The Colorado All Payer Claims Database

Data to identify variation and inform change

Who We Are

• Non-profit, non-partisan organization
• Founded out of recommendation from Blue Ribbon Commission on Healthcare Reform and Governor’s office
• Triple Aim Mission:

  Better Health
  For Colorado
  Lower Costs
  Better Care
How We Do It

DATA
• We administer the Colorado All Payer Claims Database, the state’s most comprehensive source of health care cost, quality and utilization claims data.

IDENTIFY OPPORTUNITIES
• We unlock information and insights that guide how health care is delivered, used and paid for.

CONNECTING
• We bring together organizations and individuals who share our cause, to design and drive collective change.
Who We Do It For

Stakeholders Across the Spectrum of Care

- Health Care Providers & Facilities
- Businesses
- Health Insurers
- Consumers
- Policy Makers & Government Agencies
- Researchers
- Health Care Advocacy Orgs

Who We Do It For
Colorado APCD Data & Covered Lives

- Medicaid
- Medicare & Medicare Advantage
- *20 Largest Commercial Payers

400+ Million Medical & Pharmacy Claims
3.5 Million Unique Lives
65% of Insured Coloradans


*Commercial claims in the APCD do not currently include self-funded lines of business.

Updated June 2015
Interactive County/Zip Level 3 Data:

Choose one of the most viewed selections.

- Total Cost of Care (TCC)
- TCC Compared to Expected (C2E)
- Percent Generic Scripts
- 30 Day All Cause Readmissions (per population)
- ER Visits
- Diabetes Prevalence
- Asthma Prevalence
- Illness Burden

Total Cost of Care
represents the total dollars paid for all health care services received by an individual such as hospital, clinic, physician visits, and prescription costs. Amounts paid by both the insurer and by the individual in the form of copays, deductibles and other cost sharing mechanisms are included. The results are displayed as a total dollars per person for the year. The rate represents the population living in that geography, not where the services were received.

View all Maps or Reports
Total Cost of Care – Medicaid 2013

Type of healthcare metric: Total Cost of Care (TCC)
Type of payer data: Medicaid Only
View by: County
Showmetric as: Actual value

Map: Click on up to three areas on the Map below, for detailed reporting.

Legend:
- Less than $2,500
- $2,500 to $3,500
- $3,500 to $4,500
- $4,500 to $5,500
- $5,500 to $6,500
- $6,500 to $7,500
- $7,500 to $8,500
- Greater than $8,500
- No Data

Help:
- Compared to Expected (C2E)
- Completeness Score (C-score)
- County Index
- Medicaid
- Total Cost of Care (TCC)
TCC Compared to Expected – Commercial 2013

Type of healthcare metric: TCC Compared to Expected (C2E)
Type of payer data: Private Insurer Only
Show data for: 2009 2010 2011 2012 2013
View by: County
Show metric as: Actual value

Map | Data Sheet

Click on up to three areas on the Map below, for detailed reporting.

Counties selected for reports:
No areas selected.

Help
- Compared to Expected (C2E)
- Completeness Score (C-score)
- County Index
- Private Insurer
- TCC Compared to Expected (C2E)

Legend
- Total Cost of Care C2E
- Dollars Per Member Per Year

- Less than -50%
- -50% to -25%
- -25% to 0%
- 0% to 25%
- 25% to 50%
- Greater than 50%
- No Data
## TCC Compared to Expected Detail

### Total Cost of Care

<table>
<thead>
<tr>
<th></th>
<th>Denver</th>
<th>Pitkin</th>
<th>Pueblo</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completeness Score</td>
<td>C3</td>
<td>C2</td>
<td>C3</td>
<td>C3</td>
</tr>
<tr>
<td>Illness Burden Score</td>
<td>0.68</td>
<td>0.63</td>
<td>0.85</td>
<td>0.70</td>
</tr>
</tbody>
</table>

