acute care settings. Methodology estimated to be complete by year end.
Low Value Care	Validating low value care data from Milliman; will soon begin analysis of measurement results and reporting of actionable information

State General Funding Contract SOW

Deliverable	Notes
Out of Network Services	Developing method to measure payment for relevant provider/facility services to assist DOI in creating tool for determining reimbursement for OON services
Alternative Payment Models/ Drug Rebates	Files due to CIVHC at end of September; will evaluate and ensure results are valid, then measure adoption and impact of APM and drug rebates
Prometheus Enhanced Reporting	New vendor in place; process of grouping data to begin this month; QC of initial output (critical) followed by analysis of episodes and reports of actionable information
Total Pharmacy and Specialty Drugs Spending	Must acquire drug reference files to measure expenditures by therapeutic class and report generic substitution rates. Will propose definition of specialty drugs to discuss and finalize with HCPF
Data Mart/Sandbox Tool	Phase 1 nearly complete – Tableau reports

Public Reporting and Employer Reports Timeline Update

Cari Frank, MBA •

CIVHC VP of Communication and Marketing

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Community and Employer Reports

- Percentage of Covered Lives By County
  - Encourage employer voluntary submissions
    - NOW available on website

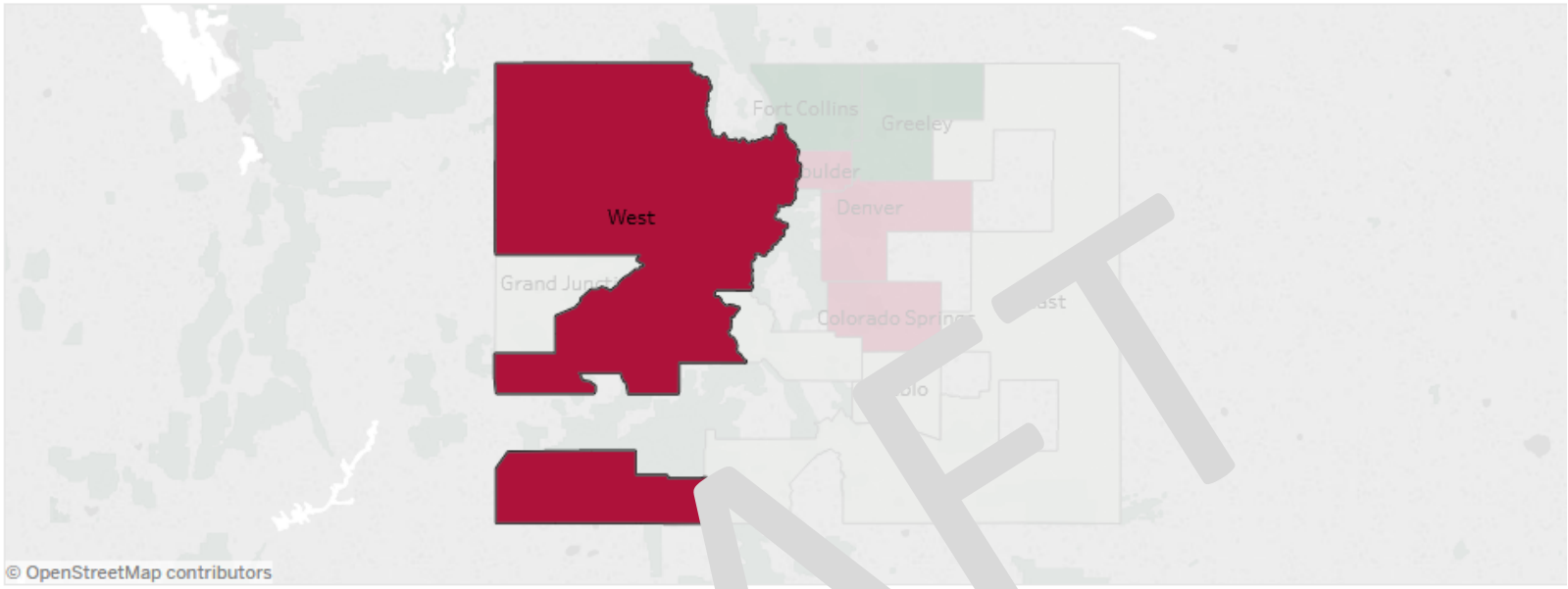
- Reference-Based Price Interactive Report
  - Medicare, RAND Analysis Roll Up, Acute Care, county/DOI level
    - Available in September

