Colorado State-Led Public Price Transparency Tools

This matrix presents price transparency tools publicly available in Colorado. The following page outlines each tool by data source, years of data available, target audiences, and other factors to help users understand potential use cases for each and how the purpose of each tool varies.

Additional tools outlining similar public tools in Colorado that can be used to evaluate quality of care, affordability, health equity, and more will be made available in the future.

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State-Led Public Price Transparency Tools in Colorado

A Comparison Matrix

CIVHC — CENTER FOR IMPROVING VALUE IN HEALTH CARE

Note: Tools are grouped by those that have similar purporses or data elements.

	Facility Cost Transparency Tools				Price Variation and Medicare-Based Pricing			Additional Tools	
	SHOP FOR CARE	**COLORADO PRICE TRANSPARENCY REPORT** (Report produced by CIVHC, publicly posted on the DOI site)	**HOSPITAL PRICE TRANSPARENCY TOOL**	**PRICE TRANSPARENCY POSTING EVALUATION REPORT**	**MEDICARE REFERENCE BASE PRICE REPORT**	**PAYMENT VARIATION TOOL**	**BREAKEVEN ANALYSIS**	**PROVIDER PAYMENT TOOL**	**ADDITIONAL HOSPITAL COST ANALYSES AVAILABLE**
Owner	Center for Improving Value in Health Care (CIVHC)	CIVHC & DOI	HCPF	HCPF	CIVHC	HCPF	HCPF	CIVHC	HCPF
Link	https://www.civhc.org/shop-for-care/	https://doi.colorado.gov/colorado-hospital-price-report	https://hcpf.colorado.gov/hospital-reports-hub	https://hcpf.colorado.gov/hospital-price-transparency	https://civhc.org/get-data/public-data/focus-areas/reference-pricing/	https://public.tableau.com/app/profile/co.hcpf.finance.office/viz/PaymentVariationTool/Introduction	https://public.tableau.com/app/profile/co.hcpf.finance.office/viz/BreakevenAnalysis_16318925874070/0_Introduction	https://civhc.org/provider-tool/	Multiple additional hospital pricing reports available here: https://hcpf.colorado.gov/hospital-reports-hub
Format	Interactive Tableau Dashboard & Downloadable Excel Files	Interactive Tableau Dashboard	Tableau	Static Evaluation Report	Tableau and Downloadable Excel Files	Tableau	Tableau	Tableau	Depends on report
Target Audience	• General Public • Providers • Payers	• General Public	• General Public • Providers	• General Public • Providers • Payers	• General Public • Payers • Employers • DOI	• Employers • Chamber of Commerce	• Employers • Payers • State Regulators and DOI	• General Public • Providers • Payers	Depends on report
Statutory/Legislative Requirement	Yes HB 10-1330	Yes HB 08-1393	No	Yes SB 23-252	No, but supports the DOI in implementing the Colorado Option	No	No	Yes SB 22-068	Depends on report
Refresh Frequency	Every other year	Annually	Semi-annually	Semi-annually	Annually	Annually	Annually	Annually	Depends on report
Release Data	Release Date: 2022 Next Update: Spring 2024	Release Date: 2019 Next Update: Mandated by June 5 annually	Release Date: June 2024	Release Date: February 2024 Next Update: June 2024	Release Date: 2019 Next Update: Spring 2024	Release Date: June 2023 Next Update: May 2024	Release Date: September 2021 Next Update: Spring 2024	Release Date: January 2023 Next Update: Required by January 1 annually	Depends on report
Data Source(s)	Colorado All Payer Claims Database (CO APCD)	CO APCD	Hospital-reported data posted on each hospital's website, compiled by CIVHC.	Hospital-reported data posted on each hospital's website.	• CO APCD • Milliman repricer tool used to get percent Medicare data	• CO APCD • A variety of HCPF and other tools presented in the Hospital Pricing Tool Write-Up.	• Medicare Cost Reports • Additional non-claims data sources (review methodology)	CO APCD	• Medicare Cost Reports • Additional non-claims data sources
Payers Included (if applicable)	• Commercial (aggregate)	• Commercial (aggregate) • Medicaid • Medicare Advantage	• Commercial (aggregate) • Medicare	• Hospital standard charges (including Medicare)	• Commercial (aggregate) • Commercial data compared with Medicare payments	• Commercial (aggregate) • Medicaid • Medicare FFS • Medicare Advantage	• Commercial (aggregate) • Compared with Medicare	• Commercial (aggregate) • Medicaid • Medicare FFS • Medicare Advantage	N/A
Number of Years Covered	Current: 2019-2020 Next Update: 2019-2022	Current: 2016-2022 Next Update: 2016-2023	Current: July 2023 - September 2023	Current: Between September and October 2023	Current: 2019-2022	Current: 2017-2021 Next Update: 2017-2022	Current: 2012-2020 Next Update: 2017-2022	Current: 2018-2022 Next Update: 2018-2023	Current: 2022 Data
Purpose/Goal	Fulfills statutory mandate of CO APCD administrator to provide a shopping tool for consumers to use to understand prices for procedures/services at named hospitals and facilities in the state. Patients can use this tool to research their expected cost range for an upcoming scan or procedure to compare costs across hospitals and identify lower-cost options.	Fulfills legislative requirement to provide hospital and payer price transparency. Shows the costs of each DRG/procedure within different coverage types. Also allows the user to filter through years and regions within Colorado. Users can explore average costs and coverage amounts for common services with breakouts by hospital name, named payer, region, and year to understand utilization, cost, and coverage trends for services over time.	This tool is intended to make Colorado hospital standard charges easily accessible to the public. This tool will allow consumers and providers to compare standard charge variance by named hospital and payer.	SB 23-252 requires HCPF to conduct a performance assessment of hospital adherence to federal transparency rules.	