

Aledade Colorado Value-Based Care Summit

Gaylord Rockies Resort & Convention Center
Denver, CO

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Health Care Trends & Opportunities

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Learning Objectives

- To learn about the Center for Improving Value in Health Care and the Colorado All Payer Claims Database
- To understand the current landscape and trends of primary care and alternative payment models in Colorado
- To learn about the public and non-public resources available through [CIVHC.org](https://www.civhc.org)





CIVHC and the CO APCD



CIVHC
CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Center for Improving Value in Health Care

CIVHC is a non-profit, non-partisan, independent organization with more than ten years of experience **equipping partners and communities in Colorado and across the nation with the resources, services, and unbiased data needed to improve health and health care.**



Who We Serve

Change Agents

Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.



Clinicians



Hospitals



Government



Consumers



Employers



Researchers



Health Plans



Non-Profits



How We Inform



Public CO APCD Data

Identify opportunities for improvement in your community through interactive reports and publications



Non-Public CO APCD Data

License data from the most comprehensive claims database in CO to address your specific project needs



Community Services

Evaluate your program, partner on research, or create tools for success with community focused services



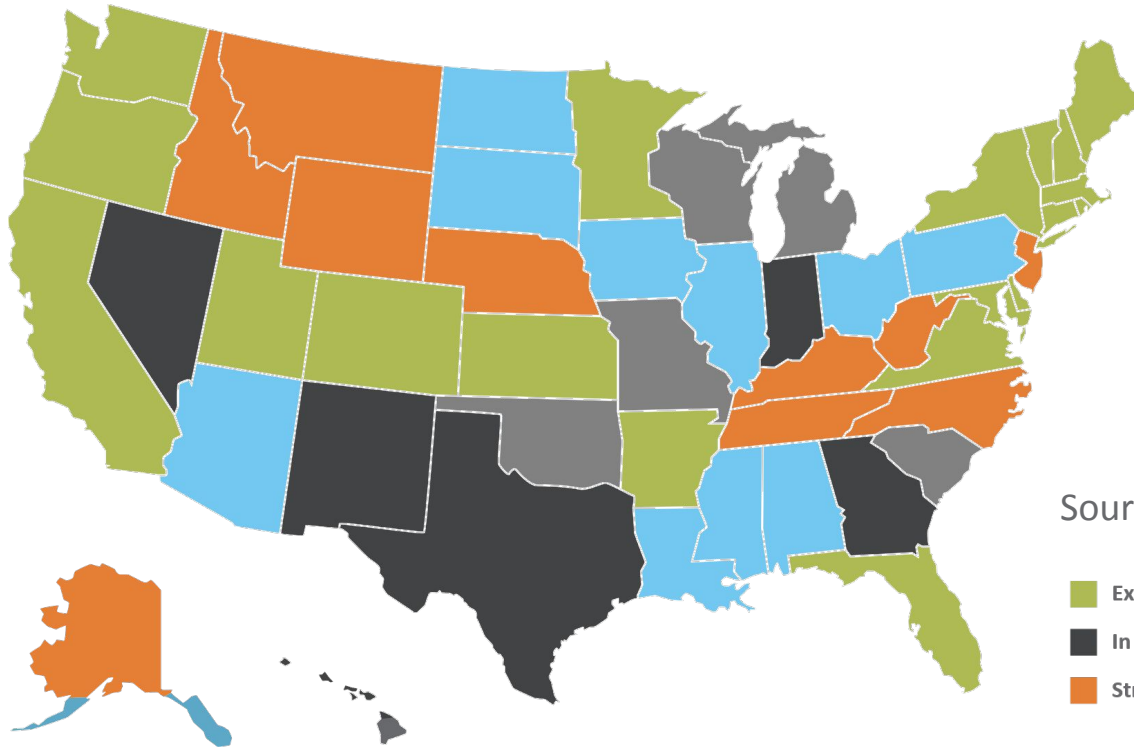
All Payer Claims Databases (APCDs)

All Payer Claims Databases are large databases that include medical, dental, and pharmacy claims collected from private and public payers. Compared to single-payer or population-based databases, APCDs can:

- Capture longitudinal information on individuals
- Contain patient data that span care settings, provider types, and most or all insurance plans in the state.
- Utilize demographic, diagnostic, procedural & reimbursement information (total charges, plan paid, and patient responsibility)
- Be used for policy, research, clinical and health system performance, evaluation, population health management, system redesign, payment reform, and more
- CO APCD collects more types of data than any other APCD in the nation.



National APCDs



Currently, 19 states have some form of an APCD

Source: www.apcdouncil.org

- | | |
|-------------------|------------------------------------|
| Existing | No Current Activity |
| In Implementation | Existing Voluntary Effort |
| Strong Interest | Existing with Voluntary Submission |

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

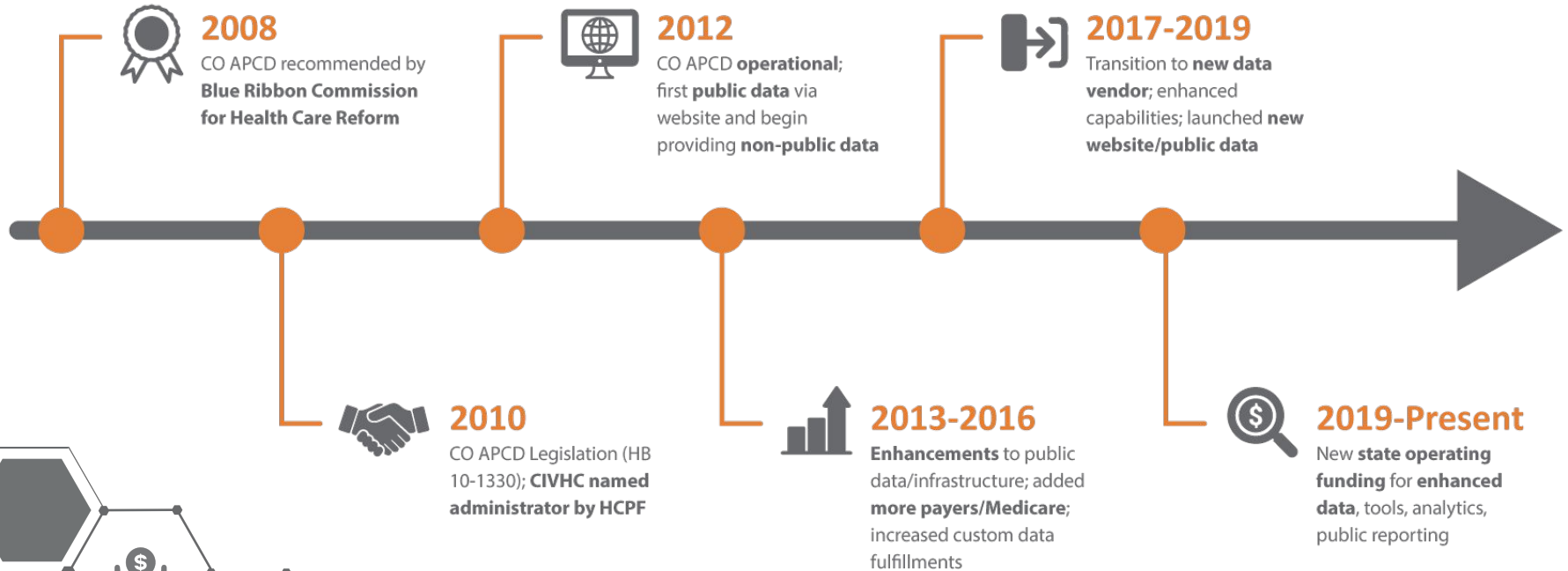
Supporting public health monitoring and improvement

Providing reliable data for health care research and evaluation

Douglas McCarthy, *State All-Payer Claims Databases: Tools for Improving Health Care Value, Part 1 — How States Establish an APCD and Make It Functional* (Commonwealth Fund, Dec. 2020).



History of the CO APCD



What's in the CO APCD



Over 1 Billion Claims (2013-2022)



5.5+ Million Lives*, Including 1M of self-insured



Trend information (2013-Present)



Over 70% of Covered Lives (medical only, 2021)