### Dollars Paid Per Person Per Year

<table>
<thead>
<tr>
<th>Category</th>
<th>Actual</th>
<th>C2E Dollars</th>
<th>Actual</th>
<th>C2E Dollars</th>
<th>Actual</th>
<th>C2E Dollars</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost of Care</td>
<td>$2,899</td>
<td>-7%</td>
<td>$4,880</td>
<td>77%</td>
<td>$3,703</td>
<td>-9%</td>
<td>$3,176</td>
</tr>
<tr>
<td>Inpatient Facility Cost</td>
<td>$481</td>
<td>-11%</td>
<td>$922</td>
<td>102%</td>
<td>$761</td>
<td>-11%</td>
<td>$560</td>
</tr>
<tr>
<td>Outpatient Facility Cost</td>
<td>$724</td>
<td>-15%</td>
<td>$1,822</td>
<td>127%</td>
<td>$979</td>
<td>-10%</td>
<td>$887</td>
</tr>
<tr>
<td>ER Facility Cost (subset of Outpatient Cost)</td>
<td>$174</td>
<td>-5%</td>
<td>$189</td>
<td>13%</td>
<td>$272</td>
<td>25%</td>
<td>$180</td>
</tr>
<tr>
<td>Professional Cost</td>
<td>$901</td>
<td>-6%</td>
<td>$1,558</td>
<td>71%</td>
<td>$1,105</td>
<td>-5%</td>
<td>$984</td>
</tr>
<tr>
<td>Ancillary Cost</td>
<td>$75</td>
<td>-2%</td>
<td>$84</td>
<td>0%</td>
<td>$81</td>
<td>-17%</td>
<td>$78</td>
</tr>
<tr>
<td>Rx Cost</td>
<td>$718</td>
<td>5%</td>
<td>$495</td>
<td>0%</td>
<td>$778</td>
<td>-10%</td>
<td>$667</td>
</tr>
<tr>
<td>% Generic</td>
<td>31%</td>
<td>-1%</td>
<td>41%</td>
<td>15%</td>
<td>31%</td>
<td>4%</td>
<td>32%</td>
</tr>
</tbody>
</table>

### Dollars Paid Per Person Per Year by Gender/Age

#### Female
- Child (0-17): $1,647 (2%), $2,844 (45%), $2,016 (12%), $1,567
- Young adult (18-34): $2,510 (8%), $3,561 (67%), $2,977 (6%), $2,875
- Mature adult (35-64): $4,519 (5%), $6,491 (72%), $5,074 (14%), $4,674
- Senior adult (65+): $4,898 (7%), $4,606 (26%), $5,389 (4%), $5,560

#### Male
- Child (0-17): $2,600 (2%), $4,050 (45%), $3,160 (12%), $2,710
- Young adult (18-34): $3,490 (8%), $4,590 (67%), $3,980 (6%), $3,880
- Mature adult (35-64): $5,419 (5%), $7,391 (72%), $5,974 (14%), $5,574
- Senior adult (65+): $5,898 (7%), $5,606 (26%), $6,389 (4%), $6,560
Readmissions, 30 Day All Cause Detail – Medicaid 2013

**Type of payer data:** Medicaid Only

**Show data for:**
- 2009
- 2010
- 2011
- 2012
- 2013

**View by:**
- County

**Selected Areas:**
- Denver
- Pitkin
- Pueblo

### Readmissions, All Cause 30 Day (per population)

<table>
<thead>
<tr>
<th></th>
<th>Denver</th>
<th>Pitkin</th>
<th>Pueblo</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completeness Score</td>
<td>C3</td>
<td>C2</td>
<td>C3</td>
<td>C3</td>
</tr>
<tr>
<td>Illness Burden Score</td>
<td>1.35</td>
<td>1.31</td>
<td>1.62</td>
<td>1.41</td>
</tr>
</tbody>
</table>

### All Cause 30 Day Readmissions Per Thousand Per Year

<table>
<thead>
<tr>
<th>All Cause 30 Day Readmissions</th>
<th>Value</th>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denver</td>
<td>16.7</td>
<td>1.76</td>
</tr>
<tr>
<td>Pitkin</td>
<td>0.0</td>
<td>0.00</td>
</tr>
<tr>
<td>Pueblo</td>
<td>7.2</td>
<td>0.76</td>
</tr>
</tbody>
</table>

