

Transparency Advisory Group

February 21, 2017

Welcome and Introductions



Finalize and Approve Goals



Goal 1: TAG to support development, community feedback process, and dissemination of office based medical provider data review for publication July 1, 2017.



Goal 2: TAG to assist the OHCS in development of use cases and data reports that benefit Utah Employers by October 31, 2017.



Goal 3: TAG will review OHCS data quality assessment of dental claims and use-cases before September 30, 2017 and provide guidance.



Goal 4: TAG will review OHCS plan for calculating opioid utilization measures before May 31, 2017 and provide input on transparency mechanisms of benefit to the community.



Goal 5: TAG to assist the OHCS in development of use cases and data reports that benefit Utah Payers by October 31, 2017.



Goal 6: TAG to assist OHCS to develop actionable price variation reports for cost by procedure by December 31, 2017.



**Review top medical procedures by
utilization, median cost, cost variation, cost
change**



Price Transparency Requirement in Law

26-33a-106.1. Health care cost and reimbursement data.

- (1) The committee shall, as funding is available:
 - (c) assist the Legislature and the public with awareness of, and the promotion of, transparency in the health care market by reporting on:
 - (i) geographic variances in medical care and costs as demonstrated by data available to the committee; and
 - (ii) rate and price increases by health care providers:
 - (A) that exceed the Consumer Price Index - Medical as provided by the United States Bureau of Labor Statistics;
 - (B) as calculated yearly from June to June; and
 - (C) as demonstrated by data available to the committee;



Procedure Price Transparency Data Options

These data will be based on administrative claims data submitted to the All Payer Claims Database by health insurance carriers. The data will represent procedures performed within a given calendar year.

- CMS publishes the Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use File (PUF)
- Multiple files:
 - Provider utilization
 - Procedure cost by place of service
 - Procedure cost by geography (statewide or small health area)



Medicare Provider Utilization and Payment Data

The Physician and Other Supplier PUF contains information on utilization, payment (allowed amount and Medicare payment), and submitted charges organized by National Provider Identifier (NPI), Healthcare Common Procedure Coding System (HCPCS) code, and place of service.

You can view [these data](#) on CMS's OpenData portal.



Procedure Price Data

Procedure price data can be structured to show the number of procedures and variation in charge amounts, allowed amounts, plan paid amounts, and patient responsibility.

Example Procedure Price Data from Utah APCD*

CPT4_Cd	CPT4_Desc	Procedure_Cnt	Charge_Median	Allowed_25th	Allowed_Median	Allowed_75th	Member_Liability_Median	Plan_Paid_Median
99213	Office/outpatient Visit Est	1,443,349	\$96.00	\$72.15	\$84.39	\$86.30	\$25.00	\$53.61
99214	Office/outpatient Visit Est	1,220,723	\$145.00	\$108.61	\$124.06	\$129.19	\$25.00	\$92.29
90471	Immunization Admin	451,864	\$30.00	\$21.46	\$25.36	\$26.04	\$0.00	\$25.36
97110	Therapeutic Exercises	361,263	\$70.00	\$29.56	\$40.00	\$69.02	\$9.75	\$27.00
99203	Office/outpatient Visit New	325,610	\$152.00	\$116.45	\$125.60	\$131.88	\$35.00	\$86.88

*Quartiles for charge, plan paid and member liability hidden for demonstration



Procedure Price Data

Procedure price data can also include place of service or geography.

Example Procedure Price Data from Utah APCD*

CPT4_Cd	CPT4_Desc	Place_of_Service_Cd	POS_Short_Desc	Procedure_Cnt	Charge_Median	Allowed_Median	Member_Liability_Median	Plan_Paid_Median
99213	Office/outpatient Visit Est	11	Office	1,365,512	\$97.00	\$84.39	\$25.00	\$54.39
99214	Office/outpatient Visit Est	11	Office	1,052,170	\$150.00	\$124.06	\$25.00	\$94.06
90471	Immunization Admin	11	Office	402,256	\$30.00	\$25.36	\$0.00	\$25.36
97110	Therapeutic Exercises	11	Office	351,721	\$70.00	\$40.00	\$10.00	\$27.36
99203	Office/outpatient Visit New	11	Office	277,697	\$155.00	\$125.60	\$35.00	\$88.44

*Quartiles hidden for demonstration



Provider Utilization Data

Provider utilization data will contain information on utilization by National Provider Identifier (NPI). These can be made more granular by including place of service data.



Discuss Proposed Attribution for Three New Measures in 2015

1. Medication Management for People with Asthma (NQF 1799)
2. Well-Child Visits in the First 15 Months of Life (NQF 1392)
3. Use of Imaging Studies for Lower Back Pain (NQF 0052)
4. Breast Cancer Screening (NQF 2372)
 - Considered in case one of the three other measures is unable to be attributed.



2014 Clinic Comparison Attribution Methods

- Comprehensive Diabetes Care: HbA1c Testing
 - One-to-Many Patient-to-Provider Attribution
 - Duplicates the person so that all visits count towards a provider's quality score.
- Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (AAB)
 - Diagnosis-based Attribution
 - Patient is attributed to the physician or group that diagnoses the patient.



Proposed Attribution for Three New Measures in 2015

Measures that can be attributed using One-to-Many Patient-to-Provider attribution method.

- Comprehensive Diabetes Care: HbA1c Testing
- Medication Management for People with Asthma
- Well-Child Visits in First 15 Months of Life
 - Patients with zero visits will not be attributed to a provider.
- Breast Cancer Screening



Proposed Attribution for Three New Measures in 2015

Measures that can be attributed using One-to-Many Patient-to-Provider attribution method.

- Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (AAB)
- Use of Imaging Studies for Lower Back Pain



Transparency Related Utah Legislature Bills



Wrap Up & Next Steps