48 Commercial Payers, + Medicaid & Medicare*

**Reflects 2022 calendar year only*

What's not in the CO APCD



Federal Programs - VA, Tricare, Indian Health Services



Uninsured and self-pay claims



Majority of ERISA-based self-insured employers



Primary Care and APMs in Colorado



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VALUE IN HEALTH CARE

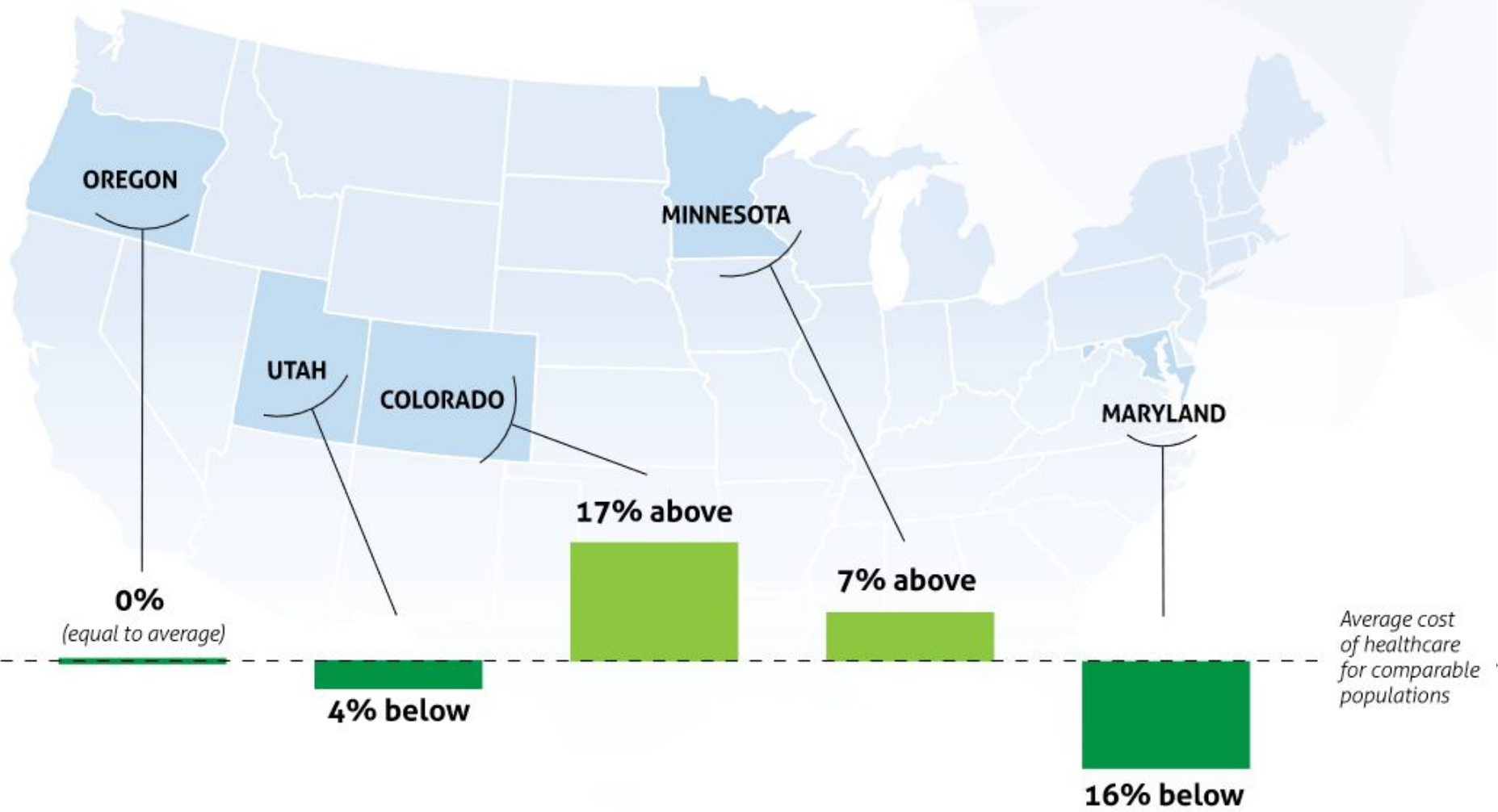
Trends in CO Cost and Utilization

- In 2016-17, CIVHC participated in a joint research project funded by RWJF, HealthPartners, and the Networks for Regional Health Care Improvement to evaluate cost and utilization factors driving state-wide trends.
- Participating states: OR, UT, CO, MN, MD
- The results aligned with what CIVHC had been seeing in the data and continues to align with ongoing trends.



<https://www.healthpartners.com/content/dam/brand-identity/pdfs/plan/nhri-untangling-cost-drivers.pdf>





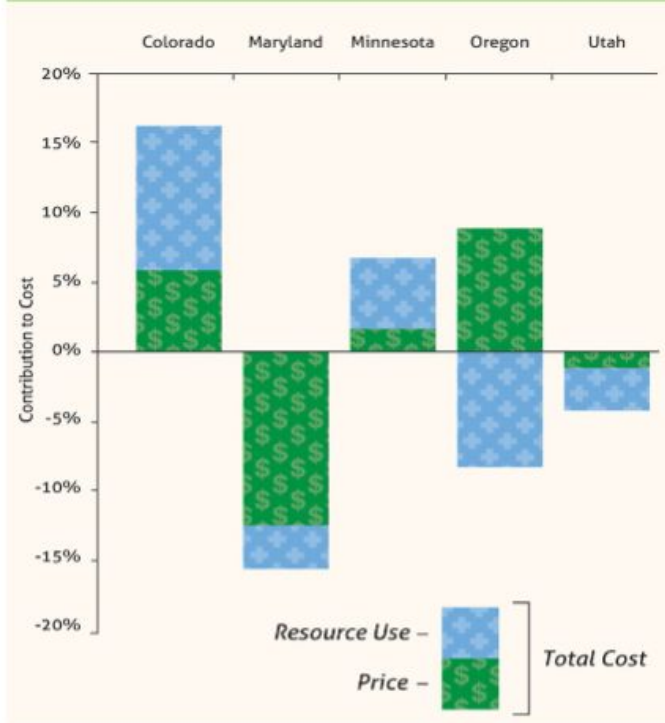
Total Cost of Care by Service Category

Commercial Population 2015

Combined Attributed and Unattributed

Measure	Colorado	Maryland	Minnesota	Oregon	Utah
Total Cost					
Overall	17%	-16%	7%	0%	-4%
Inpatient	16%	-18%	7%	0%	-1%
Outpatient	30%	-30%	0%	-7%	17%
Professional	5%	-18%	21%	12%	-17%
Pharmacy	24%	7%	-11%	-12%	-8%
Resource Use					
Overall	11%	-3%	5%	-8%	-3%
Inpatient	0%	-7%	8%	-14%	16%
Outpatient	25%	-19%	5%	-16%	13%
Professional	3%	2%	10%	-3%	-13%
Pharmacy	23%	6%	-9%	-10%	-9%
Price					
Overall	6%	-13%	1%	9%	-1%
Inpatient	16%	-12%	-1%	16%	-14%
Outpatient	4%	-13%	-5%	11%	4%
Professional	2%	-20%	10%	15%	-5%
Pharmacy	0%	1%	-2%	-2%	2%

Untangling The Cost Drivers



Primary Care Commission and Definition

- Colorado House Bill 19-1233 established a Primary Care Payment Reform Collaborative and required CIVHC to provide an annual report of primary care and APM spending to the Insurance Commissioner.
- The Collaborative develops strategies for increased investments in primary care and advises on related affordability standards and targets.
- In 2019, CIVHC started collecting data on APM and primary care utilization and spending.
- The definition of “primary care” and the associated provider types and services were developed by the Collaborative and can be found in the annual Primary Care Spending and APM Use in Colorado Report.

<https://civhc.org/get-data/public-data/focus-areas/primary-care-spending/>

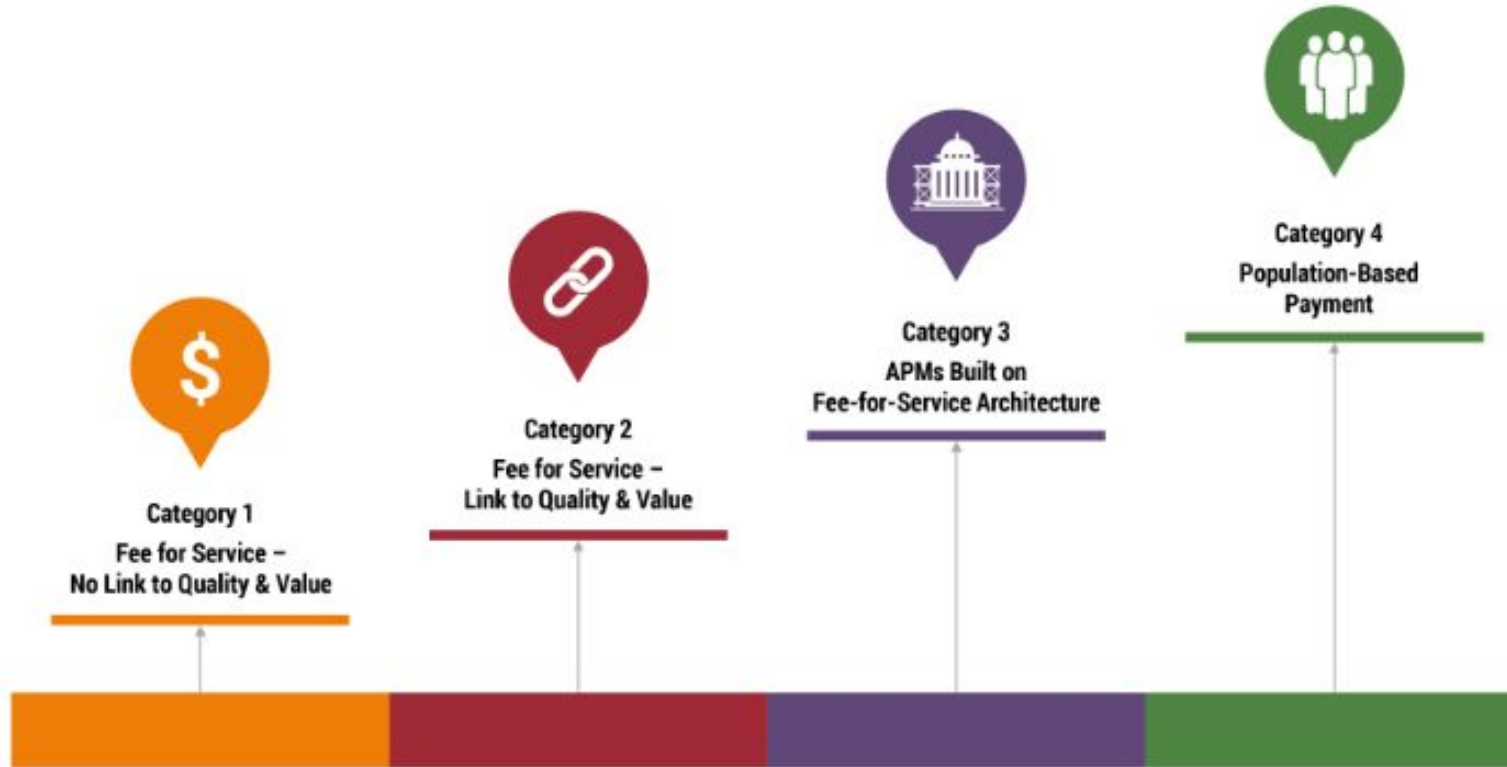


HCP-LAN Framework

- The Health Care Payment Learning and Action Network (HCP-LAN) is funded through CMS as the Alliance to Modernize Health Care.
- Since 2015, they have been engaged in accelerating APM adoption and aligning payment reform across public and private sectors.
- The HCP-LAN APM Framework was created in 2016 as a structured and consistent way to measure APM utilization across payers and to measure progress towards value-based payment goals.
- CIVHC and the State of Colorado have been collecting information about the utilization of APMs using this Framework since 2020, with data going back to 2018.



