

Provider Payment Tool Use Cases

The **Provider Payment Tool**, enacted through **Senate Bill 22-068**, enables Coloradans to understand how payments to health care providers for services vary between years, provider types, insurance payers, and regions across the state. This first-of-its-kind tool, based on data in the **Colorado All Payer Claims Database**, can be used by a number of audiences looking to increase access to equitable, affordable care.

A few example use cases are provided below.

Self-Insured and Full Insured Employers:

- Self-insured:**

Understand what you are paying for services versus other payers in your area and statewide. Use this information to discuss rates with your insurance broker or TPA/ASO.

- Fully-insured:**

Point employees to the tool if they have questions about how much a service may cost, or related to provider bills they received and whether the price was reasonable.

Health Insurance Payers and Health Care Providers:

Benchmark how your payments for services compare to your peers. Use this information when discussing annual rate changes.

State Agencies and Policy Makers:

Identify variations in payments for procedures across the state. Determine where there may be opportunities to reduce price variation and increase access to care.

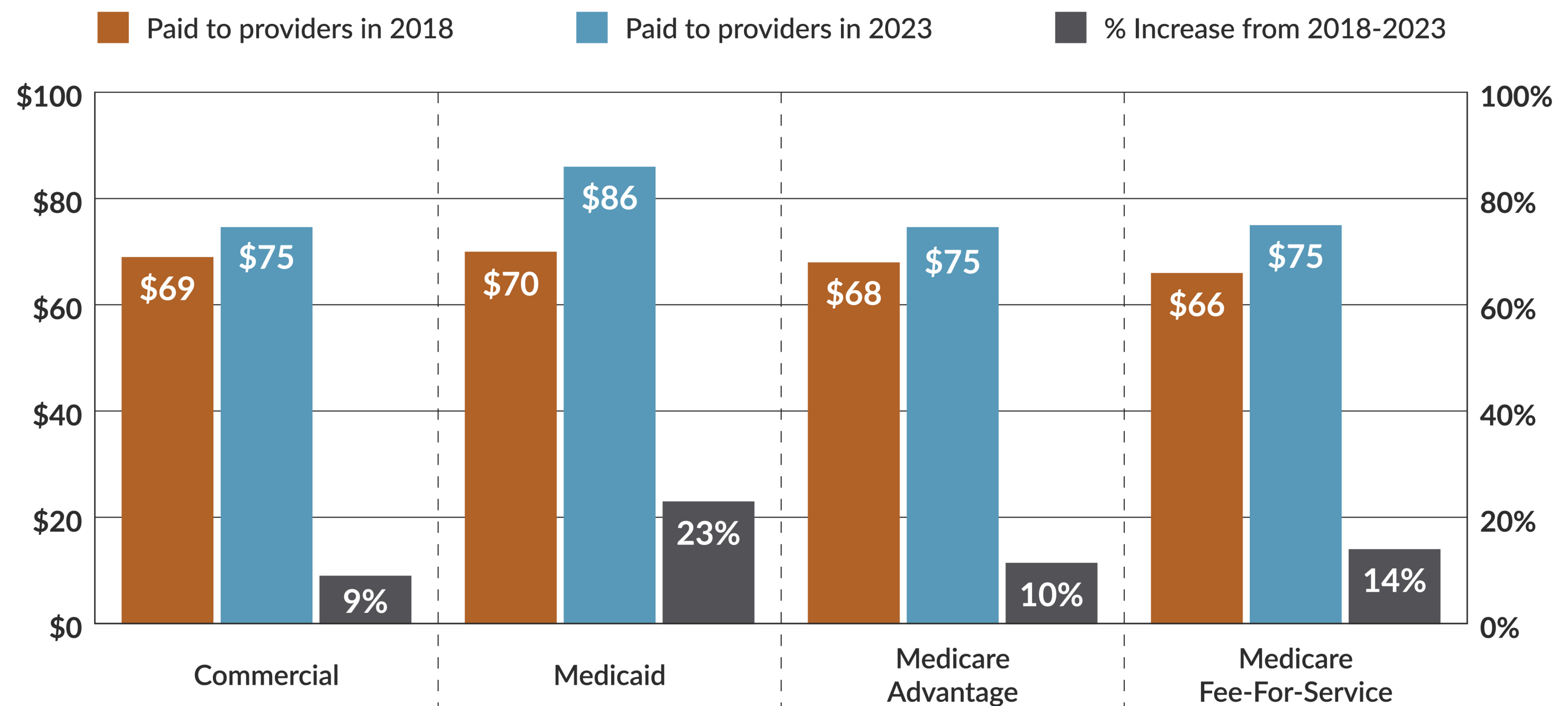
Consumers and Advocacy Organizations:

Use the tool to understand common prices for specific services, and talk to your providers and/or health insurance payer if there is a discrepancy in prices for services you plan to receive or did receive.

