CO APCD Advisory Committee

July 11, 2019

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Agenda

- Welcome and Introductions
- Data Quality Orientation
- CO APCD Scholarship Subcommittee
- Evolving Issues Impacting CO APCD Funding and Risk Mitigation
- Public Reporting and Upcoming Deliverables
- APM/Drug Rebate Submissions and Analysis Timelines
- Committee Open Discussion

Current and Enhanced Quality Processes

Vinita Bahl, DMD, MPP •

CIVHC Director of Analytics and Data

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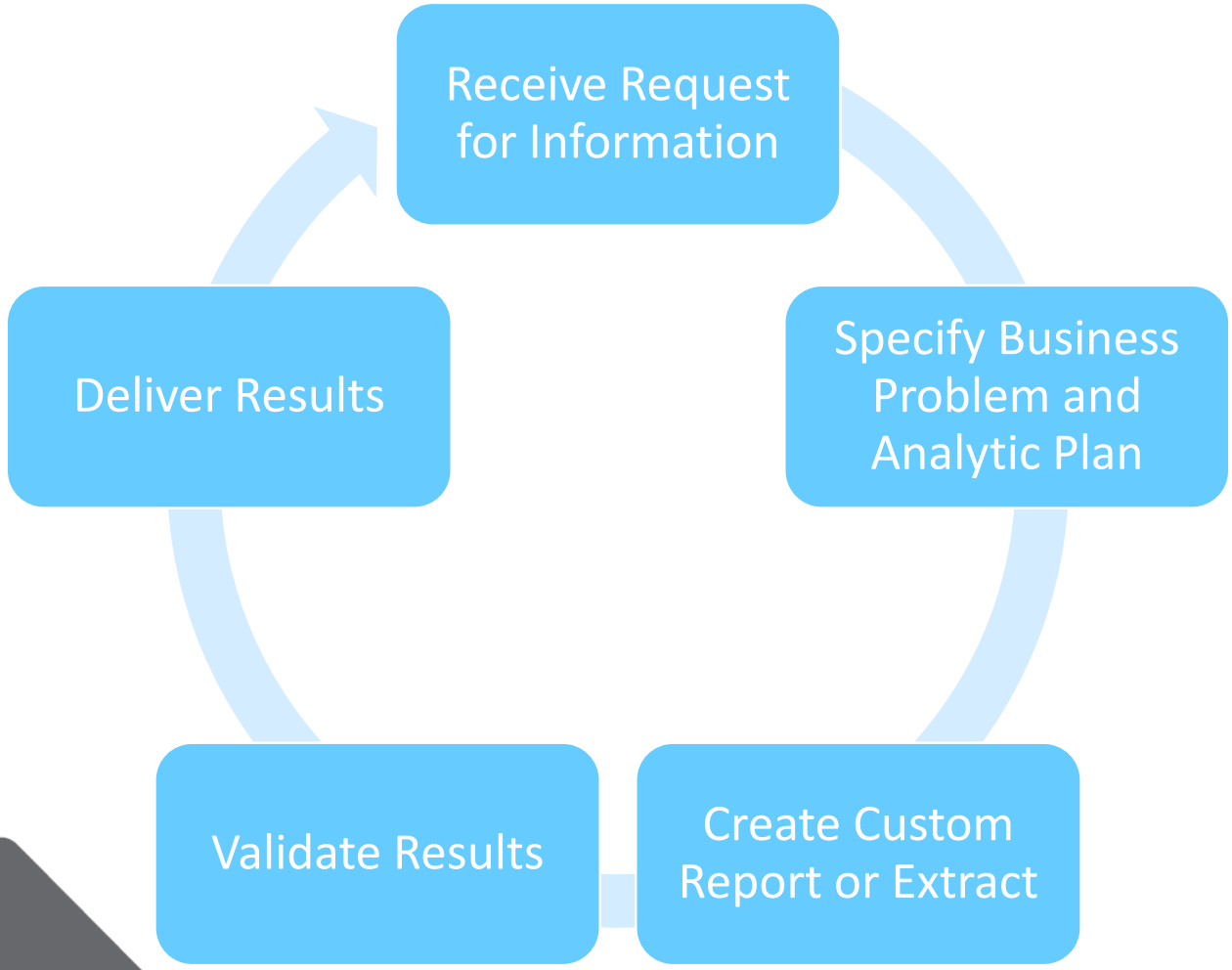
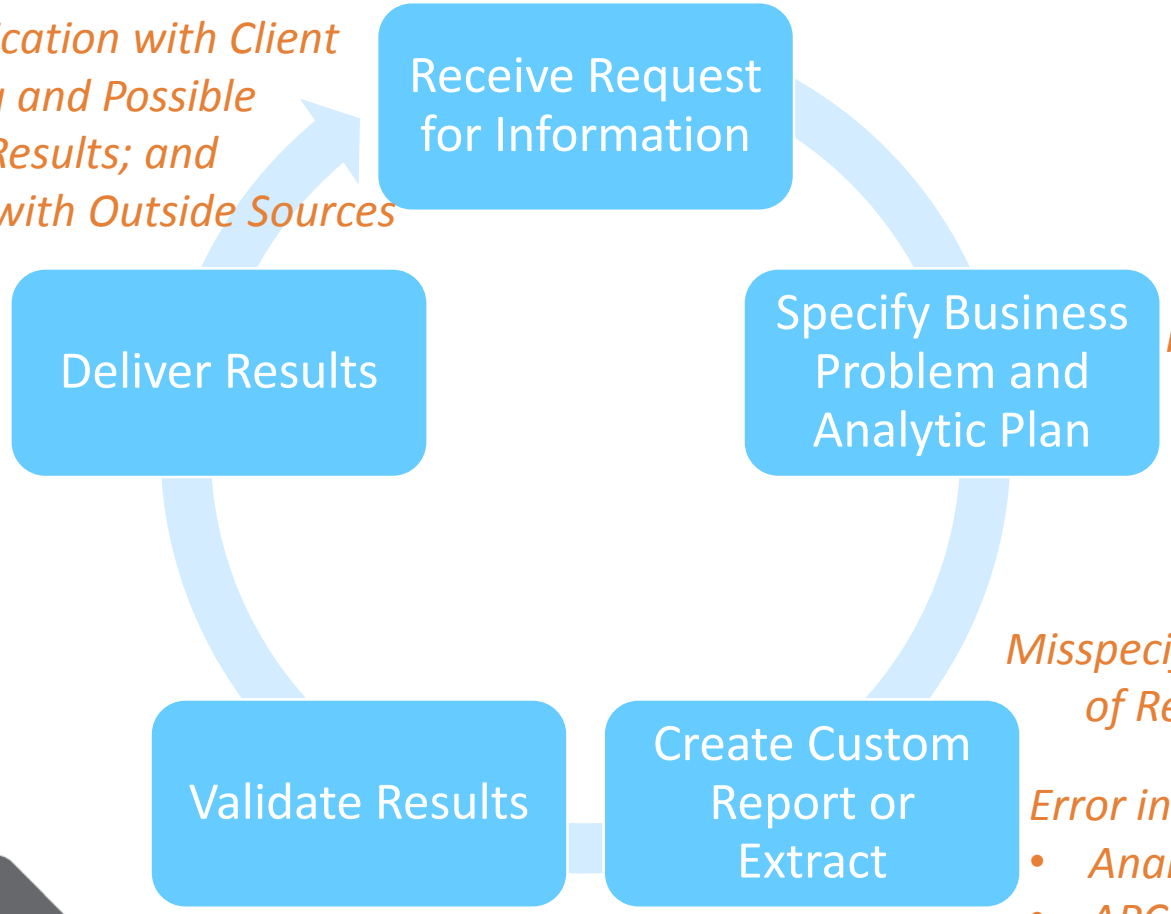
Overview