HCP-LAN Categories



HCP-LAN Categories

Category 1	Category 2	Category 3	Category 4
<i>FFS - no link to quality or value</i>	<i>FFS - linked to quality and value</i>	<i>APMs built on FFS structure</i>	<i>Population-based payments</i>
	<p>A: Foundational payments for infrastructure and operations (Care coordination fees, HIT investment payments)</p>	<p>A: APMs with shared savings (upside only)</p>	<p>A: Condition-specific population-based payments (PMPMs, PMPY for specific care, payment for specialty services)</p>
	<p>B: Pay for reporting (bonuses or penalties)</p>	<p>B: APMs with shared savings and downside risk (episodes, bundles with upside and downside risk)</p>	<p>B: Comprehensive population-based payments (global payments, % of premium, etc.)</p>
	<p>C: Pay for performance (bonuses for quality performance)</p>	<p>N: Risk-based payments</p>	<p>C: Integrated finance and delivery (global payments, % of premium in integrated systems)</p>
			<p>N: Capitated payments not</p>

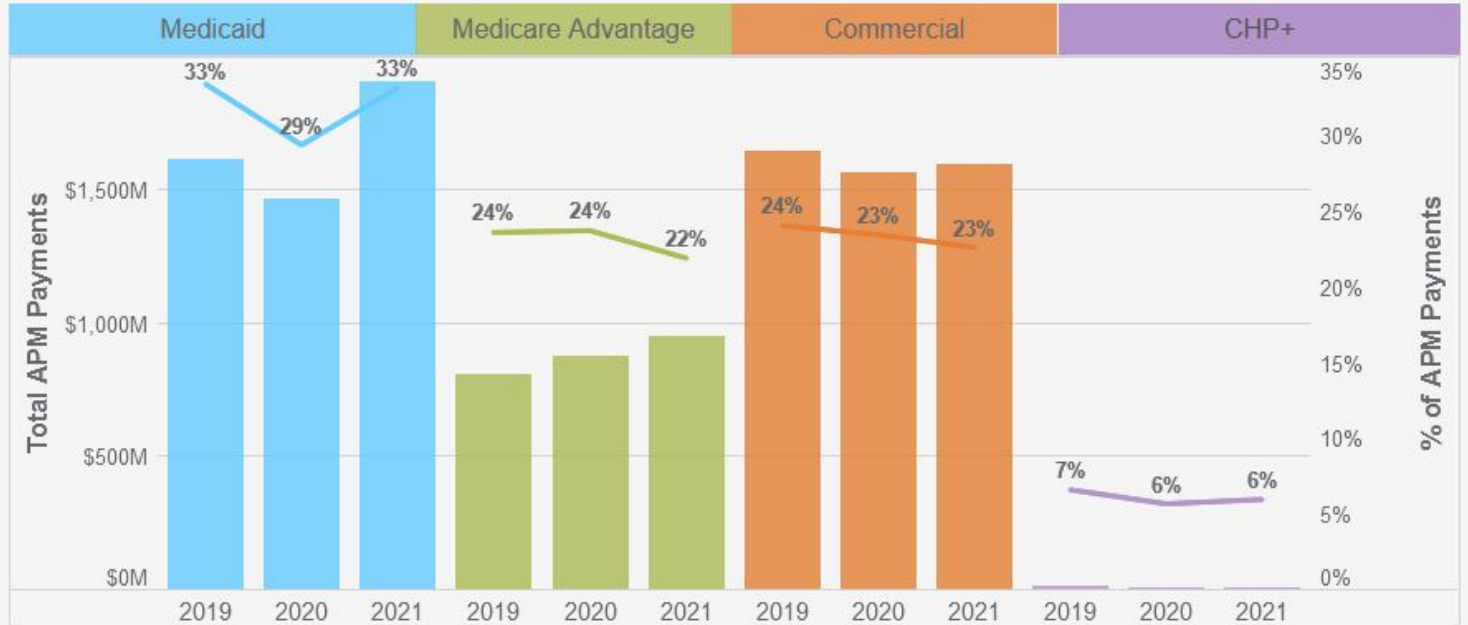




PAYER PROPORTION OF TOTAL APM PAYMENTS

Alternative Payment Models 2019-2021 (Total APM Payments vs. % APM of All Payments)

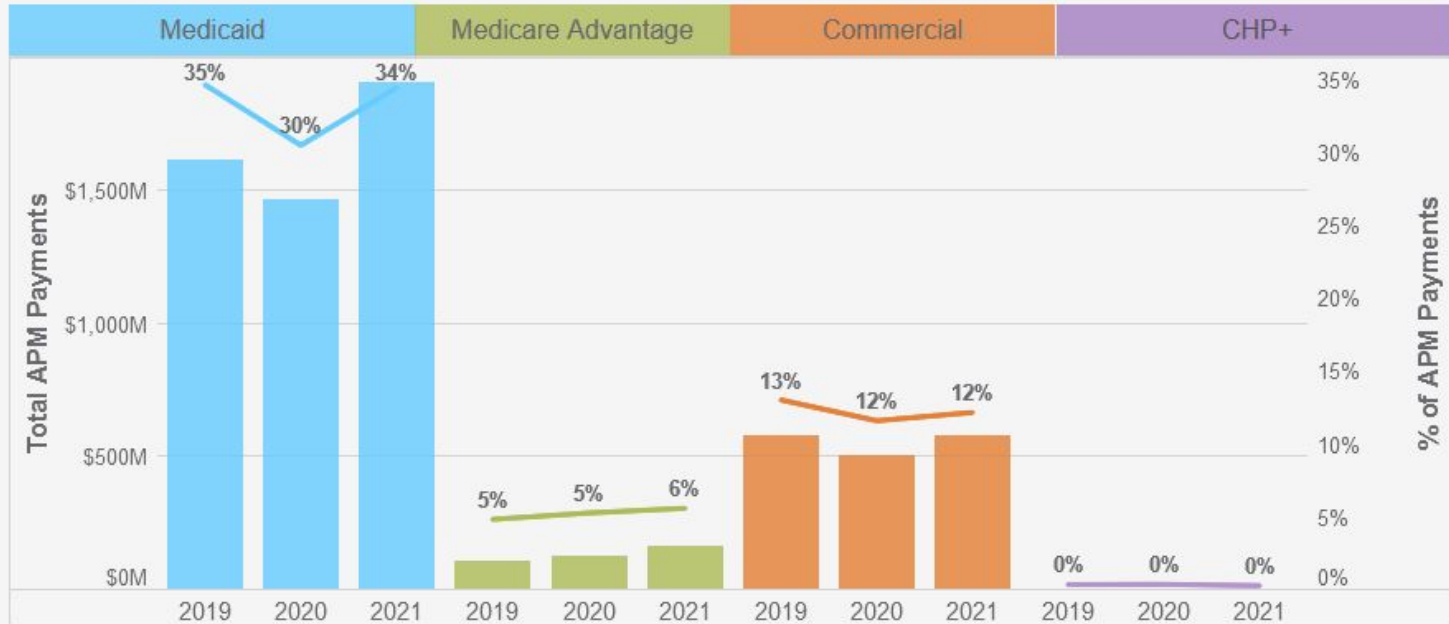
This section is not affected by the payer and year selection above



