



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

2020 Public Facility Price and Quality Reporting

Overview

[Center for Improving Value in Health Care](#) (CIVHC), administrator of the [Colorado All Payer Claims Database](#) (CO APCD), is in the process of making annual updates to the facility-specific price and quality information for select health care services on the public website <https://www.civhc.org/shop-for-care/>.

Facilities meeting the minimum volume (11 or more of any of the services in the 2018 calendar year) requirements for reporting will be included in the upcoming public release.

In preparation for the release, CIVHC provides facilities who will be named in the public report a 30-day preview period. The preview period enables facilities to review their price and quality information prior to going live, understand methodology, and ask any questions related to the release.

Questions about your facility specific data?

After reviewing the FAQs below, if your facility has questions about the data provided in the preview period, the CIVHC public reporting team is available to answer any questions you may have. **Please contact us by June 15th** at info@civhc.org or call 720-583-2095.

Frequently Asked Questions

What is new in this release?

The next release will provide updated 2018 data for currently available 2017 imaging and PROMETHEUS episode prices. The release will also include additional 13 PROMETHEUS-based episode procedures as noted in the table below. In addition, pre- and post- procedure price breakouts will be available for the first time, and the CMS 5-star overall hospital rating will also be included.

PROMETHEUS episodes, (2018 data)	Current Imaging, (2018 data)
<p>CURRENT:</p> <ul style="list-style-type: none"> • Breast Biopsy • Cataract Surgery • Colonoscopy • C-Section • Gall Bladder Surgery • Hip Replacement & Hip Revision • Knee Arthroscopy • Knee Replacement & Knee Revision • Tonsillectomy • Upper GI Endoscopy • Vaginal birth <p>NEW!</p> <ul style="list-style-type: none"> • Bariatric Surgery • CABG &/or Valve Procedures • Colorectal Resection • Coronary Angioplasty 	<ul style="list-style-type: none"> • CT Scan Head or brain • CT Scan Abdomen and pelvis, with contrast • CT Scan Abdomen and pelvis, with/without contrast • MRI Scan Brain • MRI Scan Brain, with/without contrast • MRI Scan Spinal canal • MRI Scan Pelvis, with/without contrast • MRI Scan Arm joint • MRI Scan Leg joint • Ultrasound Breast (single) • Ultrasound Abdomen (complete) • Bone Density test of spine or hips • Heart vessel study using drugs or exercise • X-Ray Neck and spine 2-3 views • X-Ray Thoracic spine, 2 views • X-Ray L-S Spine 2-3 views

<ul style="list-style-type: none"> • Hysterectomy • Lumbar Laminectomy • Lumbar Spine Fusion • Lung Resection • Mastectomy • Pacemaker/Defibrillator • Prostatectomy • Shoulder Replacement • Transurethral resection prostate 	<ul style="list-style-type: none"> • X-Ray L-2 spine 4 or more views • X-Ray Pelvis • X-Ray Shoulder • X-Ray Wrist • X-Ray Hand • X-Ray Knee • X-Ray Ankle • X-Ray Foot • X-Ray Abdomen
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What year and volume of claims do these reports represent?

This release includes 2018 calendar year commercial claims from over 40 payers representing the majority of commercially-insured Coloradans. The CO APCD includes all of the fully insured, individual and small group commercial claims, and approximately 25% of voluntarily submitted ERISA-based self-insured claims, representing approximately 65% of commercially insured Coloradans.

How are the prices calculated and what do they represent?

Imaging prices include the member liability and the plan paid amount for the specific Current Procedural Terminology (CPT) code being reported. Payers submit data to the CO APCD with the claim line detail included. If a patient’s bill includes multiple CPTs or is a universal bill, only payments related to the facility fee for the procedure (CPT code) being reported is included.

PROMETHEUS episode prices include all payments related to the “episode of care” that occur pre-, during and post-service. Prices include all professional, facility and ancillary fees that were paid during the episode. See below for more information on how PROMETHEUS episodes are calculated.

What is PROMETHEUS?

The PROMETHEUS model packages payments around a comprehensive episode of medical care that covers all patient services related to a single illness or condition - before, during and after care is provided. Covered services are based on commonly accepted clinical guidelines or expert opinions that define the best methods for treating a given condition from beginning to end. The payments of all treatments are tallied to generate an Evidence-informed Case Rate™ (ECR). ECRs include all covered services bundled across all providers that would typically treat a patient for the given condition (hospital, physicians, laboratory, pharmacy, rehabilitation facility, etc.). The ECR is adjusted for the severity and complexity of each patient’s condition.

For more information about Prometheus Episode definitions, visit <https://www.payformancesolutions.com/episodes/>. For details regarding specific episodes, please contact info@civhc.org.

Why was PROMETHEUS selected?

CIVHC conducted an assessment and evaluation of public reporting methodology used in previous releases as well as by other APCDs across the country. After considering best practices, testing various methodologies and working with consumers, hospitals and ASCs locally, CIVHC chose the [episode of care approach](#) using PROMETHEUS Episodes of Care. The episode approach facilitates more complete assignment of medical events and procedures to specific facilities and provides consumers with a more accurate estimate of the total cost that may be incurred.

How does PROMETHEUS assign my facility an episode and does it impact volume?

The model builds up cases from a claim line level using ICD9/10 codes as opposed to DRGs. In general, it requires more than a single code “trigger” to build an episode of care, and it drops episodes by design when any retention criteria aren’t met. This inherently leads to lower episode counts or volumes for conditions than other grouper software or by searching specifically for a single diagnosis or procedure code. As a result, the volume of claims attributed to your facility is likely to be less than the number of procedures you performed in that calendar year.

What will consumers using this tool see?

For **PROMETHEUS episodes**, consumers will see the median (labeled as average) “all in” episode cost attributed to the facility performing the actual service, as well as the price range, representing the 25th to 75th percentile payments. In addition, the percent of the price attributed to pre- and post- care will also be available.

For **Imaging services**, the median total allowed amount and the price range (25th to 75th percentile) for facility-only CPT payments will be displayed.

A patient experience and overall hospital rating (explained in more detail below) quality measure will be displayed for hospitals submitting HCAHPS data to the Centers for Medicare & Medicaid Services (CMS).

Will CIVHC be publicly releasing additional episodes or price data in the future?

Yes, as administrator of the CO APCD, CIVHC is required to make public price information available to consumers. We will continue to publicly release price and quality data and plan to update the calendar year and add additional services and quality measures as relevant on an annual basis.

What are you using for quality measures?

CIVHC currently uses the [Patient Experience five star rating system](#) produced by the Centers for Medicare & Medicaid Services (CMS) based on the results of a survey (Hospital Consumer Assessment of Healthcare Providers and Systems) and is also including the [Overall Hospital five star rating](#) in this release. Visit the [CMS website](#) for more information about the Star Ratings.

Why aren’t all facilities shown for all procedures?

CIVHC uses the Centers for Medicare & Medicaid Services (CMS) minimum threshold rule requiring that facilities have eleven or more of the same service represented in the processed dataset in order to release results. Some facilities that are not listed may provide more than eleven of the particular service, but after the data is cleaned and processed, may not have had enough claims to be included. As noted above, the PROMETHEUS methodology eliminates instances of services that do not have full representation of the entire episode in the dataset, resulting in lower volumes in some cases.

In addition, due to a Colorado law, CIVHC cannot currently report on physician group prices for imaging until quality measures are available for those providers. If you have questions regarding a particular facility that is not listed, contact us at info@civhc.org for more information.