- User experiences are a reflection of several gaps in the process of delivering high quality, valid results
- Delivering high quality, valid results dependent on:
  1. Quality of underlying data in CO APCD
  2. An analytic process focused on understanding client need and executed to produce desired results
- Evaluation of processes for these key elements reveal opportunities for improvement

Process of Delivering Information



Potential Problems Delivering Information



Little Communication with Client about Meaning and Possible Limitations of Results; and Comparability with Outside Sources

Misspecification of Business Problem

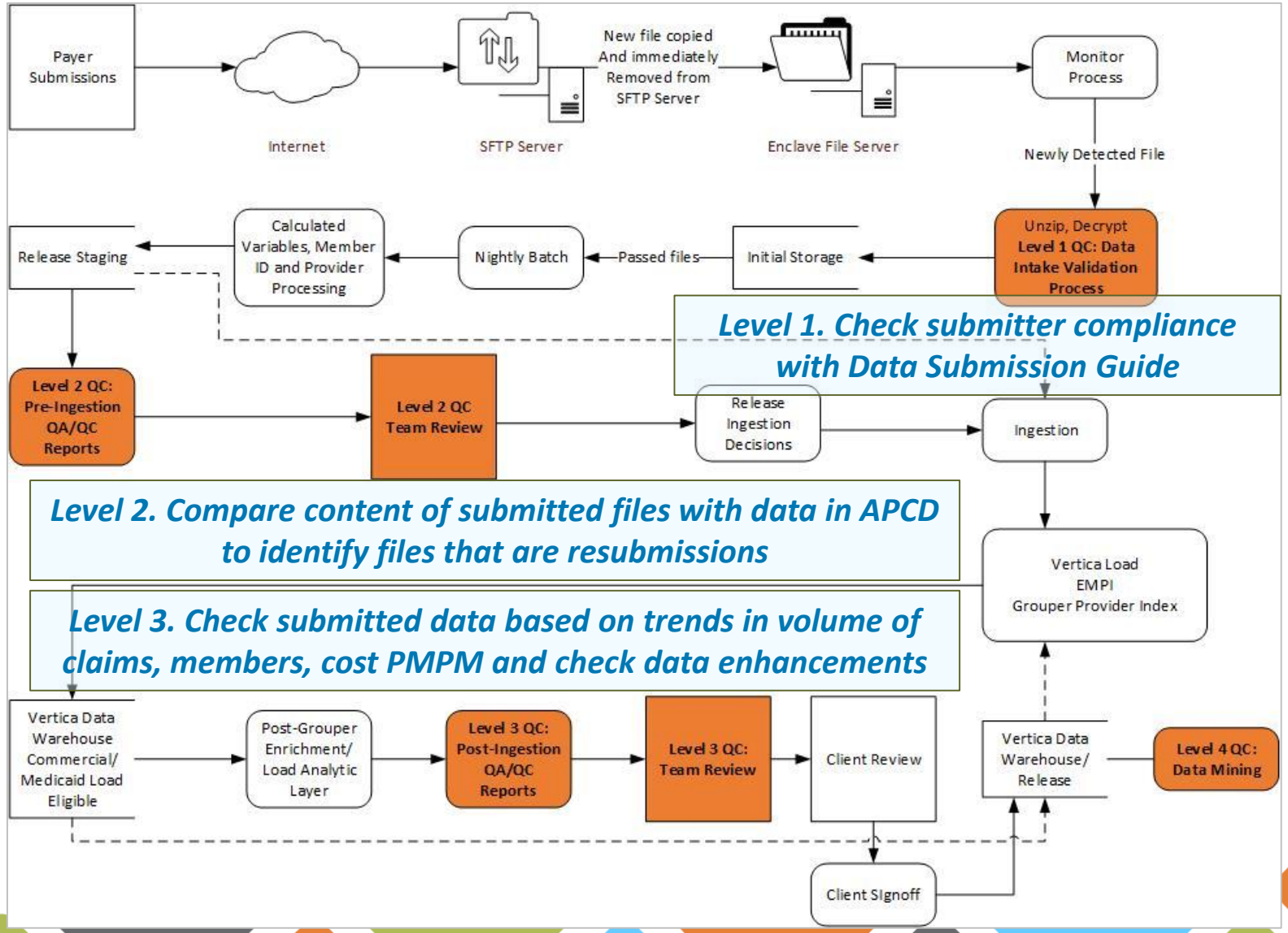
Misspecification of Content of Report or Extract