Percentage of Covered Lives by County

Percent Covered Lives/Population in the CO APCD by County					
CIVHC CENTER FOR IMPROVING VALUE IN HEALTH CARE	Total Insured Population*	CO APCD Medicaid, Commercial and Medicare Advantage Covered Lives**	CO APCD Medicare Fee For Service Covered Lives***	Total Covered Lives in the CO APCD (All Payers)	Percent of Insured Population in the CO APCD
Colorado Total	**4,841,392**	**2,735,634**	**530,148**	**3,264,373**	**67%**
Colorado Counties					
Adams	419,481	247,663	27,820	275,483	66%
Alamosa	13,789	9,314	2,228	11,542	84%
Arapahoe	560,318	337,584	48,564	386,148	69%
Archuleta	10,534	5,510	2,904	8,414	80%
Baca	3,097	2,055	+	2,055	66%
Bent	3,338	2,173	1,011	3,184	95%
Boulder	295,155	141,083	29,768	170,851	58%
Broomfield	60,586	33,097	4,662	37,759	62%
Chaffee	15,427	8,905	4,159	13,064	85%
Cheyenne	1,743	1,000	356	1,356	78%
Clear Creek	8,268	2,691	1,104	3,795	46%
Conejos	6,959	3,829	1,367	5,196	75%
Costilla	3,087	2,135	886	3,021	98%
Crowley	3,860	1,836	696	2,532	66%
Custer	3,951	1,730	1,246	2,976	75%

Reference-Based Price Interactive Report

Geography	County/DOI	Relative Price
DOI	West	Combined IP/OP



Hospital Name	Hospital R…e Price	…OI Relative …	County R…e Price	Hospital Experience Stars	Hospital Compare Stars
Animas Surgical Hospital, Llc			320%	★★★★★	Not Available
Aspen Valley Hospital	115%	259%	115%	★★★★★	★★★★
Delta County Memorial Hospital	181%	259%	385%	★★★★	★★★★
Grand River Medical Center	239%	259%	371%	★★★★	★★★★

Employer Standard Report Mock-ups

- % Medicare spend (beyond acute care) – PHASE I RAND Roll-up – September; PHASE II - January
- Facility cost/quality – PROMETHEUS-based - November
- Health Conditions and Cost – PROMETHEUS-based- November
- Quality of Care – CIVHC development - Nov/Dec
- Low Value Care and Cost – Milliman Waste Calculator + CIVHC development – December (Summit pilot report October)
- Total Costs and Drivers (IP/OP,ER, Professional, Pharmacy) – Health Partners Methodology (risk adjusted) + CIVHC development – February
- Pharmacy costs – CIVHC development - TBD
- Potentially Avoidable ED – CIVHC development - December (current active regional pilot)

- Next Steps: data feasibility testing and incorporation of feedback

Timelines subject to change

Report Summary

√ - Available Now
◊ - Planned

Reports	Community/ Employer Reports
Percentage of Covered Lives by County	√ (Public)
Phase I: Medicare Reference-Based Price Interactive Report – Acute Care Settings 2017 (RAND & CIVHC)	◊ - Sep
Phase II: Medicare Reference-Based Price – Add'l Facility Settings +2018, (RAND & CIVHC)	◊ - Jan
Facility Cost/Quality (Prometheus)	◊ - Nov
Health Conditions and Cost (Prometheus)	◊ - Nov
Quality of Care (CIVHC analytics)	◊ - Nov/Dec
Low Value Care and Cost (Milliman + CIVHC)	◊ - Dec (Summit County Pilot Oct estimate)
Total Costs and Drivers – IP/OP, ER, Prof, Rx (Health Partners + CIVHC)	◊ - Feb
Pharmacy Costs (CIVHC analytics)	◊ - TBD
Potentially Avoidable ED (CIVHC analytics)	◊ - Dec (Pilot is underway)

Sample Employer Mock-up

DRAFT - SAMPLE DATA FOR DEMONSTRATION PURPOSES ONLY

Purpose: This report is intended to help employers and communities understand the occurrence and cost associated with low value care so they can address this with providers and patients/employees in their community as a cost-savings opportunity.