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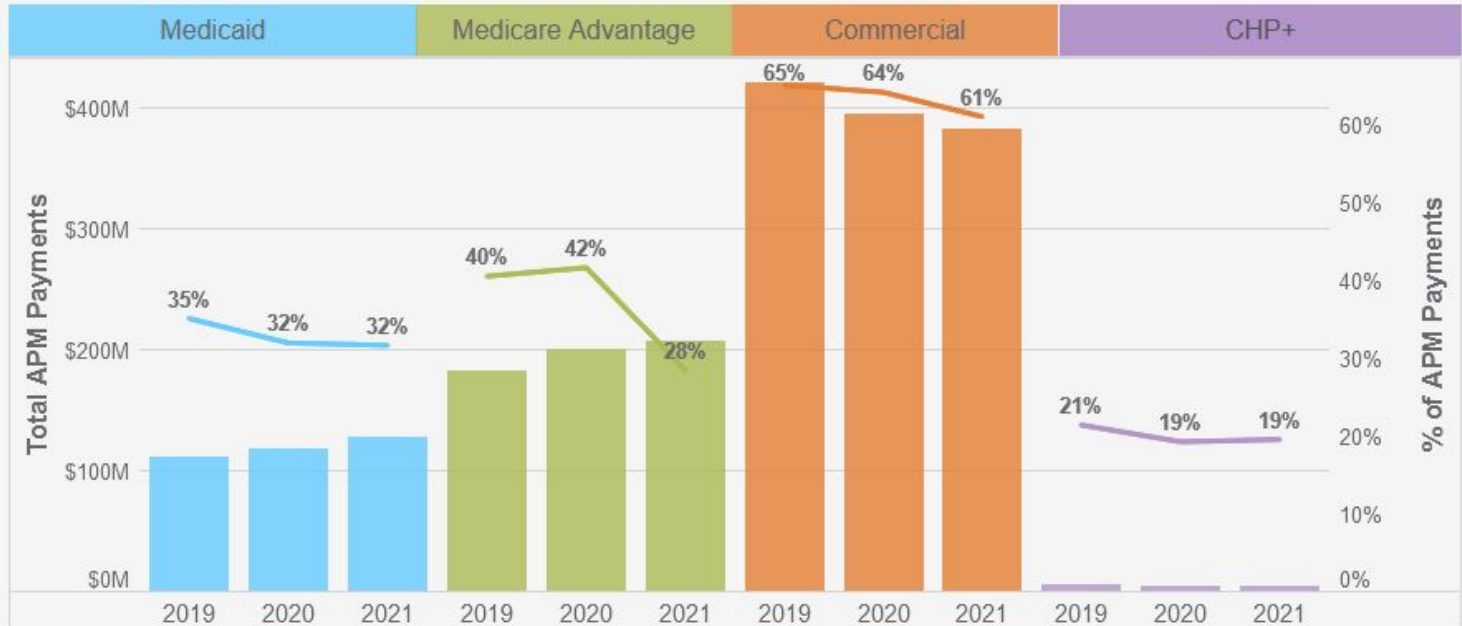
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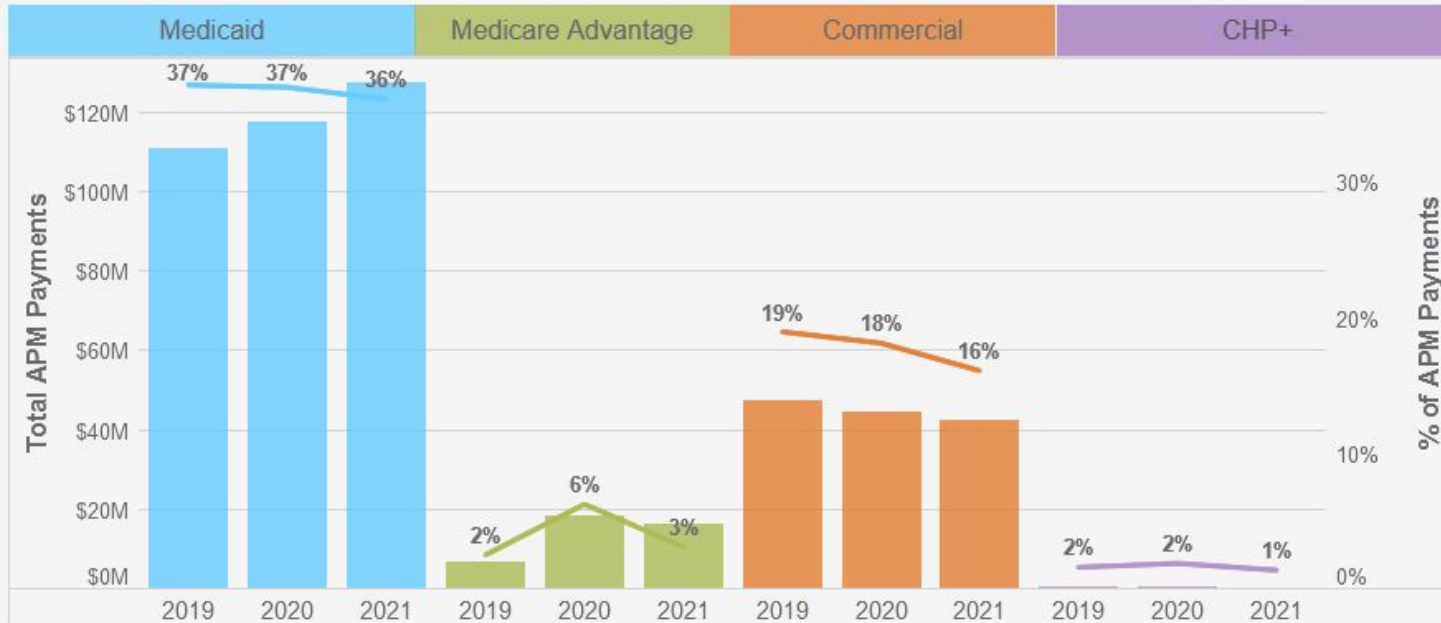
This section is not affected by the payer and year selection above



PAYER PROPORTION OF TOTAL APM PAYMENTS

Alternative Payment Models 2019-2021 (Total APM Payments vs. % APM of All Payments)

This section is not affected by the payer and year selection above



Alternative Payment Models by Category*

Hover over a category below to see description

LEARNING & ACTION
NETWORK CATEGORIES

Select a **PAYER TYPE:**

Select a **YEAR:** Select **MEDICAL OR PRIMARY CARE PAYMENTS:**

Select whether **INTEGRATED PAYER-PROVIDER SYSTEMS INCLUDED:**

	Total APM Payments	% of APM Payments
Foundational Payments for Infrastructure & Operations (2A)	\$93,117,000	1.8%
Pay for Reporting (2B)	\$0	0.0%
Pay for Performance (2C)	\$1,810,431,900	34.1%
Shared Savings with Upside Risk Only (3A)	\$358,524,800	6.8%
Shared Savings with Downside Risk (3B)	\$192,627,600	3.6%
Risk Based Payments NOT Linked to Quality (3N)	\$12,296,400	0.2%
Condition-Specific Population-Based Payments (4A)	\$179,014,900	3.4%
Comprehensive Population-Based Payment (4B)	\$284,200	0.0%
Integrated Finance & Delivery System (4C)	\$1,812,642,000	34.1%
Capitated Payments NOT Linked to Quality (4N)	\$850,490,600	16.0%



Alternative Payment Models by Category*

Hover over a category below to see description

LEARNING & ACTION
NETWORK CATEGORIES

Select a **PAYER TYPE:**

Select a **YEAR:** Select **MEDICAL OR PRIMARY CARE PAYMENTS:**

Select whether **INTEGRATED PAYER-PROVIDER SYSTEMS INCLUDED:**

	Total APM Payments	% of APM Payments
Foundational Payments for Infrastructure & Operations (2A)	\$93,117,000	2.9%
Pay for Reporting (2B)	\$0	0.0%
Pay for Performance (2C)	\$1,810,431,900	57.1%
Shared Savings with Upside Risk Only (3A)	\$358,524,800	11.3%
Shared Savings with Downside Risk (3B)	\$192,627,600	6.1%
Risk Based Payments NOT Linked to Quality (3N)	\$12,296,400	0.4%
Condition-Specific Population-Based Payments (4A)	\$179,014,900	5.6%
★ Comprehensive Population-Based Payment (4B)	\$284,200	0.0%
★ Integrated Finance & Delivery System (4C)	\$0	0.0%
Capitated Payments NOT Linked to Quality (4N)	\$525,846,400	16.6%

Alternative Payment Models by Category*

Hover over a category below to see description

LEARNING & ACTION
NETWORK CATEGORIES

Select a **PAYER TYPE:**

Select a **YEAR:** Select **MEDICAL OR PRIMARY CARE PAYMENTS:**

Select whether **INTEGRATED PAYER-PROVIDER SYSTEMS INCLUDED:**

	Total APM Payments	% of APM Payments
Foundational Payments for Infrastructure & Operations (2A)	\$55,656,200	9.3%
Pay for Reporting (2B)	\$0	0.0%
Pay for Performance (2C)	\$75,426,500	12.7%
Shared Savings with Upside Risk Only (3A)	\$42,850,200	7.2%
Shared Savings with Downside Risk (3B)	\$2,513,500	0.4%
Risk Based Payments NOT Linked to Quality (3N)	\$35,400	0.0%
Condition-Specific Population-Based Payments (4A)	\$9,403,700	1.6%
Comprehensive Population-Based Payment (4B)	\$180,600	0.0%
Integrated Finance & Delivery System (4C)	\$0	0.0%
Capitated Payments NOT Linked to Quality (4N)	\$409,745,600	68.8%



Alternative Payment Models by Category*

Hover over a category below to see description

LEARNING & ACTION
NETWORK CATEGORIES

Select a **PAYER TYPE:**

Select a **YEAR:** Select **MEDICAL OR PRIMARY CARE PAYMENTS:**

Select whether **INTEGRATED PAYER-PROVIDER SYSTEMS INCLUDED:**

	Total APM Payments	% of APM Payments
Foundational Payments for Infrastructure & Operations (2A)	\$5,956,200	14.0%
Pay for Reporting (2B)	\$0	0.0%
Pay for Performance (2C)	\$654,100	1.5%
Shared Savings with Upside Risk Only (3A)	\$32,985,600	77.6%
Shared Savings with Downside Risk (3B)	\$2,513,500	5.9%
Risk Based Payments NOT Linked to Quality (3N)	\$34,300	0.1%
Condition-Specific Population-Based Payments (4A)	\$194,000	0.5%
Comprehensive Population-Based Payment (4B)	\$180,600	0.4%
Integrated Finance & Delivery System (4C)	\$0	0.0%
Capitated Payments NOT Linked to Quality (4N)	\$0	0.0%

