Agenda

• What’s in the CO APCD – Then and Now
• Lessons Learned
• Use Cases
• Questions/Feedback from Participants
• **Housekeeping:** Session is being recorded, questions via the chat box
Presenters

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Vice President of Communication and Marketing, CIVHC

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CIVHC Chief Operating Officer and General Counsel, CIVHC
Our Mission

We strive to empower individuals, communities, and organizations through collaborative support services and health care information to advance the Triple Aim: Better Health, Better Care, Lower Cost

We are:

• Non-profit
• Independent
• Objective
Who We Serve

Change Agents
Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.
All Payer Claims Database (APCD) Overview

APCDs are large databases that typically include medical, dental, pharmacy claims collected from private and public payers. Advantages over single-payer or population-based databases include:

- Capturing longitudinal care information on individuals
- Patient data that spans care settings
- Data from most or all insurance companies in state
- Demographic, diagnostic, procedural & reimbursement information (total charges, plan paid, and patient responsibility)
  - Useful for policy, research, clinical and health system performance, evaluation, population health management, system redesign, payment reform, and more

Currently, 18 states have some form of an APCD
National APCDs

Source: www.apcdcouncil.org
Six Critical Functions of an APCD

- Reporting on health care spending, utilization, and performance
- Enhancing state policy and regulatory analysis
- Informing the public about health care prices and policy
- Enabling value-based purchasing and health care improvement
- Supporting public health monitoring and improvement
- Providing reliable data for health care research and evaluation
History of the CO APCD

2008
CO APCD recommended by Blue Ribbon Commission for Health Care Reform

2010
CO APCD Legislation (HB 10-1330); CIVHC named administrator by HCPF

2012
CO APCD operational; first public data via website and begin providing non-public data

2017-2019
Transition to new data vendor; enhanced capabilities; launched new website/public data

2013-2016
Enhancements to public data/infrastructure; added more payers/Medicare; increased custom data fulfillments

2019-Present
New state operating funding for enhanced data, tools, analytics, public reporting
What’s IN the CO APCD?

- 870+ Million Claims (2013-2021)
- 36 Commercial Payers, + Medicaid & Medicare*
- 5+ Million Lives*, Including 1M (50%) of self-insured
- Nearly 70% of Covered Lives (medical only)*
- Trend information 2013-Present

*Reflects 2021 calendar year only
What’s **NOT** In the CO APCD

**Federal Programs** – VA, Tricare, Indian Health Services

**Majority of** ERISA-based self-insured employers

**Uninsured and self-pay claims**

**Supplemental Info (incomplete)**
What Gets Submitted to the CO APCD?

- Medical Claims
- Pharmacy Claims
- Professional Claims
- Dental Claims
- Eligibility Files
- Non-Claims Data (annual files)
  - Alternative Payment Models
  - Drug Rebates
  - Value-Based Pharmaceutical Contracts (2022)
  - Prescription Drug Affordability Bill fields (2022)
What Does It Tell Us?

- **Who Received Care & Why?**
  - Member composite ID to track across years and payers
  - Basic demographic information: age, gender, 3-digit zip
  - Diagnostic and procedure codes at the claim line level

- **Who Provided Care & Where?**
  - Provider composite ID to track across facilities
  - Provider NPI
  - Provider 5-digit zip
  - Provider specialty and sub specialty

- **Which Insurer Paid for the Care?**
  - Payer code and line of business
What Does It Tell Us?

• **How Much Was Paid?**
  • Charged amount
  • Allowed amount
  • Paid amount
  • Patient costs (co-pay, co-ins, deductible, premiums - 2022)
  • Coordination of Benefits (amt and COB flag)

• **Which Medications Were Filled?**
  • Pharmacy ID
  • Drug name, dosage, and days prescribed
  • Date filled
Key Values of the CO APCD

• **Rigorous data intake and QC processes** to ensure data uniformity and completeness across submitting payers

• Patient data that **spans care settings (IP, OP, ASC, SNF, etc.)**

• Captures **longitudinal care information on individuals** – including across plan types, product types, lines of business & geography

• **Demographic, diagnostic, procedural, and reimbursement** information for approximately 8.6 million unique lives

