CO APCD Advisory Committee

November 12, 2019

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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

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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

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

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FY 20 Scholarship – YTD Summary

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

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

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

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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 60th or 50th 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

CO APCD Data to Support Legislation

Primary Care Payment Reform Collaborative

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

$$\frac{\text{Claims-based payments for primary care} + \text{Non-claims-based payments for primary care}}{\text{Total claims-based payments} + \text{Total non-claims-based payments}}$$

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

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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

Measure	Colorado (2017)	Virginia (2017)	Washington State (Jul 2016-Jun 2017)
Low Value Index	35.3%	34.9%	47.2%

(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

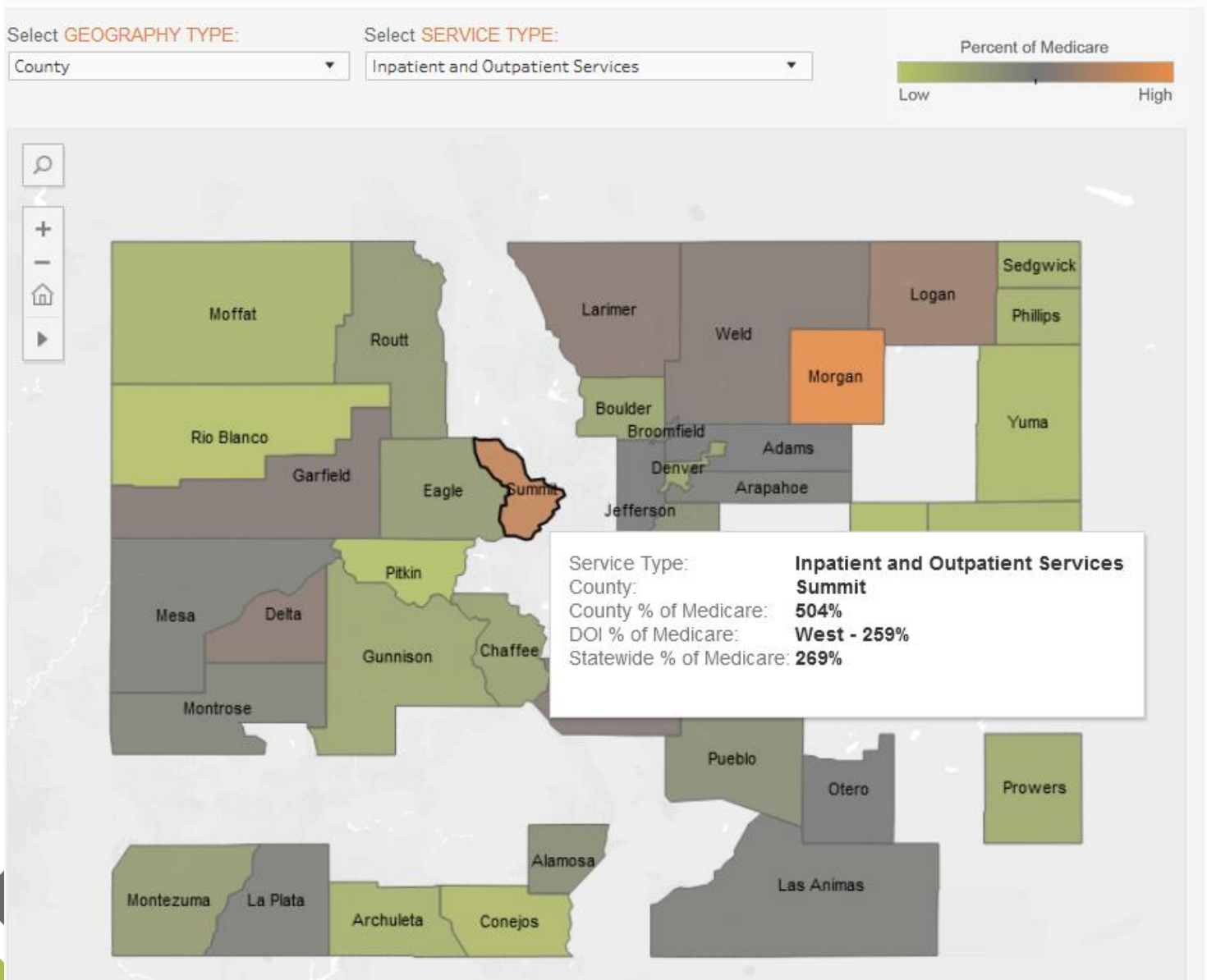
- Submitted CO APCD data to Payformance for creation of episodes in August 2019
- CIVHC and Payformance jointly tested and created method of importing data for episode creation
- Payformance in process of creating episodes; estimated completion November 15