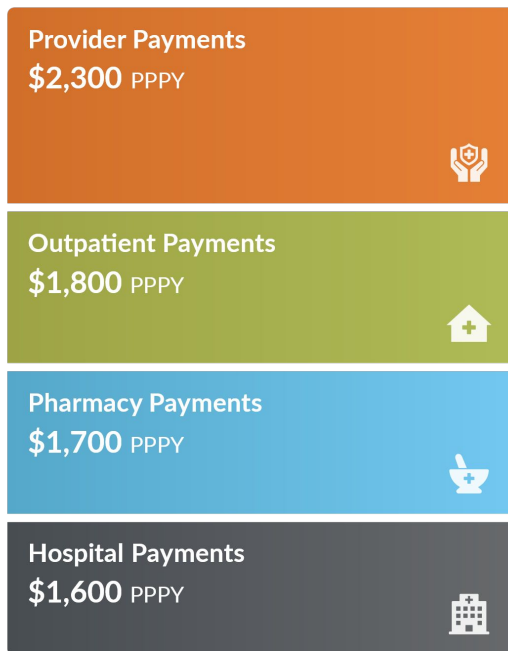


Health Care Payments Are Rising Overall

Payments Made by Health Plans and Patients combined, All Payers, 2013-2020

All Payments (2020)

\$7,200 Per Person Per Year (PPPY)



+27%

Percent Change (2013-2020)

+27%
Provider Payments

+33%
Outpatient Payments

+97%
Pharmacy Payments

-9%
Hospital Payments

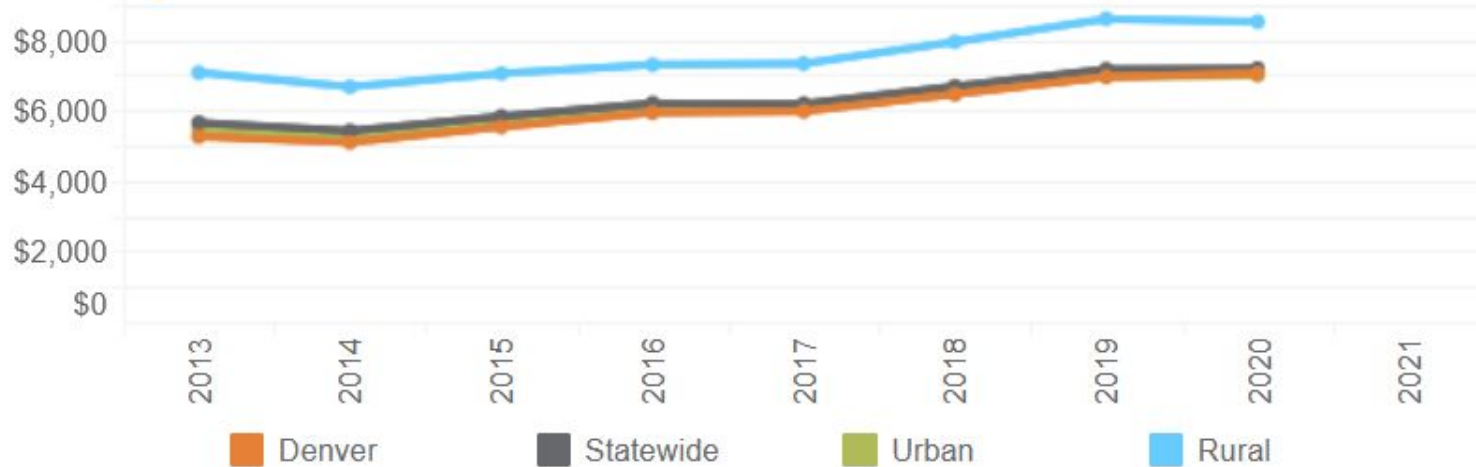
Note: "All Payments" does not equal the sum of the individual service type payments because not all Coloradans are eligible for both medical and pharmacy coverage.