Error in Results because

- *Analyst Error*
- *APCD Data Incomplete, Inaccurate or Insufficient*

Failure to Adequately Validate Results

CO APCD Data Quality – Current Process



CO APCD Data Quality – Current Process

Assessment of Data Quality Process To-Date

- Although hundreds of data quality checks are performed, these checks are still incomplete
- Numerous reports of results of data quality checks; most require time-consuming review to identify problems
- Documentation of data quality process and of reports is incomplete

CO APCD Data Quality – New Framework

Dimensions of Quality & Quality Checks for Data Submissions/Enhancements Designed to identify incomplete, incorrect or redundant data	
Check file submissions each month for completeness and explainable trends	Check data enhancements (e.g., member composite ID, APR-DRG)
Check submitter compliance with Data Submission Guide	Check for erroneous claims data (e.g., claim with procedure inappropriate for patient gender)
Check Medicare data files that are not submitted according to DSG	Identify and document redundant data (e.g., Medicare Part D)
Check of proper claims handling (e.g., claim reversals, adjustments, sum of claim lines)	Validation with other sources (e.g., parity checks with submitters, hospital data with CHA)

CO APCD Data Quality – Current Status

Dimensions of Quality & Quality Checks for Data Submissions/Enhancements Designed to identify incomplete, incorrect or redundant data			
Check file submissions each month for completeness and explainable trends		Check data enhancements (e.g., member composite ID, APR-DRG)	
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Check of proper claims handling (e.g., claim reversals, adjustments, sum of claim lines)		Validation with other sources (e.g., parity checks with submitters, hospital data with CHA)	