Low Value Services and Costs Associated

	% members/ population with at least 1 low value care service	% Low Value Care Services	Low Value Care Cost	Comparison Region % Low Value	Comparison Region Low Value Care Cost	Statewide % Low Value Care	Statewide Low Value Care Cost
Total	85%	20%	$300,000	15%	$3,000,000	18%	$50,000,000

Top 5-10 Low Value Services	% Low Value Care Services	% Low Value Care Cost	Low Value Care Cost	Comparison Region % Low Value Services	Comparison Region % Low Value Care Cost	Statewide % Low Value Care Services	Statewide % Low Value Care Cost
Baseline lab studies	50%	20%	$100,000	30%	10%	20%	40%
Stress cardiac imaging	30%	10%	$50,000	60%	50%	10%	30%
Annual EKGs	20%	5%	$300,000	70%	30%	50%	20%
Cervical cytology screening	10%	19%	$20,000	10%	40%	30%	10%
PSA-based prostate cancer screening	10%	20%	$10,000	90%	60%	90%	3%

Notes:

This report can be created based on an employer population, county or counties or other geography/demographics defined by the user

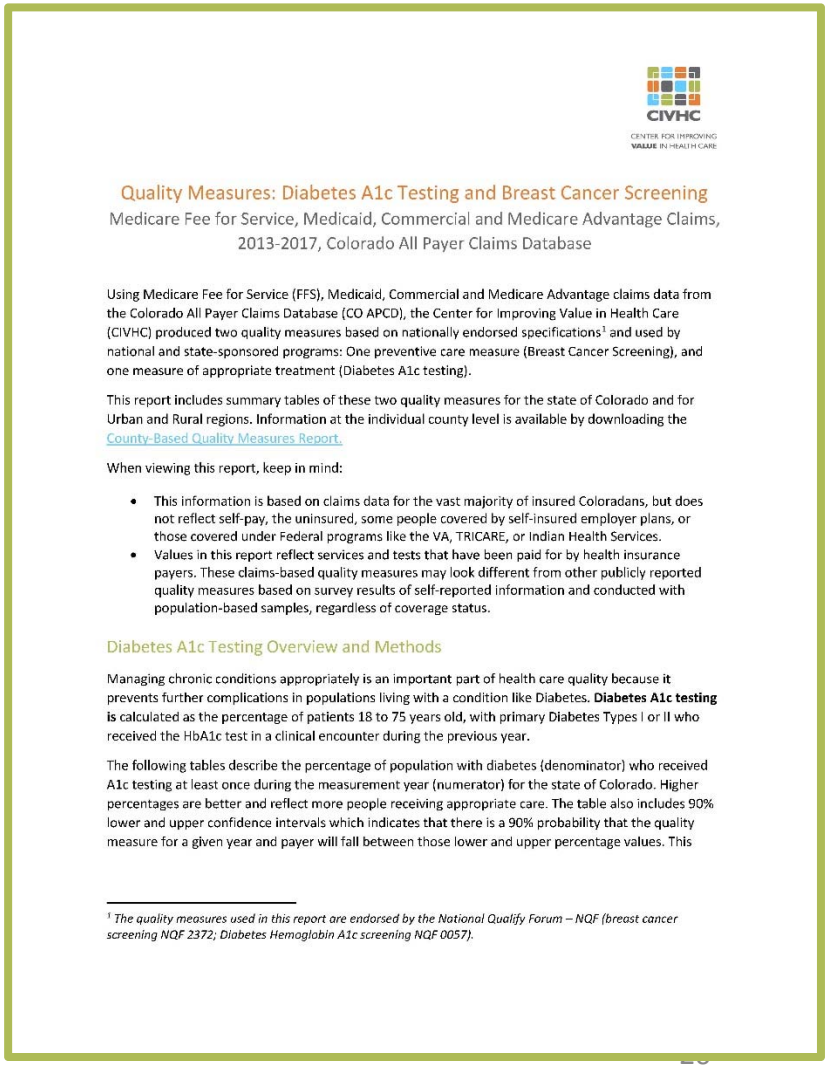
Comparison Region is defined by user and can be a county or counties, or DOI region(s)

Methodology: Output for this report is generated using the Milliman Waste Calculator tool.

Employer or community specific number of low value services to identify may be less than indicated depending on volume of claims and suppression rules.

Recent Public Report Releases

As part of the Qualified Entity Certification Program (QECP), CIVHC developed information for Breast Cancer Screening and Diabetes A1c testing using Medicare Fee for Service, Medicaid, Commercial and Medicare Advantage claims data from the CO APCD.



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Quality Measures: Diabetes A1c Testing and Breast Cancer Screening

Medicare Fee for Service, Medicaid, Commercial and Medicare Advantage Claims, 2013-2017, Colorado All Payer Claims Database

Using Medicare Fee for Service (FFS), Medicaid, Commercial and Medicare Advantage claims data from the Colorado All Payer Claims Database (CO APCD), the Center for Improving Value in Health Care (CIVHC) produced two quality measures based on nationally endorsed specifications[1] and used by national and state-sponsored programs: One preventive care measure (Breast Cancer Screening), and one measure of appropriate treatment (Diabetes A1c testing).