Cost of Care Per Person, Per Year, All Payers

Health Plan and Patient: Total

Trend Over Time

DOI Region: **Denver**

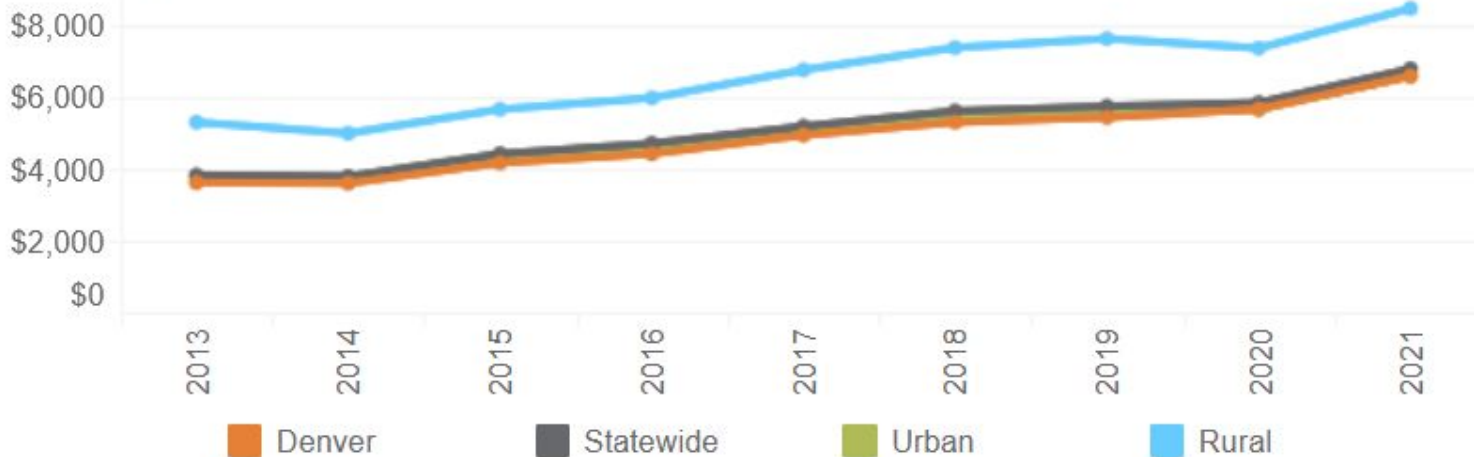


Cost of Care Per Person, Per Year, Commercial

Health Plan and Patient: Total

Trend Over Time

DOI Region: **Denver**

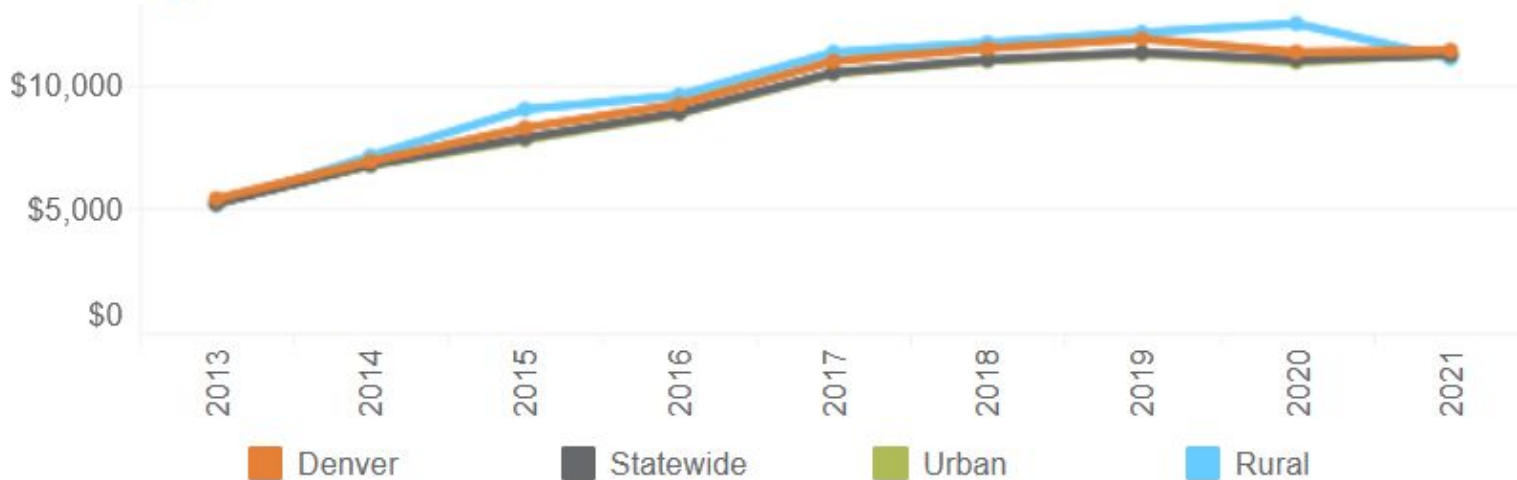


Cost of Care Per Person, Per Year, MA

Health Plan and Patient: Total

Trend Over Time

DOI Region: **Denver**

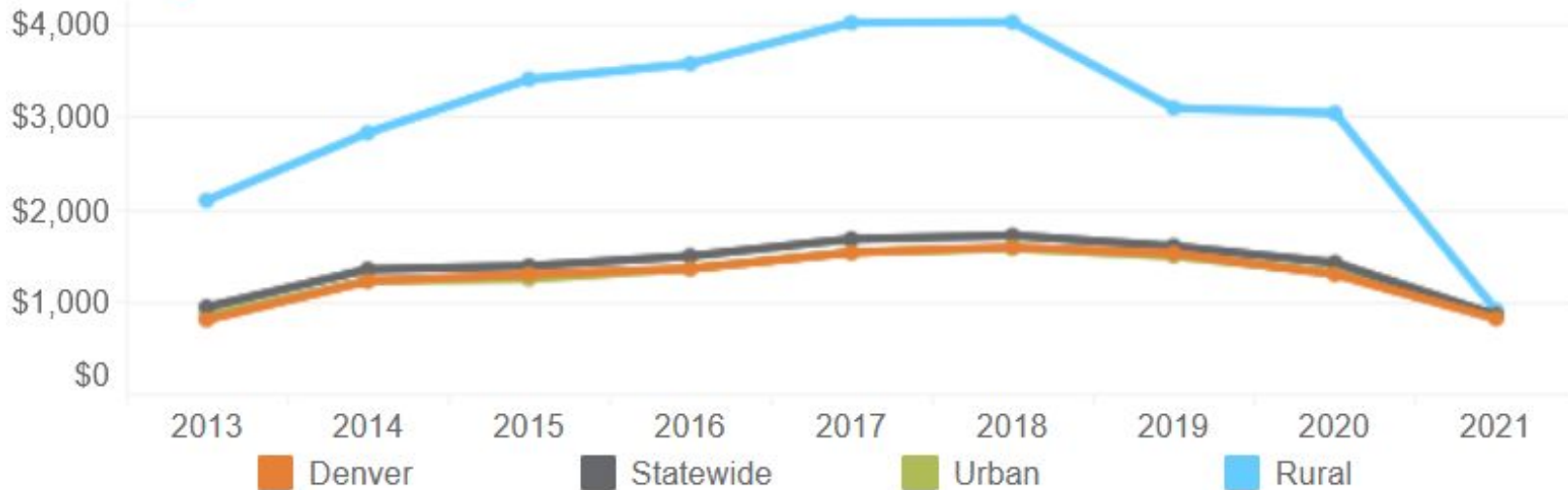


Cost of Care Per Person, Per Year, MA

Patient Only: Total

Trend Over Time

DOI Region: **Denver**





CIVHC and CO APCD Resources



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VALUE IN HEALTH CARE

How We Inform



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Non-Public CO APCD Data

License data from the most comprehensive claims database in CO to address your specific project needs



Community Services

Evaluate your program, partner on research, or create tools for success with community focused services



Public Reports

- Shop for Care
- Community Dashboard
- Drug Rebates
- Low Value Care
- Alternative Payment Models
- Medicare Reference Pricing
- Telehealth Services Analysis
- Health Equity Analysis
- Provider Payment Tool
- Additional Excel Files on Varying Topics



Community Dashboard Overview



Cost (PPPY)

Health Plan and Patient

Health Plan Only

Patient Only

Inpatient

Outpatient

Professional

Pharmacy



Quality

Cancer Screenings

Breast Cancer
Cervical Cancer

Diabetes Care

HbA1c Testing

Mental Health

Follow up after ED visit
(7 days/30 days)



Utilization/Access

Healthy Users/Non-Users

Well Child Visits

<15, 15-30, >30 mos

ED Visits

All, Preventable

Hospital Visits

Preventable, Readmissions
(All, Planned, Unplanned)

Community Dashboard



- Overview/Definitions
- Regional/County Profiles
- Cost
- Quality
- Utilization/Access

Instructions County Profile

Select **GEOGRAPHY TYPE**:

- DOI Region
- County

Select **GEOGRAPHY**:

Adams

Select **YEAR**:

- 2021
- 2020
- 2019
- 2018
- 2017
- 2016
- 2015
- 2014
- 2013

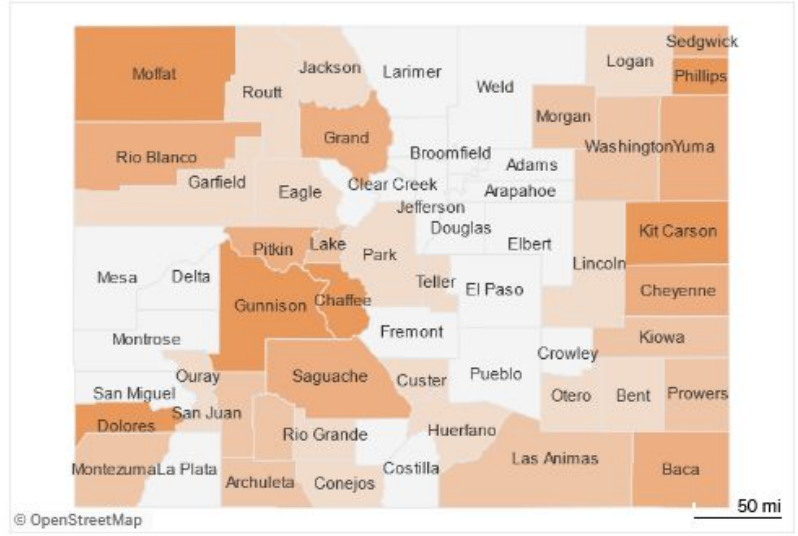
Select **PAYER TYPE**:

- All Payers
- CHP+
- Commercial
- Medicaid
- Medicare Advantage
- Medicare FFS

Notes: (1) Total cost Per Person Per Year (PPPY) values do not equal the sum of the PPPY values for service categories because not all members are eligible for both medical and pharmacy services. (2) "n/a" indicates that the value is unavailable due to one of the following: a) measure methodology (e.g. not applicable to specific payer types such as CHP+ due to age criteria), b) data unavailable at the time of the analysis, or c) data was suppressed due to low volume. For more information, please

County: Adams Urban		County	Statewide	Urban	Rural
Cost of Care Per Person Per Year	Health Plan and Patient (Total)	\$6,334	\$6,766	\$6,591	\$8,467
	Inpatient	\$1,273	\$1,190	\$1,162	\$1,432
	Outpatient	\$1,522	\$1,856	\$1,681	\$3,362
	Professional	\$2,144	\$2,091	\$2,099	\$2,018
	Pharmacy	\$1,488	\$1,852	\$1,820	\$2,175
	Health Plan Only (Total)	\$5,473	\$5,765	\$5,602	\$7,168
	Inpatient	\$1,208	\$1,129	\$1,100	\$1,371
	Outpatient	\$1,278	\$1,554	\$1,406	\$2,824
	Professional	\$1,796	\$1,642	\$1,653	\$1,543
	Pharmacy	\$1,315	\$1,617	\$1,591	\$1,879
Quality	Patient Only (Total)	\$860	\$1,021	\$989	\$1,299
	Inpatient	\$66	\$61	\$61	\$61
	Outpatient	\$244	\$392	\$275	\$538
	Professional	\$389	\$449	\$446	\$475
	Pharmacy	\$173	\$235	\$229	\$297
	Breast Cancer Screening	64.8%	68.0%	68.5%	64.1%
	Cervical Cancer Screening	71.3%	70.9%	71.9%	62.6%
	Diabetes HbA1c Testing	88.9%	86.8%	87.6%	80.5%
	Mental Health ED Visits: Follow Up Within 7 Days	59.5%	59.0%	59.1%	58.2%
	Mental Health ED Visits: Follow Up Within 30 Days	74.0%	75.3%	75.3%	74.9%
Utilization/Access	Healthy Users Per 1,000 People	270	278	281	253
	Non-Users Per 1,000 People	176	165	158	217
	Access to Care: Children and Adolescents	81.8%	84.8%	85%	83.1%
	Access to Care: Adults	91.8%	92.4%	92.4%	91.7%
	Well-Child Visits: First 15 Months, Six or More Visits	67.5%	67.9%	67.8%	68.2%
	Well-Child Visits: 16 to 30 Months, Two or More Visits	71.2%	75.4%	75.8%	72.1%
	Well-Care Visits: Children and Adolescents	46.7%	52%	52.0%	45.4%
	Emergency Department Visits: All, Per 1,000 People	140	116	116	122
	Emergency Department Visits: Potentially Preventable	48	37	36	38
	Hospital 30-Day Readmissions Per 1,000 People	3	3	3	2
Hospital 30-Day Unplanned Readmissions Per 1,000 P	2	2	2	1	
Hospital 30-Day Planned Readmissions Per 1,000 Peo	1	1	1	1	
Hospital Admissions: Potentially Preventable, Per 100	134	118	118	124	