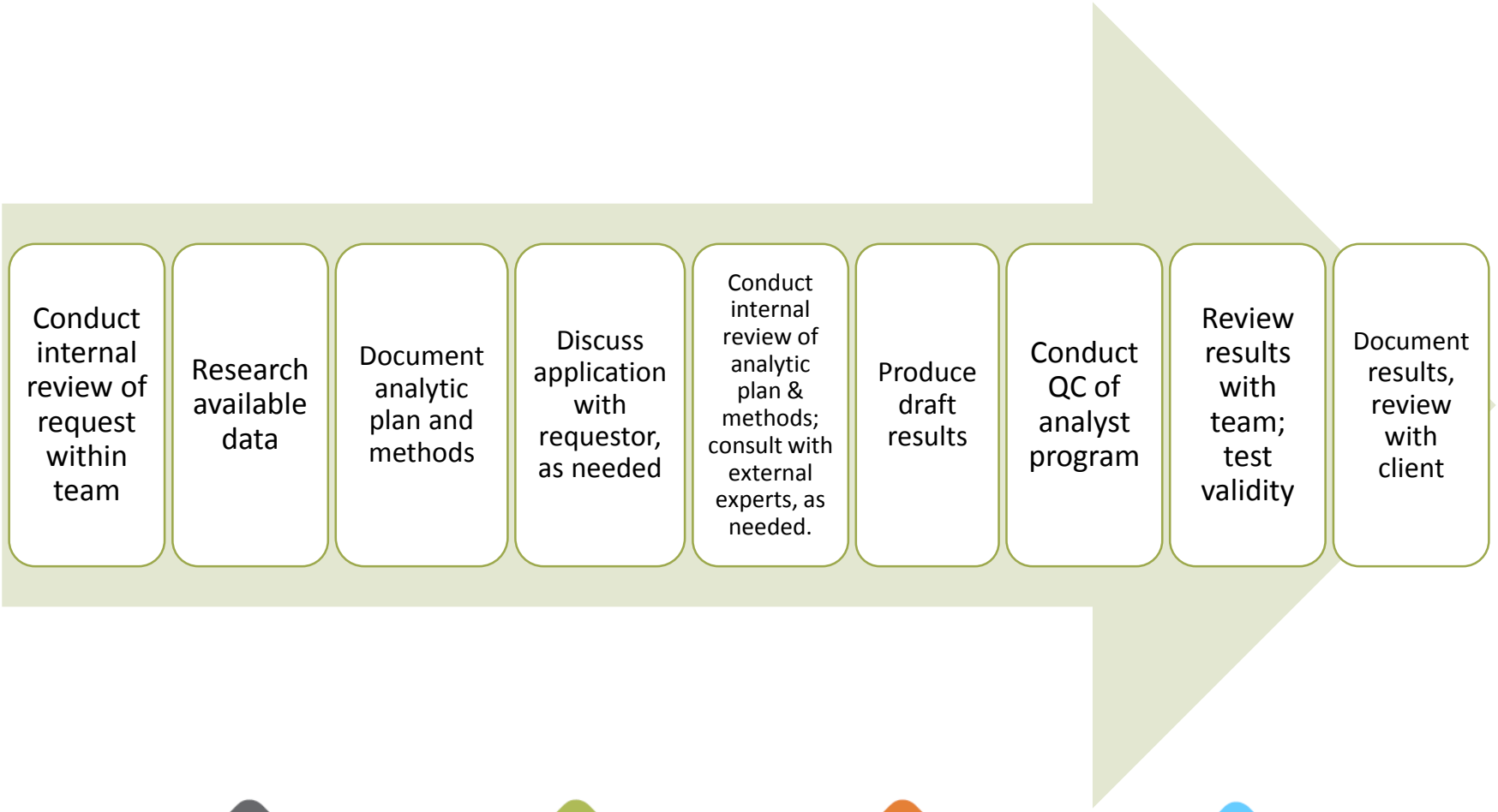
CO APCD Data Quality – Next Steps

- Conduct deep-dive into each dimension of data quality checks to identify gaps
- Develop plan, with priorities for filling gaps
- Design reports that directly expose data quality problems
- Document:
  - Enhanced data quality process
  - Details of business rules that explain how data is mapped or transformed from submitted files to CO APCD
  - Recommendations for updates to DSG
  - CO APCD data dictionary
- Create feedback loops and CQI processes with CO APCD users to identify and resolve data quality problems

Analytic Structure & Process

Current (Individual Approach)	→	New (Team Approach)
Insufficient analyst resources	→	Hire additional analysts
Request given to individual analyst, who typically works independently to specify methods and output	→	Establish team approach to reviewing requests and specifying analytic plan, methods and output
Limited analyst communication with client	→	Communicate directly with client to resolve questions about request
No formal oversight by Director of Analytics	→	Oversight of analytic structure, process and outcomes by Director
Quality control mostly limited to review of analyst programming code	→	Enhance quality control to include team review and test of validity of results

Analytic Process – New Team Process



Summary

- User experiences are a reflection of several gaps in the process of delivering high quality, valid results
- Opportunities for improvement
  - Reframe quality checks of data in CO APCD so they address meaningful dimensions of data quality and document key processes
  - Establish team approach with analysts for reviewing requests; specifying analytic plan, methods and output; and reviewing and testing validity of results

Committee Questions and Discussion

CO APCD Scholarship Subcommittee

Peter Sheehan •

CIVHC VP of Business Development

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FY 20 Scholarship Information Document

Licensing Fees and Applicant Responsibility

Estimated Pricing by Product Type:

	Range of Price*
Standard Reports	$500-$7000
Custom Reports	$1,500 - $20,000
Standard De-Identified Data Sets	$15,000-$25,000
Custom De-Identified Data Sets	$15,000-$30,000
Custom Limited Data Sets	$20,000-$40,000
Custom Fully Identified Data Sets	$30,000-$50,000

**These are just estimates. Actual cost of project will be determined by scope of each request.*

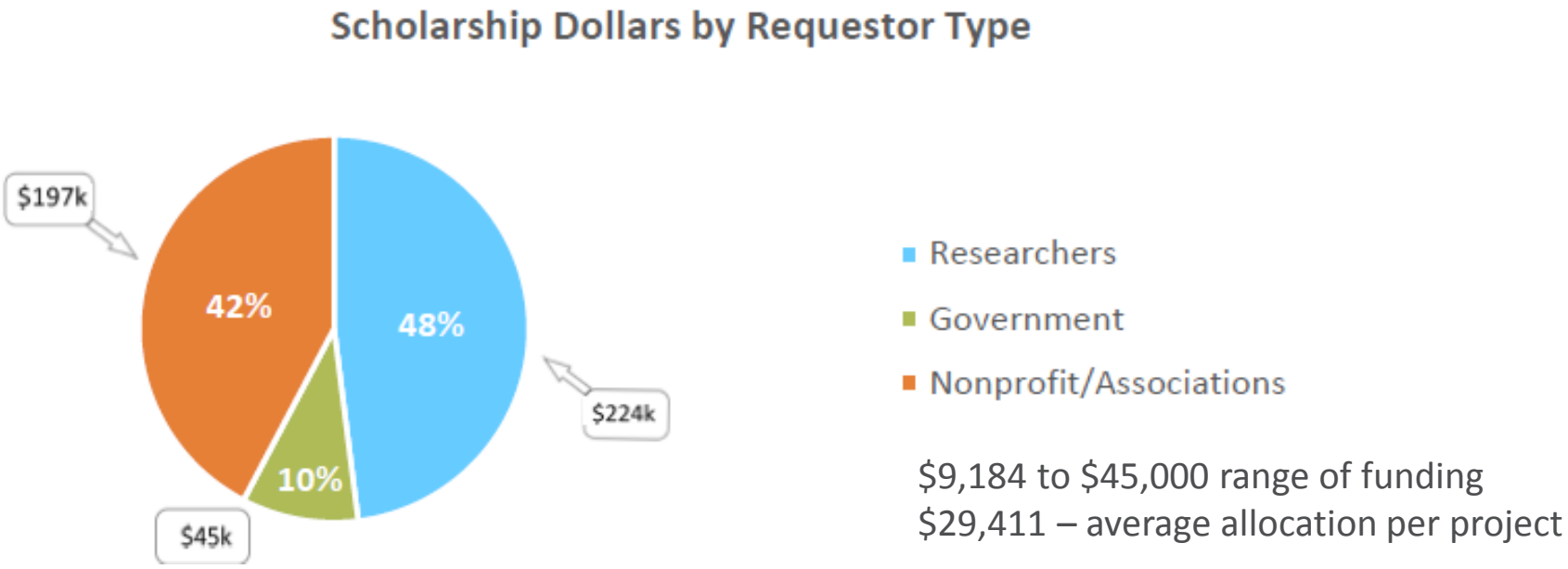
FY 20 Scholarship Information Document

Project Cost Responsibility of Requesting Organizations:

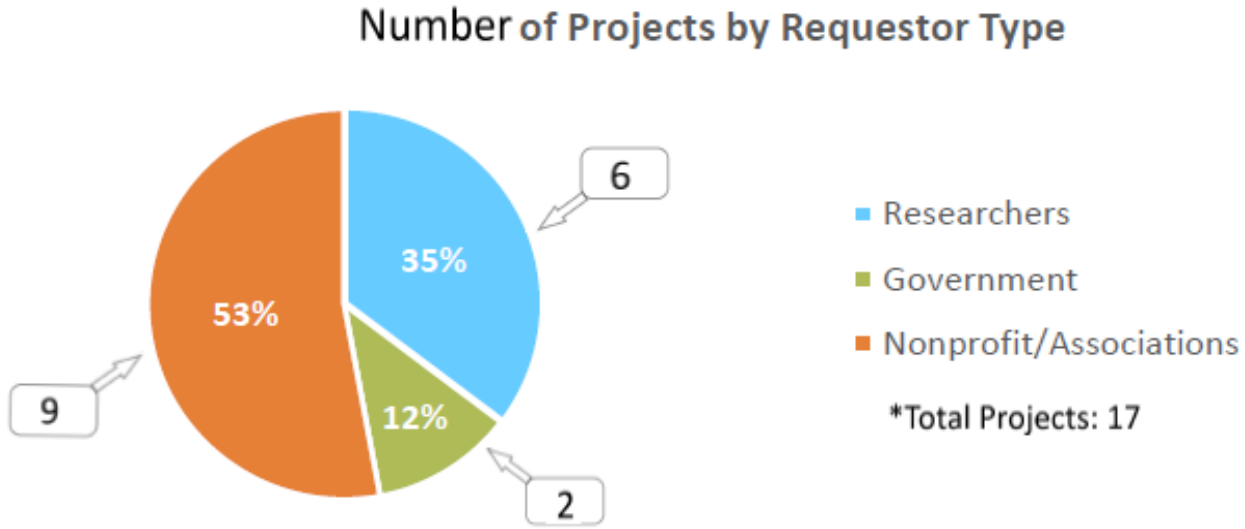
	Portion of Project Cost Requestor is Responsible for*	Portion Scholarship May Cover*
Corporations & for-profit entities	100%	0%
Federal and Out-of-State Governmental Entities	75%	25%
Colorado-Based Governmental Entities	20%	80%
Non-Profit Entities with Revenues equal to or greater than $10M	30%	70%
Non-Profit Entities with Revenues between $5M- $10M	20%	80%
Non-Profit Entities with Revenues less than $5M	15%	85%
State-Supported Institutions of Higher Education	15%	85%
Colorado-Based Researchers	15%	85%
Out of State Researchers	50%	50%

**These are just estimates. Actual amount must be approved for each request.*

FY 19 – Scholarship Dollars Allocation - $500,000 Total



$9,184 to $45,000 range of funding
$29,411 – average allocation per project



FY 20 Scholarship Funding Information

Annual Scholarship allocation is $500,000 per state fiscal year

Questions/Discussion

1. Should consideration be given to adopting a per project funding ceiling?

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?

FY 20 – Working Applications for Scholarship Consideration

Requestor	Title	Total	Scholar-ship	Requestor Amount
Larimer County- Department of Public Health	19.114.1 Knee Replacement and Revision Episodes of Care	$10,640	$8,512	$2,128
	19.114.1a Knee Surgery Referral Patterns	$10,640	$8,512	$2,128
Systems of Care Initiative	19.114.2 Advanced Care Directives Code Evaluation	$3,610	$2,888	$722
Colorado Business Group on Health	19.114.4 Northern Colorado Low Value Care Tool	$1,900	$1,520	$380
CU Anschutz- Clinical Science Department	19.96 Lung Screening Proximity and Characteristics	$27,664	$22,132	$5,532
CU Denver- General Surgery Residency	19.03 Utilization of emergency care following bariatric surgery	$51,744	$41,396	$10,348
CU School of Medicine- Department of Neurology	19.87 Sex Difference in Young Adult Strokes	$49,392	$39,514	$9,878
CU- Center for Bioethics and Humanities	19.110 Access to Physician Aid in Dying	$28,190	$20,190	$8,000
CU-Division of Healthcare Policy and Research	20.01 Health Information Exchange Participation and Post-Acute Care Patient Outcomes	$48,832	$39,066	$9,766
CU- Department of Orthopaedics	20.09 Exploring Socioeconomic Bias in Choice of Elective Treatments for Multiple Orthopedic Injuries	$45,000	$36,000	$9,000
CU- Department of Anesthesiology	19.48 Opioid use after major surgery – an epidemiologic study	$40,000	$32,000	$8,000
Denver Health	Medicaid PMPM Report	$10,000	$7,500	$2,500
	totals:	**$327,612**	**$259,230**	**$68,382**

Evolving Issues Impacting CO APCD Funding and Risk Mitigation

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)
    - ✓ APCD Operations
    - ✓ Enhanced Capabilities
    - ✓ State Reporting/Services
    - ✓ Public Reporting
  - State Medicaid Analytics Contract - Recurring Contract
  - SIM/TCPI – Finalization of Contracts
- Non-State Related
  - Non-State APCD Data Requestors – Multi-Stakeholders
  - Grant Related APCD Contracts – AHRQ Research Grant

CO APCD Funding

	Proj	Updated
	FY19 APCD	**FY20 APCD**
Revenue:		
Earned Revenue		
Non-State (Includes Scholarship)	1,493,732	1,422,310
State: HCPF CMS 50-50 (CMS Portion)	890,609	667,500
State: HCPF CMS 50-50 (State/HCPF Portion)	890,609	667,500
State: HCPF GF	-	2,868,964
State: All Other	1,036,582	402,200
Earned Revenue Subtotal:	4,311,532	6,028,474