### Percent of All Cause 30 Day Readmissions by Service Line

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Value</th>
<th>Index</th>
<th>Value</th>
<th>Index</th>
<th>Value</th>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>0.46%</td>
<td>1.48</td>
<td>0.00%</td>
<td>0.00</td>
<td>0.00%</td>
<td>0.00</td>
</tr>
<tr>
<td>Cardiology</td>
<td>4.45%</td>
<td>0.85</td>
<td>0.00%</td>
<td>0.00</td>
<td>3.96%</td>
<td>0.76</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>4.33%</td>
<td>0.57</td>
<td>0.00%</td>
<td>0.00</td>
<td>9.25%</td>
<td>1.22</td>
</tr>
<tr>
<td>General Surgery</td>
<td>2.91%</td>
<td>0.58</td>
<td>0.00%</td>
<td>0.00</td>
<td>5.29%</td>
<td>1.06</td>
</tr>
<tr>
<td>Neonatology</td>
<td>1.71%</td>
<td>0.38</td>
<td>0.00%</td>
<td>0.00</td>
<td>3.96%</td>
<td>0.88</td>
</tr>
<tr>
<td>Neurology</td>
<td>2.45%</td>
<td>0.56</td>
<td>0.00%</td>
<td>0.00</td>
<td>6.61%</td>
<td>1.50</td>
</tr>
<tr>
<td>Obstetrics/Delivery</td>
<td>5.42%</td>
<td>0.48</td>
<td>0.00%</td>
<td>0.00</td>
<td>12.33%</td>
<td>1.08</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>1.03%</td>
<td>0.48</td>
<td>0.00%</td>
<td>0.00</td>
<td>3.96%</td>
<td>1.87</td>
</tr>
<tr>
<td>Other</td>
<td>0.40%</td>
<td>1.05</td>
<td>0.00%</td>
<td>0.00</td>
<td>0.00%</td>
<td>0.00</td>
</tr>
<tr>
<td>Other Medical</td>
<td>16.02%</td>
<td>0.72</td>
<td>0.00%</td>
<td>0.00</td>
<td>36.56%</td>
<td>1.63</td>
</tr>
<tr>
<td>Other Surgical</td>
<td>0.68%</td>
<td>0.47</td>
<td>0.00%</td>
<td>0.00</td>
<td>1.32%</td>
<td>0.91</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>3.71%</td>
<td>0.49</td>
<td>0.00%</td>
<td>0.00</td>
<td>11.01%</td>
<td>1.45</td>
</tr>
</tbody>
</table>

**State**
- C3
Inpatient Utilization Trend Graphs

Utilization Trend Graphs

Inpatient Utilization

Type of payer data: Private Insurer Only
Show data for: 2009 2010 2011 2012 2013
View by: County
Selected Areas: Denver Pitkin Pueblo

The 'Completeness Score' (C-score) is an indicator of claims submission comprehensiveness.

Percent of expected claim counts:
C1 – Less than 25%
C2 – Between 25% and 50%
C3 – Between 50% and 75%
C4 – Greater than 75%
For all facilities displayed, including Good Samaritan and St. Joseph Hospital, prices reflect median payments made by health plans and patients. These payments include facility, physician and ancillary payments. Prices reflect 2012 data available on www.comedprice.org.
## Total Cost of Care By PCP

### Summary by Service Category

<table>
<thead>
<tr>
<th>Service Category</th>
<th>PCP Group</th>
<th>Colorado</th>
<th>PCP Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Raw PMPM</td>
<td>Adjusted</td>
<td>Price</td>
</tr>
<tr>
<td></td>
<td>Cost</td>
<td>Statewide</td>
<td>Index x RUI</td>
</tr>
<tr>
<td>Professional Cost PMPM</td>
<td>$137.19</td>
<td>$152.43</td>
<td>$137.19</td>
</tr>
<tr>
<td>Inpatient Cost PMPM</td>
<td>$54.65</td>
<td>$60.72</td>
<td>$68.99</td>
</tr>
<tr>
<td>Outpatient Cost PMPM</td>
<td>$89.56</td>
<td>$99.51</td>
<td>$116.95</td>
</tr>
<tr>
<td>ER Cost PMPM</td>
<td>$38.25</td>
<td>$42.50</td>
<td>$24.96</td>
</tr>
<tr>
<td>Pharmacy Cost PMPM</td>
<td>$52.11</td>
<td>$57.90</td>
<td>$61.85</td>
</tr>
<tr>
<td>Overall Cost PMPM</td>
<td>$333.51</td>
<td>$370.57</td>
<td>$384.98</td>
</tr>
</tbody>
</table>

*ER is a subset of Outpatient.
Total Cost of Care Comparison

**Definitions**

- **Average Risk Score:** A weighted average of all enrollees’ individual risk scores which is based on the demographics and disease burden of the population.
- **TCI (Total Cost Index):** A risk-adjusted measure of the cost effectiveness of managing patient health care relative to the Colorado average and reflects both the volume and price of services provided.
- **Price Index:** A risk-adjusted measure of the price component of managing patient health care and is affected by fee schedules, referral patterns and site of service.
- **RUI (Resource Use Index):** A risk-adjusted measure of the volume of health care services used to manage patient health care relative to the Colorado average.
- **Raw Per Member Per Month (PMPM):** The total amount paid, by both the health plan and the patient (for all attributed patients) divided by the total number of member months.
- **Adjusted PMPM:** The raw PMPM amount risk adjusted based on the Johns Hopkins ACG System. This facilitates comparisons to other PCP groups by taking into account differences in disease patterns, age and gender.
Contact Information

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  LinkedIn (linkedin.com/company/2096991)