This report includes summary tables of these two quality measures for the state of Colorado and for Urban and Rural regions. Information at the individual county level is available by downloading the County-Based Quality Measures Report.

When viewing this report, keep in mind:

- This information is based on claims data for the vast majority of insured Coloradans, but does not reflect self-pay, the uninsured, some people covered by self-insured employer plans, or those covered under Federal programs like the VA, TRICARE, or Indian Health Services.
- Values in this report reflect services and tests that have been paid for by health insurance payers. These claims-based quality measures may look different from other publicly reported quality measures based on survey results of self-reported information and conducted with population-based samples, regardless of coverage status.

Diabetes A1c Testing Overview and Methods

Managing chronic conditions appropriately is an important part of health care quality because it prevents further complications in populations living with a condition like Diabetes. **Diabetes A1c testing is** calculated as the percentage of patients 18 to 75 years old, with primary Diabetes Types I or II who received the HbA1c test in a clinical encounter during the previous year.

The following tables describe the percentage of population with diabetes (denominator) who received A1c testing at least once during the measurement year (numerator) for the state of Colorado. Higher percentages are better and reflect more people receiving appropriate care. The table also includes 90% lower and upper confidence intervals which indicates that there is a 90% probability that the quality measure for a given year and payer will fall between those lower and upper percentage values. This

[1] *The quality measures used in this report are endorsed by the National Qualify Forum – NQF (breast cancer screening NQF 2372; Diabetes Hemoglobin A1c screening NQF 0057).*

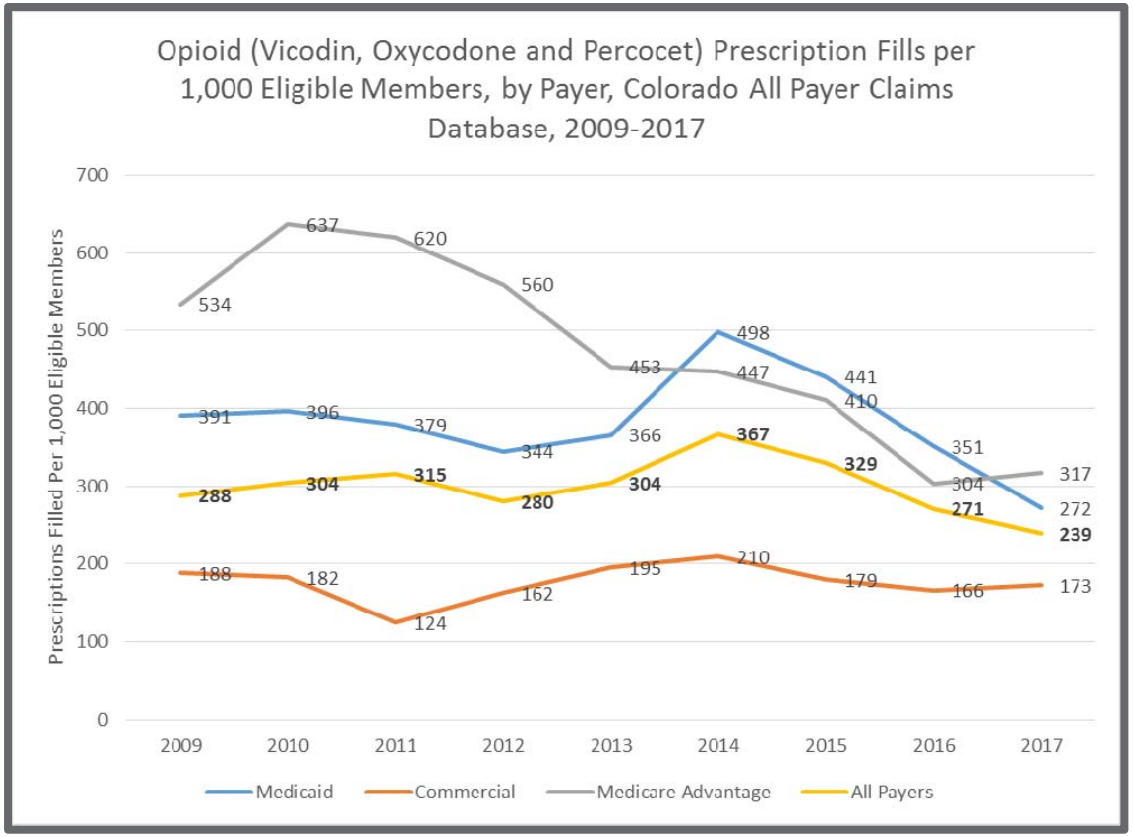
QECP Quality Measures

- Summary Document and Excel File available online
- Value-Adds
  - ALL Payers – including Medicare FFS for the FIRST TIME!
  - 2013 - 2017
  - County-level, rural, urban, frontier designations
  - Numerator/denominator and percentages