$3.5M total

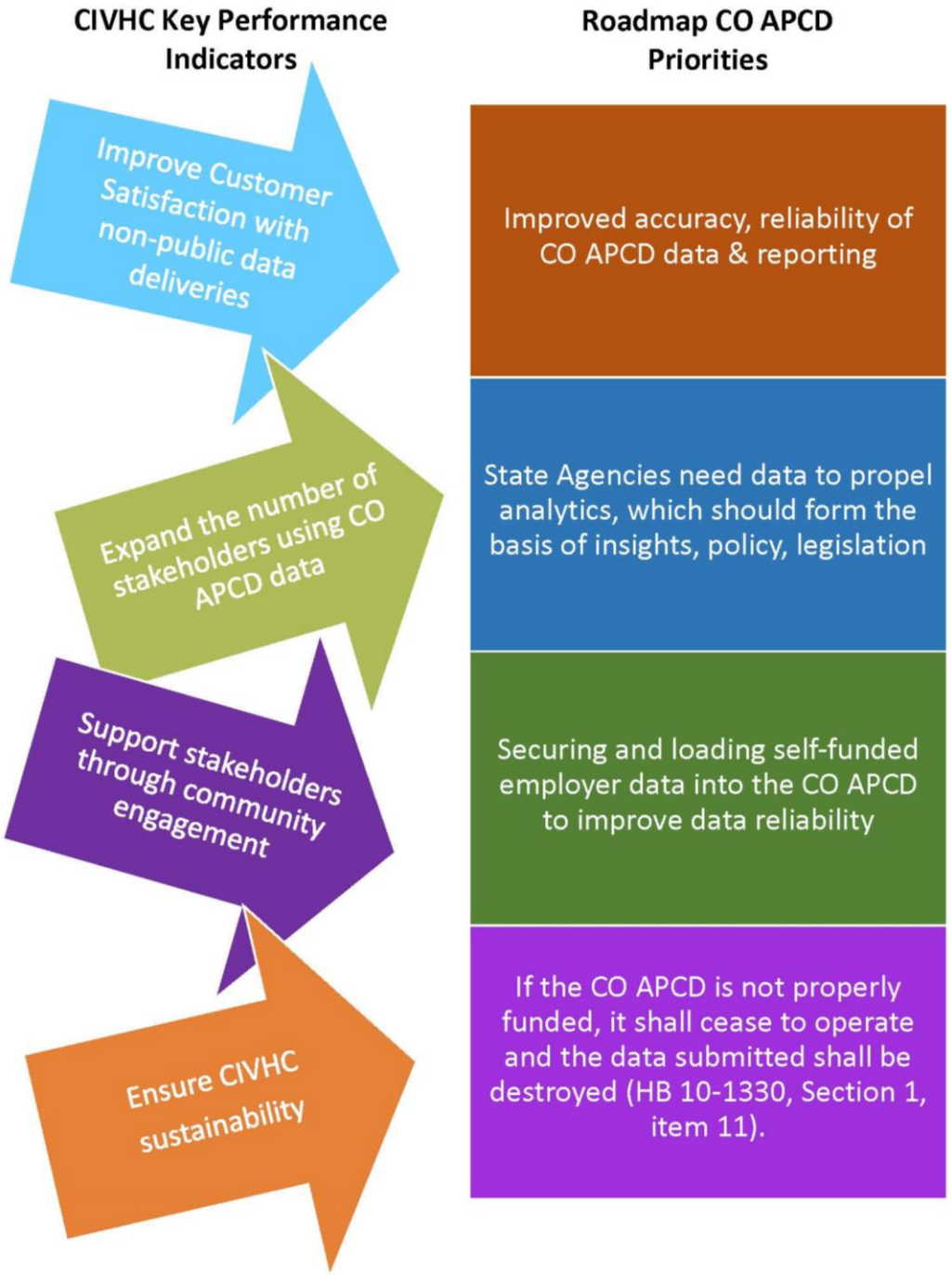
CO APCD Funding - Risks

- CMS 50/50 Cost Allocation Plan - Pending Approval
    1. Effective Date in question – Jul 1, 2017 versus Jan 1, 2018
    2. Methodology – *High level*
        a. Current methodology - 100% of expenses minus non-APCD revenue and indirect cost rate adjustment then apply Medicaid %
        b. CMS Region 8 proposing all additional APCD funding be deducted prior to applying Medicaid %
            i. Can never reach breakeven unless 100% Medicaid or 100% funded by other sources
        c. Potential Alternative – Base calculations on CORE APCD operating costs; excludes State and non-State Analytic and Data release related expenses

Risk Mitigation

- Included in updated Plan
  - HOLD on non-Analytic/QC and non-critical staffing
  - Reduced expected CMS funding to potential proposed alternative funding (CORE operating expenses)
  - Reduced expected non-State funding to flat to negative growth rate
- Planned: Continued management of non-fixed/discretionary expenditures

CIVHC/CO APCD Strategic Goals State Roadmap Alignment



New State General Funding Contract
Key Deliverables – pending finalization

- APCD Maintenance and Operation
- Public Reporting
- New Capabilities, Custom and Standard Data, Reporting and Analytics
  - Prometheus Enhanced Reporting
  - Health Partners Total Cost of Care
  - Reference based pricing
  - Hospital Report Card
  - Low Value Care
  - Out of Network Services
  - Employer and Purchasing Alliances Report Dev
  - Alternative Payment Models
  - Drug Rebates
  - Specialty Drugs
  - Data Mart/Sandbox Tool

Public Reporting and Upcoming Deliverables

Cari Frank, MBA •

CIVHC VP of Communication and Marketing

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Employer Reporting Updates

- % Covered Lives by County to encourage employer voluntary submissions – NOW available on website