The tool can answer questions like:

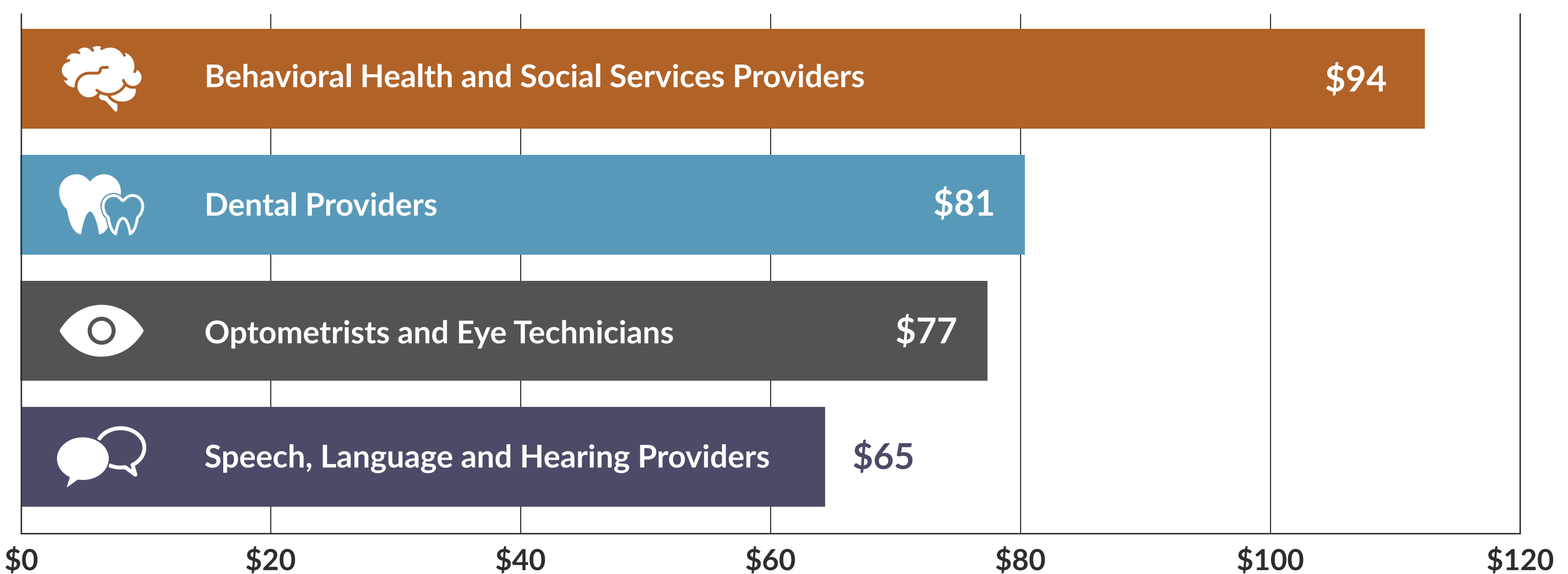
1

How much are behavioral health providers typically paid for a 45-minute outpatient therapy session (CPT® 90834) and have payments changed since 2018?



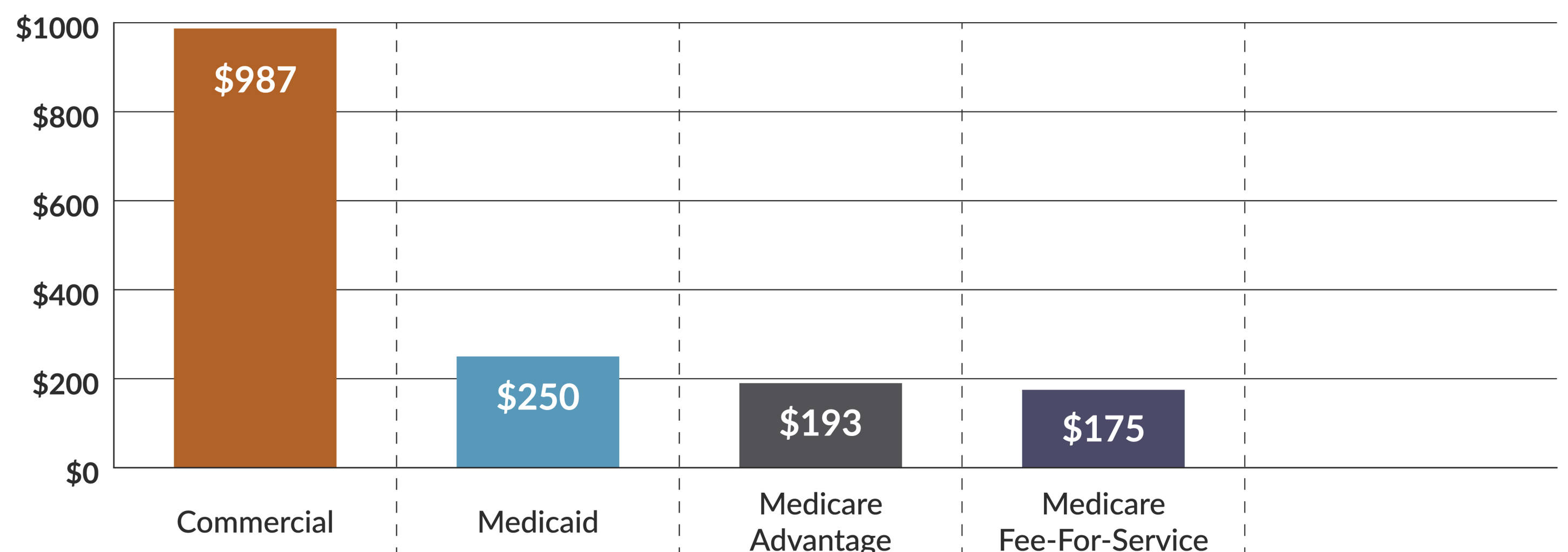
2

Do commercial insurance payments for office visits (CPT® 99213) vary for different provider types?



3

What do anesthesiologists in Arapahoe County get paid to perform a 45-minute inpatient appendectomy (CPT® 00840) on a healthy patient?



*All payments above represent median total allowed amounts (payer and patient payments combined).

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