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

Inpatient and Outpatient Services

Hospital Name	Hospital % of Medicare	DOI % of Medicare	County % of Medicare	Patient Experience	Hospital Overall Rating
Centura Health-Porter Adventist Hospital	250%	260%	200%	★★★☆☆	★★★☆☆
Denver Health Medical Center	240%	260%	200%	★★★☆☆	★★★☆☆
National Jewish Health	Null	260%	200%	-	-
Presbyterian St Lukes Medical Center	260%	260%	200%	★★★★☆	★★★☆☆

Source: Analysis conducted by RAND Corporation: https://www.rand.org/pubs/research_reports/RR3033.html based on data from Colorado All Payer Claims Database (CO APCD),2015-2017.

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

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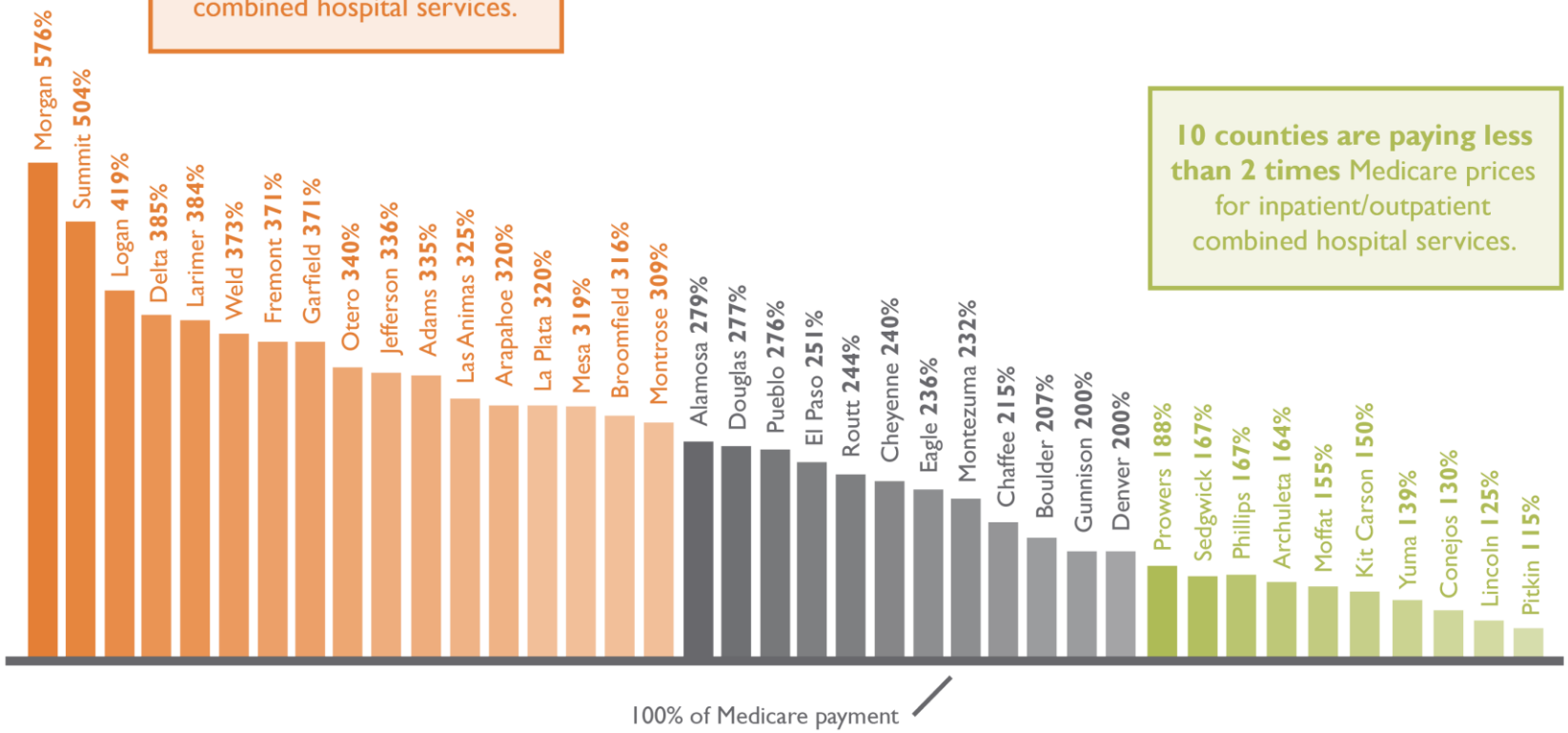
17 counties are paying more than 3 times Medicare prices for inpatient/outpatient combined hospital services.