• Capabilities that **enable evaluation of impact of socio-economic** and racial factors on health equity
Unique Aspects of the CO APCD

• Value-add data processing
  • Master patient index – unique person ID, track people across plans and time
  • Master provider index – roll-up reporting at the provider level

• Value-add data analytics
  • Low Value Care
  • Medicare Price Comparisons (Reference Based Prices)
  • Geocoding to enable social determinants of health and race/ethnicity analytics

• Timely claims data
  • Monthly submissions
  • Bi-monthly processing of entire data warehouse
  • Data typically reflects care paid for 3 months prior.
Value CIVHC Brings to the CO APCD

• Non-partisan, serves all Change Agents
• Non-profit, ability to seek grants
• Number and breadth of annual public and non-public report releases
• Expansive data quality program
• Collaboration & partnership with Change Agents, payer submitters, state, and national entities
• Connection with Colorado community groups, providing data and insights to advance health our state.
• Lead programs in aging and end of life care to promote better care.
Learn More about the CO APCD: Insights Dashboard

civhc.org > Get Data >
CO APCD Info >
What’s In the CO APCD

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- Dental Services

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**CO APCD PAYER INFORMATION**

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<table>
<thead>
<tr>
<th>Insured People with Claims</th>
<th>Insured People by Named Payer</th>
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<td>563,950</td>
<td>143,950</td>
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<td></td>
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<tr>
<td>Total Insured People</td>
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<td>828,990</td>
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<table>
<thead>
<tr>
<th>Number of People with a Fully-Insured Plan</th>
<th>Number of People with a Self-Insured Plan</th>
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<tbody>
<tr>
<td>496,850</td>
<td>281,370</td>
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</tbody>
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The CO APCD Then & Now
The CO APCD Then & Now

Number of Payers*

2012

9

8 commercial

+ Medicaid

2022

37 commercial

+ Medicaid

39

Medicare Fee For Service

*Commercial payers submit Medicare Advantage claims
The CO APCD Then & Now
Types of Claims

2012
- Medical
- Pharmacy

2022
- Medical
- Pharmacy
- Dental
- Drug Rebates
- Alternative Payment Models
The CO APCD Then & Now
Memory Capacity Required to Store the CO APCD

2012
1 terabyte

2022
13 terabytes

= 5 64GB smartphones
The CO APCD Then & Now
Public Releases of CO APCD Data

2012

Interactive report

2022

35+

including
Data Bytes
Data Dives
Downloadable Data Sets
Infographics
Interactive Reports
Issue Briefs
The CO APCD Then & Now
Number of Services Available in the Shop for Care Tool

2014: 4 Procedures
2022: 22 Procedures
30 Imaging

= 2 services
The CO APCD Then & Now
Non-Public Releases

2012 9 → 2022 117

Each ⊗ = 3 releases
The CO APCD Then & Now

Pieces of legislation supported by CO APCD data

2012

2022

- HB 19-1233 - Investments in Primary Care to Reduce Health Costs
- HB 19-1174 - Out-of-Network Health Care Services
- SB 21-175 - Colorado Prescription Drug Affordability Board
- HB 21-1232 - Standardized Health Benefit Plan Colorado Option
- HB 22-1370 - Coverage Requirements for Health Care Products
- SB 22-068 Provider Tool To View All-payer Claims Database
- HB 22-1325 - Primary Care Alternative Payment Models
- SB 22-040 - Actuarial Reviews Health Insurance Mandate Legislation
- HB 22-1278 Behavioral Health Administration
Lessons Learned
Lessons Learned – Data Management and Quality

• Take ownership of APCD data quality and don’t leave it to others
• “The data is what the data is” – NO. There are always opportunities for quality improvement, though there is no such thing as “perfection”
• No black boxes – Need transparency into data processing, measures, metrics, and methods. Partner with others to learn best practices
• Submitters need to be treated as partners
• Clearly define appropriate uses of data
• Discover data issues internally – dig into the data and be transparent about data quality issues or “Data Discovery”
Lessons Learned: Analytics and Customer Service

• Understand the data and context to determine appropriate uses
• No black boxes – Need full transparency of processing, business rules, measures, metrics, and methodologies from all partners
• Compliance, Compliance, Compliance – HIPAA, HiTECH, anti-trust concerns, State statutes and regulations.
  • Treat data compliance as a framework not a crutch

