

# Transparency Advisory Group

## March 21, 2017

# Welcome and Introductions



# **Follow up on Price Data and Attribution for Quality reports**



# Price Transparency

- The goal here is to give us feedback on proposed price transparency data sets that will be made publically available in 2017



# 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 Cost 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.

- Options include
    - Procedure cost by place of service (hospital, ambulatory)
    - Procedure cost by geography (statewide or small health area)
    - Provider (MD,DO,NP) utilization by NPI with
      - Procedure cost by place of service (hospital, ambulatory)
- And/or
- Procedure cost by geography (statewide or small health area)



# Model after the 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.



# Potential Example: Utah Provider Utilization Data, Model on CMS

Like the CMS files, the provider utilization data might contain information on frequency of a provider billing for a service by National Provider Identifier (NPI). These can be made more granular by including place of service data, geography, or procedure cost variation.





# Example: Procedure Cost 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 Cost 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



# Example: Procedure Cost Data

Procedure Cost data can also include counts of procedures, add in place of service or geography and price

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



# Attribution

- The goal is to get your input on the appropriate attribution of a provider to a patient for clinical measures. It follows last year's report model.



# 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)
- Breast Cancer Screening (NQF 2372)

- Considered in case one of the three other measures is unable to be calculated



# 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)
  - Triggering Event 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 (continued)
- Medication Management for People with Asthma
- Well-Child Visits in First 15 Months of Life
- Breast Cancer Screening (if used)

## **Measures that can be attributed using Triggering Event attribution method**

- Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (AAB) measure (NQF 0058)
- Use of Imaging Studies for Lower Back Pain



# One to Many Attribution

- Attributes a patient to as many providers as they saw in the measurement period
- All providers receive the benefit of the work of their peers



# Triggering Event Attribution

- Attributes patients receiving acute care to the provider generating the claim that triggers inclusion in a quality measure
- Reduces as much as possible the risk that a provider is penalized for prescribing an antibiotic to a patient they see regularly but did not treat for acute bronchitis





# Feedback

- Send comments, questions, and/or requests for presentation to your organization to

Charles Hawley ([chawley@utah.gov](mailto:chawley@utah.gov)), Office of Health Care Statistics

Sarah Woolsey ([swoolsey@healthinsight.org](mailto:swoolsey@healthinsight.org)), HealthInsight Utah



# Goal #4 Update

**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.**

# Total Cost of Care Report Update & National Benchmark Report

# Wrap Up & Next Steps