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/RR3033.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.

Sample Employer Reference-Based Price Report: EMPLOYER, Statewide, and DOI Region Comparison

Reference Based Price Employer Snapshot Report (Mock Employer)
2017 Commercial
Acute Care Hospitals
Employer, Statewide and by DOI Region

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Employer	Total Services	Total Allowed	Total Simulated	Percent of Medicare	IP Services	IP Standard Price					mulated Price	OP Percent of Medicare
EMPLOYER NAME HERE	5,789	$21,729,755	$6,409,413	339%	337	$25,087					$77	455%
Fully-insured	2,381	$9,205,152	$3,246,523	284%	167	$19,868					$71	467%
Self-insured	3,408	$12,524,603	$3,162,889	396%	170	$33,782					$81	448%
Statewide												
Colorado	559,179	$1,855,463,715	$692,826,765	268%	45,523	$16,344	$7,447	219%	513,656	$282	$81	349%
By DOI Region												
Boulder	70,306	$177,921,206	[illegible]	214%	6,657	$12,743	$6,290	203%	63,649	$170	$75	228%
Colorado Springs	43,395	$128,877,586	$47,477,322	271%	3,513	$15,260				251	$75	336%
Denver	278,769	$1,070,812,339	$402,343,959	266%	27,276	$16,431				291	$76	384%
East	19,139	$36,168,118	$13,480,637	268%	566	$15,691				346	$115	301%
Ft. Collins	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	432%
Grand Junction	16,619	$63,116,440	$19,898,431	317%	1,212	$19,786				348	$85	409%
Greeley	12,228	$36,111,327	$10,726,041	337%	600	$18,081				313	$75	416%
Pueblo	23,624	$64,665,866	$21,043,245	307%	1,254	$16,036	$7,077	227%	22,370	$286	$72	395%
West	54,270	$152,529,985	$60,372,376	253%	2,164	$20,312	$10,228	199%	52,106	$357	$121	296%

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

Medicare reference-based pricing and volumes also calculated by Division of Insurance (DOI) region.

Sample Employer Reference-Based Price Report: County Comparison

Statewide and county benchmarks are calculated on the second page of the report.

Reference Based Price Report
2017 Commercial
Acute Care Hospitals
Statewide and by County