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%

Employer Reporting Updates

- Planning roll up of RAND data at the hospital level to the County and DOI level – PUBLIC July/August

Colorado Medicare Reference-based Price & Quality Information (Acute Care Facilities)						
County	DOI	Total % Medicare	Inpatient % Medicare	Outpatient % Medicare	5-Star Hospital Rating	Patient Experience
Alamosa	**West**	**237%**	**245%**	**375%**	**n/a**	**n/a**
Acute Care Facilities						
San Luis Valley Health		[illegible]	187%	395%	[illegible]	4
Conejos County		305%	200%	295%	4	5
Rio Grande Hospital		298%	176%	300%	5	3

Sample Data

Employer Standard Report Mock-ups

- 8 standard reports in review by employer groups
  - Total Costs and Drivers (IP/OP,ER, Professional, Pharmacy) – Health Partners Methodology (Total Cost of Care)
  - % Medicare spend (beyond acute care) – PHASE I RAND Roll-up July/Aug
  - Facility cost/quality – PROMETHEUS-based
  - Pharmacy costs – CIVHC development
  - Low Value Care and Cost – Milliman Waste Calculator
  - Health Conditions and Cost – ACG Groupers
  - Quality of Care – CIVHC development
  - Avoidable ED – CIVHC development
- Next Steps: data feasibility testing, timeline development, incorporation of feedback

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.

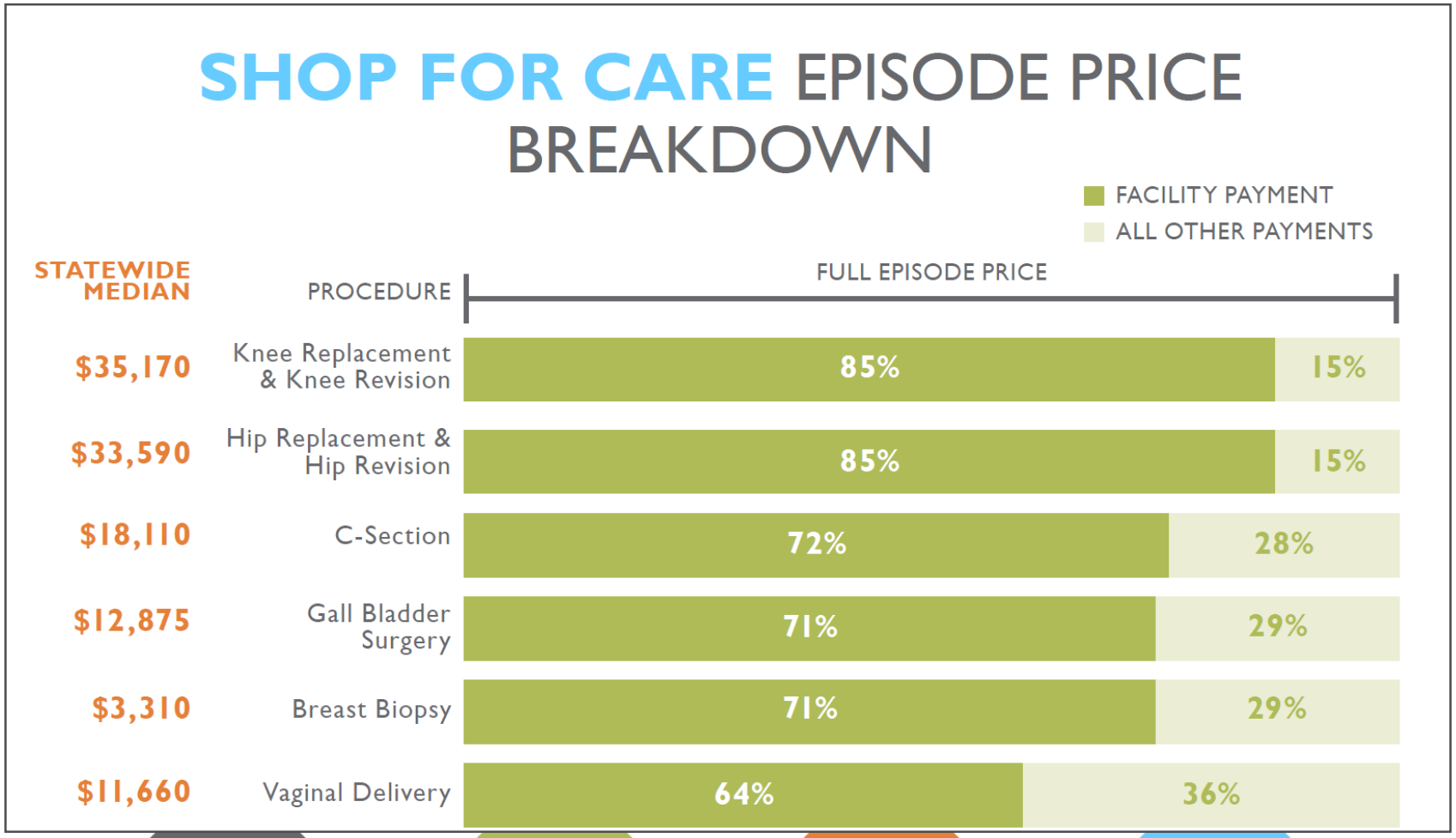
DOI Bill Analytic Support

- Out of Network – HB 19-1174 Status
  - Working with DOI to define methods for data that will be provided from the CO APCD.
  - Minimum reporting – 60th Percentile and statewide medians
  - Developing an FAQ to help providers understand timing, definitions, etc.