All Counties



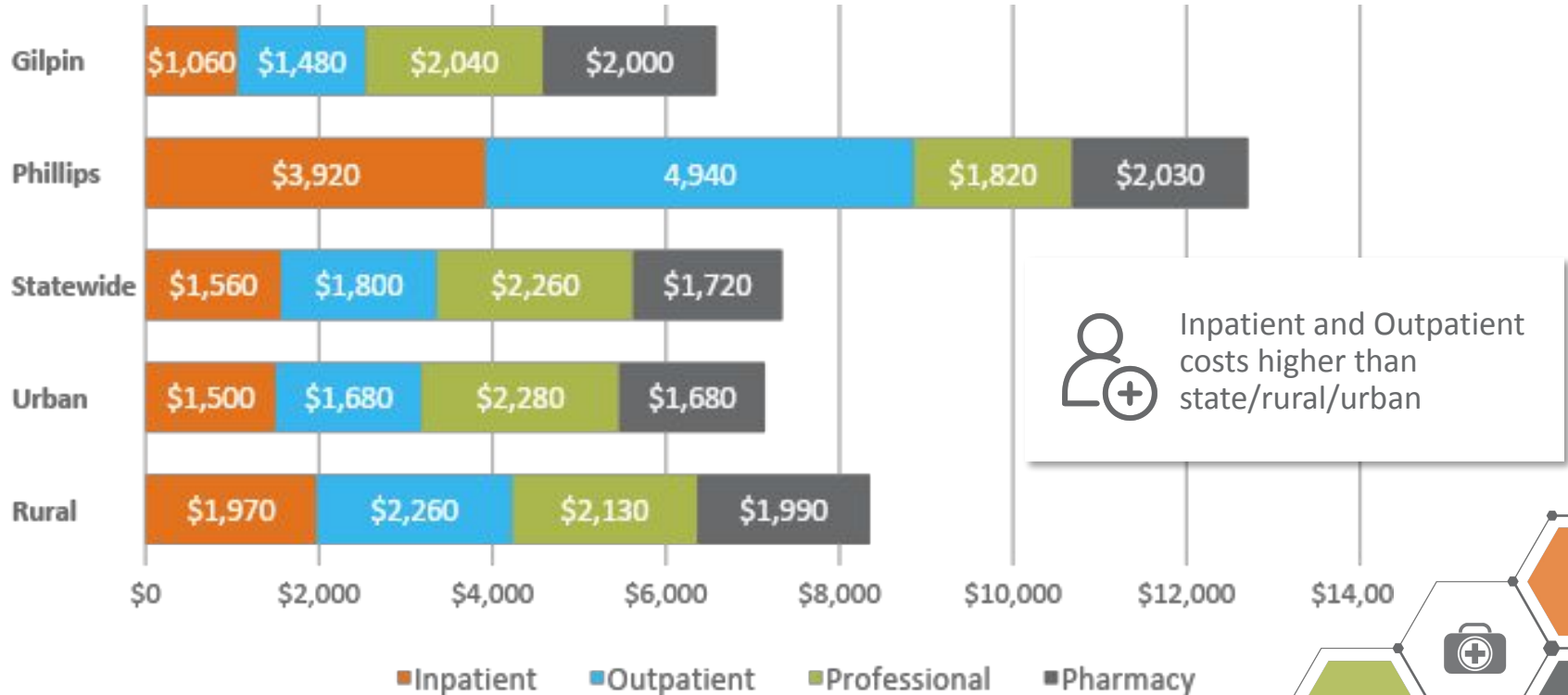
For this measure, lower values are better; lighter shading on the map indicates lower cost of care compared to darker shading.

\$1,441 \$3,004

Phillips County

(Risk Adjusted Cost PPPY, Health Plan + Patient, All Payers, 2020)

County: Phillips | Rural | Health Plan and Patient



Statewide Utilization of Services

2013-2020 All Payers

Measure	% Increase/Decrease	Rate Per Person 2020
Healthy Users (higher is better)	-15%	175/1,000
Non-Users (lower is better)	+2%	245/1,000
ED Visits	-10%	281/1,000
Potentially Preventable ED Visits	-24%	104/1,000
Potentially Preventable Hospitalizations	-45%	672/100,000
Unplanned Hospital Readmissions	-29%	7/1,000













STATEWIDE Relationship Table

- Strong
- Moderate
- Weak

Social Factors

Health Care Measures

-  Access to Care: Children & Adolescents
-  Access to Care: Adults
-  Follow-Up After ED Visit for Mental Health
-  Cost of Care per Person per Year
-  Potentially Preventable ED Visits

	 Income	 Education	 Employment	 Housing/ Transportation	 Race/Ethnicity/ Language
Access to Care: Children & Adolescents	●	●	●	●	●
Access to Care: Adults	●	●	●	●	●
Follow-Up After ED Visit for Mental Health	●	●	●	●	●
Cost of Care per Person per Year	●	●	●	●	●
Potentially Preventable ED Visits	●	●	●	●	●




Health Equity Analysis Statewide Insights and Findings

Denver County Insights and Findings

NEARBY

ELYRIA SWANSEA NEIGHBORHOOD

 **6,977** (population 2022)


 **20%** living below the poverty line

 **29%** of residents had a potentially preventable ED visit

HIGHLANDS NEIGHBORHOOD

 **10,285** (population 2022)


 **6%** living below the poverty line

 **1%** of residents had a potentially preventable ED visit

SUNNYSIDE NEIGHBORHOOD

 **10,048** (population 2022)


 **27%** living below the poverty line

 **18%** of residents had a potentially preventable ED visit

CHERRY CREEK NEIGHBORHOOD

 **8,061** (population 2022)

 **6%** living below the poverty line

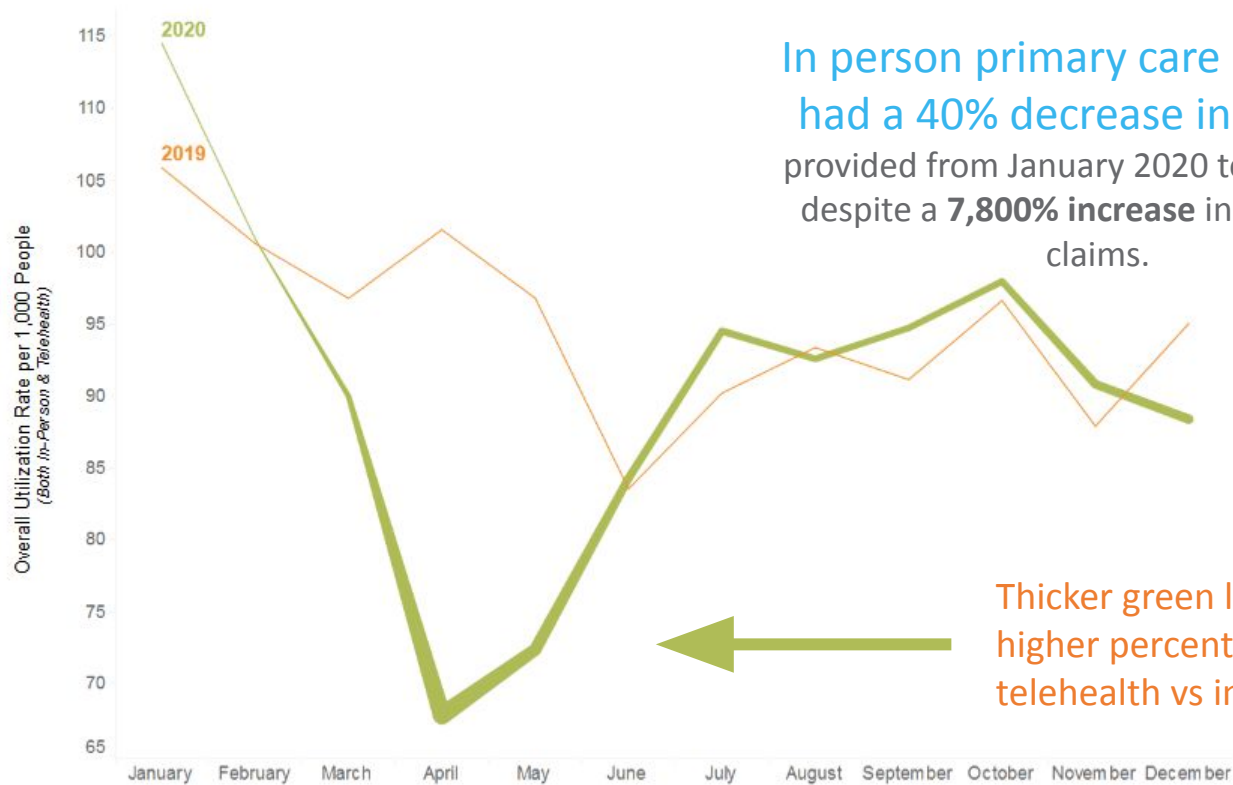
 **1%** of residents had a potentially preventable ED visit

BORDERING

In neighborhoods with **lower incomes**, more people use the ED for potentially preventable needs.



Telehealth vs. In-Person Utilization



In person primary care providers had a 40% decrease in services provided from January 2020 to April 2020 despite a **7,800%** increase in telehealth claims.










Thicker green line indicates higher percentage of telehealth vs in-person visits

*Medicare FFS only included in 2019



Low Value Care in Colorado

Top Three Low Value Care Services by Payer, 2021

Low Value Service	Commercial	Medicaid	CHP+	Medicare FFS*	Medicare Advantage
 Colorectal Cancer Screening in Adults 50 and Older				\$8.6M	\$1.8M
 CT Scans for Abdominal Pain in Children			\$163K		
 Inappropriate Opioid Prescription	\$12.5M	\$12.9M			\$13.6M
 Pediatric Head Computed Tomography Scans			\$108K		
 Prostate Cancer Screening (PSA)				\$2.3M	
 Routine General Health Checks	\$3.4M				
 Screening for 25-OH-Vitamin D Deficiency	\$6.8M	\$4.2M	\$177K		
 Two or More Antipsychotic Medications		\$1.4M		\$1.8M	
 Vertebroplasty					\$2.5M

*Medicare FFS claims only available through June 30, 2021



Shop for Care – Imaging

Imaging Procedures

Other Procedures

Select Service:

CT Scan, Abdomen and pelvis, with/without contrast (CPT 74178)

Select Your ZIP Code:

80001

Sort List By:

Average Price (Low to High)


Source: Colorado All Payer Claims Database (CO APCD), 2020.

* Ratings not available for Imaging Center or Ambulatory Surgery Centers, OR for hospitals not required to report to the Centers for Medicare & Medicaid Services due to low Medicare volume.