**HIPAA-noia:** The chronic fear that HIPAA privacy rules are coming to get you, and the resulting lockdown on ALL (even authorized) uses of health data.
Lessons Learned: Analytics and Customer Service

• No vendor can provide for all analytic or tool needs
• Set expectations with stakeholders and get analysts involved early
• Increased documentation creates better customer service
• Supplemental and enhanced data sources increase the data’s value
• Standard datasets and standard reports can help get data to Change Agents quickly, but are time consuming to develop at first
Lessons Learned: Public Analyses

- Involve subject matter experts early and often
- Build in plenty of time for data QC and review against other externally available sources, especially with new analytics/methodology
- Review results with key Change Agents prior to release (Shop for Care, Affordability Dashboard, etc.)
  - Builds trust
  - Helps validate the process and functionality
  - Results in a more objective publication/release
How the CO APCD is Used by Change Agents
Available Public Data at CIVHC.org

- Shop for Care
- Community Dashboard
  - Cost, Quality, Utilization/Access
- Affordability Dashboard
  - Cost of Care, Drug Rebates, Low Value Care, Alternative Payment Models, Medicare Reference Pricing
- CO APCD Insights Dashboard
- Telehealth Services Analysis
- Data Bytes & More!
Distribution of Non-Public Data Requests

CO APCD Non-Public Releases in FY 2021-2022 by Change Agent Sector

- Government Agencies: 64
- Researchers: 31
- Digital Health/Consultants: 10
- Employers: 9
- Community Focused Organizations: 7
- Facilities/Health Systems: 4
- Health Plans: 1

126 non-public releases to 46 different Change Agents
Common Questions the CO APCD Addresses

• Why are health care costs increasing?
• What types of services have the highest variation in payments?
• Does health care cost more in rural areas or urban?
• Are Coloradans using health care services for preventive tests and annual exams?
• Are people using their health care and care differ by payer?
• Are they picking up prescriptions according to chronic care management protocols?
• Is the ED being utilized as a source of care for non-urgent situations?
• How do payments for the same service differ by setting and location?
Questions Claims Data CANNOT Answer

• Were there prescriptions that were paid for with **cash** or using a **manufacturer coupon**?
• What are the **outcomes** of a test or procedure?
• What prescriptions were **written** but not filled?
• What are the doctors **notes and recommendations**?
• What happened **today** or in the **previous 3 months**?
• Did the doctor or clinic refer a patient to **social** or **non-medical** support services?
• Were there claims or procedures that were **denied** by insurance?
Common Change Agent Use Cases

• Benchmarking information – cost, quality, volume
• Market Analysis – planning, growth, trend opportunities
• Support for new delivery & payment models
• Results/Assessment of policy changes
• Community - needs/assessments, trends, patterns
• Emerging trends – e.g. COVID, Telehealth
• Development of Consumer-focused digital health tools
• Access to care - trends for at-risk populations
Project Purpose: Evaluate the effect of the Affordable Care Act (ACA) on the stability of coverage among Medicaid beneficiaries and commercial payers in Colorado.

Benefit to Colorado:
• Understand the impact of policies on coverage stability/churn
• Determine impact on cost, access and quality of care for specific services such as maternity care.
Project Purpose: Develop a state-wide surveillance system of Coloradans with congenital heart defects (CHD) through claims and EHR data.

Benefit to Colorado:
• Determine prevalence of CHD and geographic variation
• Understand the relationship between socioeconomic factors and health outcomes for individuals with CHD
• Explore the burden of mental health conditions among patients with CHD.
Project Purpose: Use internal data resources with data from the CO APCD to *understand care patterns and improve patient outcomes* by reducing variation.

Benefit to Colorado:

- **Improved care, lowered costs, and improved surgical outcomes** by evaluating utilization, length of stay and complication rates for children using certain services.

- Understand *variation in care for high risk children* across *other health systems* such as home health, mental health services, and other community providers.

- Evaluate *medically complex children* who have intense medical and *coordination of care needs that are not well met* by existing models.
Project Purpose: Improve transparency around affordability of health care services for customers by assessing medical costs within the Colorado commercial market.

