CIVHC
CENTER FOR IMPROVING VALUE IN HEALTH CARE

Data Release Review Committee

Meeting Agenda

March 2024

Time	Opportunity Number	Project Details
10:30 AM	24.26	University of Colorado, Anschutz School of Medicine *Effects of Abortion Bans on Maternal Health Conditions*
11:00 AM	24.39	Michigan State University *Stabilizing the Individual Health Insurance Market*
11:30 AM	24.37	Denver Regional Council of Governments *Colorado Older Adult Fall Related Injury Claims Assessment*

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10:30 AM – 24.26, University of Colorado, Anschutz School of Medicine

Effects of Abortion Bans on Maternal Health Conditions

Limited Extract

Specific Research Questions:

1. What is the incidence of pregnant people in Colorado that have pre-existing chronic health conditions that increase their risk of morbidity and mortality?
2. What is the incidence of pregnant people in Colorado that have pregnancy complications?
3. What is the incidence of pregnant people in Colorado who receive an abortion secondary to threat to maternal health?
4. Does geographic location affect pregnancy outcomes?
5. How do these results compare to another state (Virginia)? What are the possible differences in health policy that contribute to these findings found between the two states?

Methodology:

Using codes that identify diagnoses, procedures and surgeries (i.e., International Classification of Diseases (ICD) and Current Procedural Terminology (CPT) as well as demographic information about the patients, we can use this dataset to identify pregnant people and common conditions that threaten maternal health.

We will characterize pregnancy outcomes (live birth, miscarriage, ectopic pregnancy, stillbirth, induced abortion) as well as any sequelae that may be related to underlying conditions. We will use findings on the prevalence of underlying health conditions to model the population impact of legal changes to abortion access.

We will also conduct a spatial analysis using ArcGis. We will generate maps of census tracts related to maternal outcomes and access to hospitals with labor and delivery.

We are requesting all lines of business in this dataset, including Medicare, due to Medicare's coverage of patients under 65 for those with a confirmed medical disability. Many patients who are of reproductive age and medical disability have increased risk to health during pregnancy.

We are also requesting pharmacy claims for medications as there are certain medications that are teratogenic during pregnancy or that are associated with medical conditions that place a person at risk of severe medical morbidity or mortality during pregnancy.

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11:00 AM – 24.39, Michigan State University

Stabilizing the Individual Health Insurance Market

Limited Extract

Specific Research Questions:

1. Evaluate the impact and efficiency of reinsurance policy that existed at the federal level from 2014-2016 and newly implemented by CO in 2020. The emphasis will be on how much of the expected reinsurance payments insurers pass onto the consumers. In particular we will focus on the heterogenous impact of the policies across different regions and insurers.
2. Why do insurers enter/exit certain regions? How does reinsurance policy impact the entry/exit decisions and thereby competition in the local insurance market? What can we do to promote insurer entry in regions where there are very few insurers and foster healthy competitive insurance market for ALL regions of CO?
3. Study potential negative impact of reinsurance policy in increasing overall cost of care by limiting health care cost containment by insurers. i.e. Does limiting risk that insurers face like reinsurance policy lead to increased health care expenditure due to decreased insurers' incentive to contain costs? If so, what types of claims (medical procedures and/or drugs) are most impacted?
4. Given the above findings, compare other policies that the government can use such as (but not limited to) increasing direct-to-consumer subsidy with that of reinsurance policy. More specifically, for a fixed government expenditure what's the optimal policy that can benefit the consumers the most?

Methodology:

1. Given the distribution of claims in the individual market and the specific parameters of the reinsurance policy, we will estimate the expected cost of the reinsurance program (or for the insurers, expected cost reimbursements). We will compare these numbers from the estimated reduction in insurance premiums to compute how much of the expected cost reimbursements do insurers pass on to consumers via reduction in premiums. We want to compute this measure across different regions and across different insurers.
2. We will first compare the distribution of claims that insurers face across different regions and compare this against the how competitive the local insurance market is. Next, given the estimated cost savings from reinsurance policy in 1) we will estimate the impact of the reinsurance policy on the entry/exit of insurers to different geographical markets in CO (county level). We will evaluate if the regions that resulted in greater cost reimbursement for insurers led to more entry in those regions, and leading to more even distribution of insurers' presence across the state.
3. We will compare changes in insurers' individual market claims before and after the reinsurance policy with insurers' group market claims where they don't face reinsurance. We

will compare the differences in differences between insurers' individual vs. group claims before and after the reinsurance policy, paying particular attention to claims that fall under the reinsurance parameters. We will investigate this for average claims as well as specific procedures that insurers are more likely to have an impact through their cost containment programs.

4. Taking into account the above findings, we will estimate a economic/statistical model of both the demand and supply of health insurance market in CO. We plan to estimate a discrete choice model of demand for individual health insurance using market shares of insurance products as well as incurred claims of individuals, allowing for substantial heterogeneity across individual demographics as well as correlation between demand and health care expenditure. Given the demand model and using claims data, we will be able to model a flexible cost function of insurers that will be a function of both insurance characteristics (including premiums) and enrollee characteristics. Furthermore, we will model insurer competition with entry/exit decisions as well as plan offerings/price-setting behavior. Using these models, we'll evaluate for a fixed government spending, how different counterfactual policies (e.g. ex-ante risk-adjustment transfers, reinsurance, direct-to-consumer subsidies, etc.) will impact availability of plan (and insurer) offerings, affordability of insurance premiums and overall cost of care across different regions in CO.

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11:30 AM – 24.37, Denver Regional Council of Governments

Colorado Older Adult Fall Related Injury Claims Assessment

Limited Extract

Specific Research Questions:

1. Claims Assessment: Nymbl has honed its capability not only to pinpoint individuals with historically documented fall-related claims but also to predict future occurrences based on ICD-10 code sets. While this data is well-established for Medicare Advantage, there is currently a lack of data concerning the prevalence of fall-related medical claims in broader population-wide deployments of fall risk reduction strategies. DRCOG seeks to assess the impact of program engagement on both engaged and non-engaged participants to inform decisions regarding return on investment (ROI) and future funding allocations.
2. Demographics: DRCOG and Nymbl share a commitment to addressing the needs of underrepresented populations and those with limited access to preventive services like fall prevention. This assessment aims to shed light on payer sources and how they vary concerning fall-related injuries. Are the program's outreach efforts effectively reaching individuals from lower socioeconomic backgrounds and Medicaid recipients?
3. Costs: DRCOG aims to ascertain the potential cost savings for the state of Colorado resulting from reduced medical care expenses, particularly within the Medicaid system. This includes understanding how cost savings correlate with major engagement milestones in the Nymbl program. Moreover, the assessment seeks to explore whether Nymbl's interventions reduce the likelihood of individuals transitioning from other payer sources to Medicaid due to severe fall-related injuries, thereby mitigating subsequent adverse outcomes such as loss of independence, medical bankruptcy, and the inability to age in place.

Methodology:

Nymbl will provide the enrollment file with first name, last name, date of birth where present in the current 28K older adult participants in the program since 2/2021 to current. This information will also include engagement milestones for each user as a flag for later assessment when de-identified. This should allow for a match in the all payers claims data base for Nymbl participants and anonymization can be completed on this list. The de-identified claims data can be returned to Nymbl for claims assessment to answer the above questions, along with the original engagement milestones. The engagement milestones are broad enough to not empower any future mapping back to any specific user.