DOI Bill Analytic Support

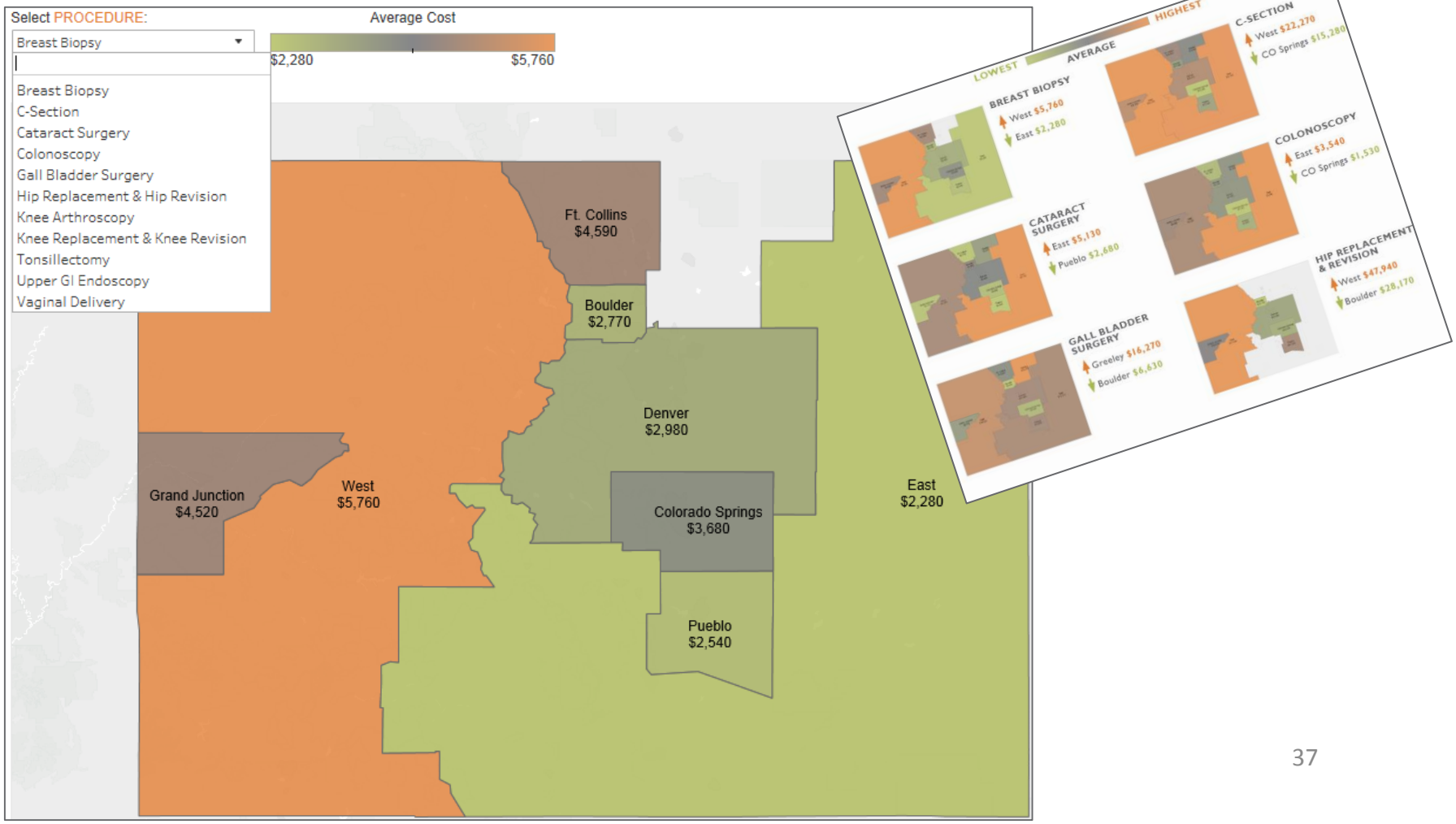
- Investments in Primary Care – HB 19-1233 Status
  - First report due August 31st per bill language; working with DOI to define specifications
  - CIVHC presenting definition of Primary Care in the Data Submission Guide for Alternative Payment Models to Primary Care Collaborative at the end of July
  - Considerations for first report:
    - For comprehensive calendar runout, will provide 2017 data initially, supplemental 2018 data file in fall
    - APMs not being submitted until Sept 31, will submit APM data as supplemental in the fall
    - Will need to use current definition of APMs for this year's reporting; will require DSG change to revise

Recent Public Report Releases - June



Recent Public Report Releases - July

REGIONAL PRICE VARIATION FOR COMMON PROCEDURES • COMMERCIAL INSURERS, 2017



Upcoming Public Reporting

- Medicare Reference Based Price Roll-up – July/Aug (RAND study, county/DOI level)
- Quality Measures for Medicare FFS QECP Program – July public reporting requirement
  - Breast Cancer Screening
  - Diabetes A1c Testing
    - Medicare FFS, Medicare Advantage, Medicaid, Commercial
    - 2013-2018
    - Statewide, Rural Counties, Urban Counties, Individual Counties
- Aligning additional future public reports with state and employer deliverables

APM/Drug Rebate Submissions and Analysis Timelines

Vinita Bahl, DMD, MPP •

CIVHC Director of Analytics and Data

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APM/Drug Rebate Submissions and Analysis Timelines

- Receipt of Data (APM/Rebate) from Submitters:
  - Test files for 2016 due July 1 (last week)
  - Historical files 2016-2018 due September 30
- Status of Test File Submissions
  - APM: files from 16 submitters received; 17 not received
  - Drug Rebate: files from 16 submitters received; 21 not received
- Validation and Analysis Timeline
  - Validation and resolution of questions, August 15
  - Summary reports and analysis, August 31

Future Meetings

9am-11am

August 13

November 12