	Total Services	Total Allowed	Total Simulated	Percent of Medicare	IP Services	IP Price	IP Simulated Price	IP Percent of Medicare	OP Services	OP Price	OP Simulated Price	OP Percent of Medicare
Colorado	556,846	$1,855,498,665	$692,864,921	268%	45,528	$16,344	$7,448	219%	511,318	$282	$81	349%
By County												
Adams	79,386	$233,970,551	$72,319,248	324%	3,163	$19,274	$8,731	221%	76,223	$405	$78	521%
Alamosa	6,009	$7,805,527	$2,948,776	265%	167	$13,633	$6,772	201%	5,842	$238	$79	303%
Arapahoe	24,382	$126,277,418	$38,185,240	331%	2,988	$19,464	$6,646	293%	21,394	$299	$75	398%
Archuleta	413	$279,595	$142,697	196%					413	$299	$153	196%
Boulder	60,415	$177,921,206	$83,328,097	214%	6,657	$12,743	$6,290	203%	53,758	$170	$75	228%
Broomfield	6,500	$21,236,270	$6,822,391	311%	460	$14,659	$7,926	185%	6,040	$348	$72	483%
Chaffee	5,139	$6,711,623	$2,859,542	235%	68	$15,627	$9,654	162%	5,071	$316	$124	255%
Cheyenne	768	$353,419	$111,193	318%					768	$259	$81	318%
Conejos	615	$517,009	$375,157	138%					615	$309	$225	138%
Delta	4,671	$4,669,460	$1,448,395	322%	50	$15,827	$5,962	265%	4,621	$273	$78	351%
Denver	92,797	$396,343,909	$189,387,011	209%	12,571	$14,942	$8,269	181%	80,226	$221	$76	292%
Douglas	31,795	$187,800,852	$65,134,164	288%								409%
Eagle	5,319	$21,411,609	$9,286,395	231%								382%
El Paso	44,665	$128,675,220	$47,212,788	273%								336%
Fremont	384	$1,099,362	$319,278	344%								501%
Garfield	7,467	$20,638,880	$5,449,264	379%								443%
Grand	1,747	$1,936,738	$1,157,736	167%								167%
Gunnison	4,094	$6,277,553	$3,042,648	206%								226%
Huerfano	118	$93,595	$53,635	175%								175%
Jefferson	17,739	$105,183,339	$30,495,905	345%								393%
Kiowa	183	$44,700	$56,846	79%								79%
Kit Carson	321	$203,484	$134,154	152%								152%
La Plata	20,178	$41,617,329	$12,845,602	324%								421%
Lake	209	$133,866	$106,829	125%								125%
Larimer	40,272	$125,260,848	$34,156,657	367%								432%
Las Animas	1,422	$2,000,137	$560,519	357%								357%
Lincoln	2,187	$701,090	$598,354	117%								117%
Logan	2,175	$4,533,034	$1,105,509	410%								524%
Mesa	25,620	$63,116,440	$19,898,431	317%								409%
Moffat	1,113	$2,257,568	$1,478,111	153%	37	$22,485	$15,899	141%	1,076	$392	$241	162%
Montezuma	2,188	$1,888,052	$813,476	232%	24	$12,898	$8,155	158%	2,164	$322	$125	257%

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

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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

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

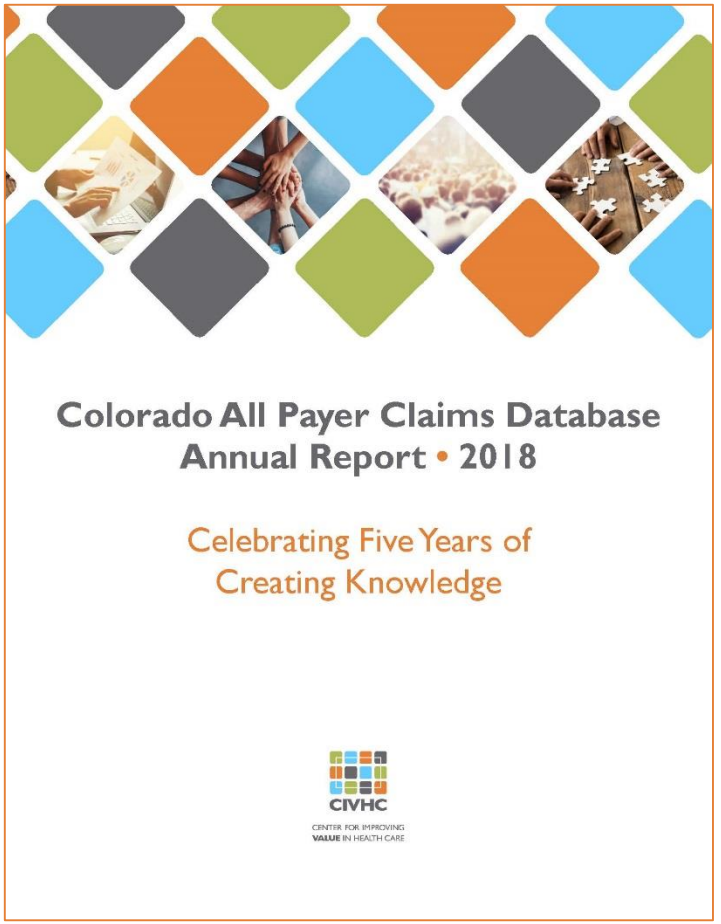
- What is a Data Byte?
  - A public data release requiring less than 8 hours of development time.
  - Available to requesting stakeholders as internal resources are available, and as evaluated by the CAAC.
  - Completed Data Bytes are provided to the requestor and published at on civhc.org
- Proposed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