Facility Name	Distance (Miles)	Price Estimate		Quality	
		Average Price	Price Range	Patient Experience	Overall Hospital Quality
Centura Health Castle Rock Adventist Hospital	31.0	\$320	\$320–\$660	★★★★☆	★★★★☆
The Urology Center of Colorado	4.5	\$340	\$280–\$350	*	*
Boulder Community Health Foothills Hospital	15.1	\$380	\$320–\$390	★★★☆☆	★★★★☆
Banner Fort Collins Medical Center	54.0	\$470	\$470–\$470	*	*
Banner Health Mckee Medical Center	43.2	\$470	\$470–\$650	★★★★☆	★★★★☆



Provider Payment Tool



Instructions

Procedure Prices (Non-Anesthesia)

↻ ➔

Select YEAR:
Select PAYER TYPE:
Select PLACE OF SERVICE:

Select GEOGRAPHY TYPE:
Select GEOGRAPHY:
Select PROVIDER TYPE or SETTING:

? Type in CPT/HCPCS Code

* Indicates Statewide Values are displayed due to low volume.
 ^ Indicates DOI Values are displayed due to low volume.

CPT/HCPCS Code and Description	Payment Type	Average Payment	25th Percentile Payment	50th Percentile Payment	60th Percentile Payment	75th Percentile Payment
0001A - 59: Intramuscular administration of single ...	Flat Fee	\$42	\$40	\$40	\$40	\$40
0001A: Intramuscular administration of single seve..	Flat Fee	\$32	\$19	\$40	\$40	\$40
0002A: Intramuscular administration of single seve..	Flat Fee	\$39	\$35	\$40	\$40	\$41
0003A: ADM SARSCOV2 30MCG/0.3ML 3RD	Flat Fee	\$43	\$40	\$40	\$41	\$42
0004A: ADM SARSCOV2 30MCG/0.3ML BST	Flat Fee	\$39	\$40	\$40	\$40	\$41
0202U: Test for detection of respiratory disease-ca..	Flat Fee	\$289	\$174	\$255	\$255	\$417
0240U: Respiratory infectious agent detection by ..	Flat Fee	\$130	\$143	\$143	\$143	\$143
0241U - 26: Respiratory infectious agent detection ..	Flat Fee	\$28	\$24	\$30	\$30	\$30
0241U: Respiratory infectious agent detection by ..	Flat Fee	\$133	\$140	\$143	\$143	\$143
0376T: INSERT ANT SEGMENT DRAIN INT	Flat Fee	\$281	\$86	\$340	\$358	\$421
0402T: Collagen cross-linking treatment of disease..	Flat Fee	\$1,835	\$1,233	\$1,457	\$1,596	\$2,518
0502F: SUBSEQUENT PRENATAL CARE	Flat Fee	\$0	\$0	\$0	\$0	\$0
0504T: Analysis of data from CT study of heart blo..	Flat Fee	\$146	\$105	\$120	\$125	\$230

Codes with less than 30 claims statewide are not available.



- Gives average, and 25th, 50th, 60th, 75th percentile payments
- By CPT
- By provider type
- By payer
- By geography
- By place of service

Provider Payment Tool

civhc.org >


Get Data>

Public Data>

Focus Areas>

Provider Payment Tool





Instructions

Procedure Prices (Anesthesia)

↻ ←

Select YEAR:

Select PAYER TYPE:

Select PLACE OF SERVICE:

Select GEOGRAPHY TYPE:

Select GEOGRAPHY:

Select PROVIDER TYPE or SETTING:

Enter Values for Calculation

CODE/DESCRIPTION:

PHYSICAL STATUS:

PRICE MODIFIER:

Enter TIME UNITS (1 Unit=15 minutes):

* Indicates Statewide Values are displayed due to low volume.
^ Indicates DOI Values are displayed due to low volume.

Colorado

	Conversion Factor	Calculated Reimbursement Rate
25th Percentile Payment	\$71	\$425
50th Percentile Payment	\$100	\$601
60th Percentile Payment	\$104	\$624
75th Percentile Payment	\$121	\$729

CPT/Base Unit Values		Patient Physical Status		Price Modifier		
00100	5	P1	A normal healthy patient	0	AA Anesthesia Services performed personally by the anesthesiologist 100%	
00102	6		P2		A patient with mild systemic disease	AD Medical Supervision by a physician: more than 4 concurrent anesthesia procedures 50%
00103	5				P3	A patient with severe systemic disease
00104	4	1				
00120	5					
00124	4					
00126	4					

Codes with less than 30 claims statewide are not available.

Provider Payment Tool Use Cases

Payers and Providers: Benchmark how payments compare to peers and across payers.

Policy Makers: Identify variation in payments by provider and geography for procedures across the state.

Consumers: Use the tool to understand “common/reasonable” prices for provider bills both in network and out of network.

Employers:

- **Self-insured:** understand your payments vs. statewide, county and DOI payments.
- **Fully-insured:** point employees to the tool if there are questions on bills or “reasonable” costs up front.



Public Data Sets



Affordability Dashboard

Please Note: You may receive a warning box that “some map details are not available” when selecting some features for the report. This is a Tableau public server issue and all features of the report are available. Simply close the warning box to continue viewing.

Download the Data

- [Access the data files](#)

A horizontal navigation bar with five colored buttons: 'COST OF CARE' (blue), 'LOW VALUE CARE' (orange), 'PRESCRIPTION DRUG REBATES' (green), 'ALTERNATIVE PAYMENT MODELS' (light blue), and 'MEDICARE REFERENCE PRICING' (orange). Below the buttons is a dark grey footer containing the CIVHC logo on the left and the text 'CO APCD AFFORDABILITY DASHBOARD: COST OF CARE' on the right.

COST OF CARE LOW VALUE CARE PRESCRIPTION DRUG REBATES ALTERNATIVE PAYMENT MODELS MEDICARE REFERENCE PRICING

CIVHC
CENTER FOR IMPROVING VALUE IN HEALTH CARE

CO APCD
AFFORDABILITY DASHBOARD: **COST OF CARE**

Non-Public Reports and Services

- **Data Sets:**

- Standard De-Identified (Levels 1-3)
- Custom Data Sets

- **Reports:**

- Standard reports
- Custom reports

- **Services:**

- Program evaluation
- Collaborative Research
- Community facilitation (in designated program areas)



CO APCD Inpatient Outmigration Facility Report

Select PAYER TYPE: (All) | Select YEAR: (All) | Select MEMBER COUNTY: Alamosa | Select MEMBER ZIP CD: (All) | Select AGE: (All) | Select GENDER: (All) | Select SERVICE CD: (All) | Sort by: Total Amount Paid

List of Providers - Click on a provider to show Service Category detail

Service Provider	Claim Count	Total Amount Paid	Total Member Liability	Total Plan Paid	Avg Travel Distance (miles)
Hospital - 122	2,656	\$15,035,880	\$1,225,231	\$13,810,649	1
Hospital - 37	148	\$2,814,708	\$17,942	\$2,796,766	166
Hospital - 218	150	\$2,269,319	\$80,005	\$2,189,314	166
Hospital - 27	210	\$2,241,855	\$99,397	\$2,142,458	112
Hospital - 149	255	\$1,858,371	\$127,379	\$1,730,992	87
Hospital - 160	83	\$1,706,501	\$49,130	\$1,657,372	161
Hospital - 31	110	\$1,386,303	\$66,803	\$1,319,500	83
Hospital - 29	75	\$852,960	\$42,352	\$810,607	158
Hospital - 211	95	\$850,137	\$101,027	\$749,110	112
Hospital - 187	24	\$700,562	\$12,213	\$688,350	150
Hospital - 28	41	\$699,088	\$25,976	\$673,111	159
Hospital - 204	60	\$665,352	\$45,165	\$620,187	155
Hospital - 23	158	\$609,818	\$56,872	\$552,946	88
Hospital - 171	23	\$463,082	\$23,544	\$439,538	163
Hospital - 53	36	\$343,711	\$6,974	\$336,737	163
Hospital - 130	24	\$223,492	\$11,999	\$211,493	109
Hospital - 175	21	\$198,930	\$15,332	\$183,598	164
Hospital - 176	16	\$198,349	\$11,478	\$186,871	71

Service Category Details for Service Provider Hospital - 149

Summary Service Line Desc	Claim Count	Total Amount Paid	Avg Claim Amount Paid	Price Distribution	Avg Travel Distance (miles)
General Surgery	32	\$298,924	\$9,341	(\$6,982)	87
Obstetrics	32	\$81,864	\$4,309	(\$896)	86
Specialty Medical	130	\$571,426	\$4,396	(\$3,851)	87
Specialty Surgery	60	\$791,073	\$13,185	(\$6,773)	87





Types of CO APCD Data Sets

De-Identified Data Sets

- No Protected Health Information (PHI)
- Standard or Custom Options
- Four (4) “Standard” Data Sets – lower cost + and faster turnaround time

Limited Data Sets

- Contains at least one element of PHI, no direct identifiers
- Must go through additional review and approval

Fully Identifiable Data Sets

- Contains one or more direct identifiers
- Must go through additional review and approval
- Must have IRB approval

Types of CO APCD Data Sets

Level 1 For basic research, no payer or provider identifying information

Level 2a Includes payer information

Level 2b Includes provider information

Level 3 Suitable for researchers without a monetary interest from a payer or provider perspective.

More information is available here:

<https://www.civhc.org/get-data/custom-data/products/standard-data-sets/>





University of Colorado
Denver

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 certain children.
- Understand variation in care for **high-risk children** across **other providers** 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:

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.



Program Evaluation Services

CIVHC offers full-scale evaluation services to support your organization's efforts at any stage of your program

- Evaluation Planning
- Implementation (data collection, measure tracking, dashboards)
- Qualitative and Quantitative data analysis
- Interpretation and Reporting
- Capacity Building (toolkits, training)



Questions?



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