Medicare FFS	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	54212	44916	82.85%	82.59%	83.12%
2014	55202	45923	83.19%	82.93%	83.45%
2015	56734	47452	83.64%	83.38%	83.89%
2016	59762	50123	83.87%	83.62%	84.12%
2017	60656	50902	83.92%	83.67%	84.16%
Commercial	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	34249	29323	85.62%	85.31%	85.93%
2014	41432	34451	83.15%	82.85%	83.45%
2015	51776	42327	81.75%	81.47%	82.03%
2016	55951	46696	83.46%	83.20%	83.72%
2017	57714	48499	84.03%	83.78%	84.28%
Medicaid	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	20737	12988	62.63%	62.08%	63.18%
2014	38221	25394	66.44%	66.04%	66.84%

Recent Public Report Releases

Supplemental Opioid File available for download - provides payer-specific views of statewide all-payer combined data in Opioid spot analysis.



Data Byte: ED Severity Level Allowed Amounts and Ranges

Colorado Emergency Department Facility Payments and Price Range, Commercial Payers Colorado All Payer Claims Database, 2018				
Emergency Department Severity Level & CPT Code	Average Allowed Amount	Median Allowed Amount	Allowed Amount Range	Maximum Allowed Amount
Severity Level 1: 99281	$346	$293	$190-$495	$4,967
Severity Level 2: 99282	$525	$464	$337-$700	$8,758
Severity Level 3: 99283	$1,072	$998	$691-$1500	$22,388
Severity Level 4: 99284	$1,754	$1,592	$1000-$2317	$13,861
Severity Level 5: 99285	$3,115	$2,949	$1990-$4687	$47,779

Upcoming Public Reporting

- Data Bytes
  - ED Severity Level Allowed Amounts and Ranges (Kaiser Health Foundation Request) - Aug
  - ER/Mental Health Utilization (Denver Post/Gazette Request) – Sept/Oct
- Medicare Reference Based Price Roll-up – end of Aug (Acute Care, county/DOI level) – Interactive and Excel file
- Aligning additional future public reports with state and employer deliverables

APM/Drug Rebate Submissions and Compliance

Vinita Bahl, DMD, MPP •

CIVHC Director of Analytics and Data

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APM/Drug Rebate Analysis Timelines

- Receipt of Data (APM/Rebate) from Submitters:
  - Test files for 2016 due July 1, 2019
  - Historical files 2016-2018 due September 30, 2019
- Status of Test File Submissions
  - APM: files from 21 submitters received; 6 not received
  - Drug Rebate: files from 28 submitters received; 7 not received
- Validation and Analysis Timeline
  - Validation and resolution of questions, August 15
  - Summary reports and analysis, August 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 Submitter
- Discussions with Submitter to Resolve Questions Underway

APM/Drug Rebate Test File Validation

- APM

Status of Submitted File / Data	All Submitters (21)	High Volume Submitters
Incomplete	8	7
Inaccurate	9	8
Clarification Required	1	0
Final	3	1

- Drug Rebate

Status of Submitted File / Data	All Submitters (28)	High Volume Submitters
Incomplete	6	4
Inaccurate	17	13
Clarification Required	4	0
Final	1	0

Compliance Letters to Payers

Submitter Compliance Notices

- Submission / compliance issues
  - Persistent problems with regular data submissions (e.g., late submissions, data quality)
  - Involves small number of submitters
- Self-Funded Non-ERISA Attestation
- APM/Rx Rebate Attestation

Committee Business

- New Members/Vacant Positions
  - Physicians and surgeons
  - An organization that process insurance claims or certain aspects of employee benefit plans for a separate entity
  - Small employers that purchase group health insurance for employees
  - Pharmacy benefit managers
  - Statewide association of hospitals
- Charge/Duties/Commitment

Future Meetings

November 12

9am-11am

Proposed 2020 Meetings

9am – 11am

February 11, May 12, August 11, November 10