Benefit to Colorado:

• Identify areas where care coordination and patterns of care can be improved, and ensure reasonable rates and discounts by understanding their market rates compared to other commercial payers.
Project Purpose: Understand health care services provided in SBHCs by volume, cost, visit reason (diagnoses), and how it varies by payer type, location, age and gender of the population served.

Benefit to Colorado:

- Identify services and/or subpopulations that might be prioritized for future studies
- Support future funding opportunities for school-based health centers
- Inform policy work and advocacy efforts for SBHCs.
Project Purpose: For employers in The Colorado Purchasing Alliance, understand how much could be saved by steering employees towards non-hospital based facilities for outpatient services.

Benefit to Colorado:
• Shift care to high quality, low cost providers
• Save employers money
• Reduce cost burden on employees and receive high value services
• **Project Purpose:** Using CO APCD to **implement legislative bills** to improve health care.

• **Benefits to Colorado:**
  - **Reduce surprise billing:** use CO APCD to identify appropriate payments
  - **Increase Primary Care use:** use CO APCD data to determine additional investments
  - **Reduce pharmacy costs:** use CO APCD Rx data to inform the Pharmacy Drug Affordability Board of costs and opportunities
  - **Offer a statewide, low-cost health plan:** use CO APCD data to determine Medicare-reference based prices for providers
Data Offerings

Product types available for license include:

• **Standard Reports**
  • Pre-defined set of data elements that provide insight to relevant market categories – IP & OP Outmigration, Employer Suite of Reports

• **Custom Reports**
  • Static or interactive report containing data elements identified by the client and presented in an easy-to-use format

• **Data Sets (custom or standard)**
  • Extract of data elements identified by the client that can be aggregated and analyzed by the requester
  • Comprehensive Data Element Dictionary (DED)
Memories of the CO APCD
How has the CO APCD Contributed to Your Work or Your Partners?

“The APCD has allowed us to marry utilization and social determinants data with claims analysis. It widens our understanding of both health policy challenges -- and solutions.”
Michele Lueck, Colorado Health Institute, President

“CIVHC was one of the pioneers among APCDs, and has demonstrated multiple use cases that are relevant to my current work at PCH. CIVHC showed many things are possible to enable better purchasing.”
Jay Wann, Peterson Center on Healthcare, Executive Director

“It has amplified some of the problems and challenges we were experiencing as a carrier. The issues were real and until the data came to light - folks are now paying attention to real cost drivers.”
Janet Stout-Pogar, Anthem Blue Cross and Blue Shield, Regional VP

“Ability to easily access transparent, reliable data.”
Laurel Petralia, Regis University, Role Director

“Insurance reimbursement transparency, statistical information about diagnoses, incidence, cost.”
Karen Zink, Southwest Women’s Health, Nurse practitioner

“Issue briefs focusing on health equity, access to care and cost comparisons.”
Michael Boyson, Fellmeth, Program Specialist

“The Colorado APCD has contributed to greater transparency of healthcare costs and quality for all stakeholders in Colorado.”
Tracey D. Campbell, BRIDGE Healthcare Partners, LLC, CEO

“Using APCD [data] to establish the Out of Network rates is something pretty unique.”
Tom Rehnel, Colorado Hospital Association, SVP Finance and Analytics

“I believe it has been invaluable to the Colorado Dept. of Healthcare Policy and Finance. Though I have not assessed directly, I would assume it’s been valuable to a broad array of healthcare providers, facilities and funders.”
Ned Colonge, The Colorado Trust, President and CEO

“Highlights facility and provider geographic and institutional difference in charges and increases. Data for “surprise bills” etc.”
Michael F. Huyotari, Stakeholder

“We’ve worked with CIVHC on several studies including a pricing comparison of free-standing facilities and low-value care analysis. The contribution of APCD data to the RAND Pricing Transparency reports means that Colorado has one of the most robust and reliable comparative data bases in the country.”
Robert Smith, CBGH, Executive Director
Questions and Feedback

Reach out to info@civhc.org

Connect with CIVHC on Facebook, LinkedIn, and Twitter

Recording will be posted here: www.civhc.org/about-civhc/news-and-events/event-resources/