This tool shows commercial health insurance payments for hospitals and other facilities for inpatient and outpatient services as a percentage of Medicare. The report can be used by employers, payers, and providers to negotiate rates and control costs. It will also be used by the DOI as a public data reference to set rates under the Colorado Option.	This tool enables the comparison of hospital *inpatient* payments by payer type and in total compared to the state average and Medicare with severity adjusted. The relative price can be viewed from a hospital-total level, major diagnosis category, or code level. This report can be used by employers and insurers to identify which areas to focus negotiations for cost savings. Note: Outpatient data may be added as soon as June 2025	This tool provides information on commercial payments necessary for hospitals to break even compared to actual commercial payments received, both relative to Medicare payments or other costs. This report can be used by employers, payers, and providers to help negotiate rates at top levels and identify facilities to approach for those discussions. This report is also used by DOI to support the Colorado Option.	This tool is intended to help users understand how much providers in Colorado get paid for certain services and how those payments differ based on a number of factors including payer, geography, provider type, setting and more.	Multiple reports to understand hospital costs including: • Hospital Cost, Price and Profit Analysis • Hospital Transparency • Hospital Cost Analysis
Description	This tool provides imaging and procedure payments (total allowed amounts) by named facility (hospitals and free-standing facilities) in Colorado.	This tool provides named hospital and named payer prices for common Inpatient and Outpatient services by MS-DRG or procedure code. It provides average allowed amount and average charged amounts.	This tool shows hospital-posted prices to allow consumers to search prices for specific insurance carriers by hospital.	HCPF is required to publish a static scorecard of hospital adherence to federal transparency rules.	This analysis presents percent Medicare payments to show how much hospitals and ambulatory surgery centers are paid by commercial payers compared to Medicare rates. This includes DOI and county level percent Medicare information.	The tool uses inpatient claims from the CO APCD to compare *relative* prices for hospital procedures across the state. Users can identify the lowest-cost providers by filtering APR-DRGs and Medical Diagnosis Codes, and filter by specific payer types. Relative prices are available for named hospitals and can be compared to the state weighted average or estimated Medicare payment equivalent.	"Breakeven" is defined as the commercial reimbursement rate that would cover all of a hospital's current expenses for inpatient and outpatient services, without profit. This tool provides an in-depth view of hospitals costs, prices, and profits.	This tool shows what anesthesia and non-anesthesia providers get paid (total allowed amounts) for specific services as identified by CPT and HCPCS codes. Consumers, providers, payers and others can access the tool to see how payments vary depending on where a service takes place, which payer is involved, and what type of provider performs the service.	These reports help users understand the costs hospitals incur to run services, and do not reflect payments/prices for services like the other reports.
Measures	• Distance from zip code entered to place of service • Price estimate - total allowed amount (median and 25th - 75th percentile range) • CMS quality measures (patient experience, overall hospital 5-star ratings) Note: Currently, all procedure prices represent a bundled episode payment. This will change to facility payment or DRG payment in the next update in 2024. Imaging payments are only the facility payment portion.	• Medicare Severity Diagnosis Related Groups (MS-DRG) and procedures - average allowed amounts (patient and payer paid) Note: Inpatient claim amounts for DRGs and Outpatient CPT amounts represent facility payments and do not include physician or other ancillary payments.	• Hospital-specific standard charges (gross charge, discounted cash price, payer-specific negotiated rates) • Medicare rates comparison by individual procedure code	• Quality of hospital price transparency postings by procedures listed, accessibility, and other assessment criteria • Possible areas of non-compliance to the Federal rule	• Named Hospital and ASC% of Medicare prices by Service Categories: Inpatient, Outpatient, Inpatient/Outpateint, Inpatient/Outpatient Combined • Regions: Statewide, DOI, and County • Quality Measures: CMS 5-star hospital rating and patient experience rating	• Statewide average prices and Medicare equivalents can be filtered by: discharge year, hospital type, year hospital opened, APR-DRG classification and major diagnostic category • Payers can be filtered: All, Medicare Advantage, Medicare FFS, Medicaid, and Commercial	• Commercial payments to breakeven and commercial payments beyond breakeven • Estimated actual commercial payment (either as costs or percent of Medicare) • Medicare payment to cost ratio	• All current (effective 2022) CPT codes and HCPCS codes with sufficient volume (statewide claim volume of 30 or more) for 2018-2022 • Payer breakouts for: Commercial, Medicaid, Medicare Advantage, and Medicare FFS • Total allowed amounts (payer and patient payments combined) at 25th, 50th, 60th, and 75th percentile, and avg. total allowed amounts • Anesthesiology payment calculations	Depends on report