



**Department  
of Health**

# **Transparency, Evaluation, and Health Information Technology Workgroup**

**Meeting #9**

**February 26, 2016**

# Agenda

#	Topic	Time	Leader
1	Welcome and Introductions	10:30 – 10:40	Patrick Roohan
2	Opening Remarks	10:40 – 10:45	Paul Francis
3	2016 Workgroup Focus	10:45 – 11:20	Patrick Roohan
4	Transparency	11:20 – 11:50	Patrick Roohan
5	APD Update	11:50 – 12:30	Chris Nemeth
6	Working Lunch	12:30 – 12:50	
7	SHIN-NY Update	12:50 – 1:20	Jim Kirkwood
8	Update on and Review of Interim Data Collection Tool for APC	1:20 – 1:50	Anne Schettine Paul Henfield
9	Discussion and Next Steps	1:50 – 2:00	Patrick Roohan



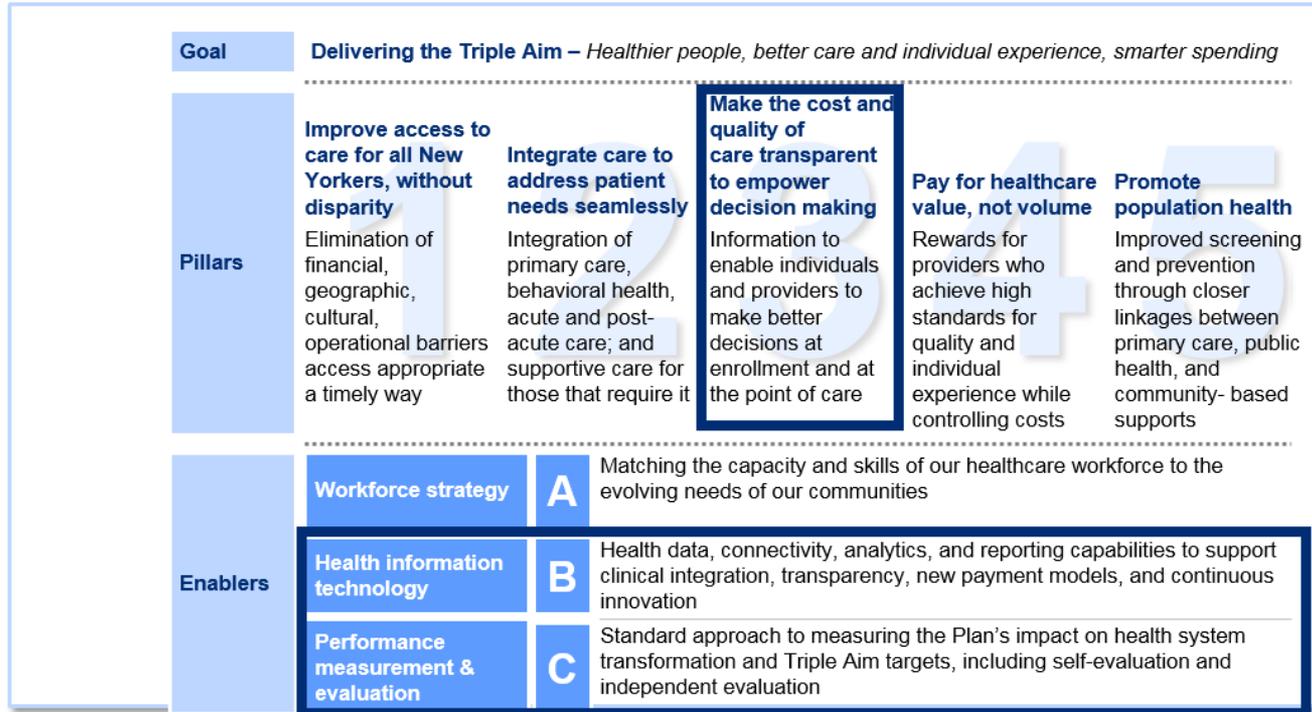
# 2016 Workgroup Focus

Patrick Roohan  
Director  
Office of Quality and Patient Safety

# Workgroup Focus in 2016

- Build on Success
  - HIT report is finalized
  - SHIN-NY Regulations are completed
  - APD proposed regulations will begin public process soon
  
- Future work will support the State Health Innovation Plan (SHIP and the grant to support it (State Innovation Model (SIM) Grant)

# HIT is a Critical Enabler and Pillar to the SHIP



# Objectives for the Transparency, Evaluation, and HIT Workgroup

Create a statewide HIT infrastructure that supports the goals of the Triple Aim through:

- Implementation of a **Statewide Health Information Network of New York (SHIN-NY)** that facilitates health information exchange to improve care coordination and reduce duplication
- Implementation of an **All-Payer Database** to increase health quality and price transparency, inform policy, enable improvements in quality and performance, and inform benchmarking and comparisons
- Development of a process for **ongoing alignment of measures and technology** to evolving health needs for the State of New York, starting with an APC scorecard



# Major Areas of Focus Going Forward

- Measure Alignment
- Transparency
- HIT Infrastructure for Health Care Reform  
SHIN-NY, APD, etc.
- Align technology solutions across SIM, DSRIP and other reform efforts

# Transparency

**Patrick Roohan**  
**Director**  
**Office of Quality and Patient Safety**

## Discussion for today:

- Overall purpose of transparency
- Current efforts related to Transparency
  - States
  - Insurance companies
  - Third parties

# Transparency is an increasingly important topic across healthcare and raises important questions for states

## Context



- Growing call for transparency throughout healthcare, driven by:
  - Shift to focus on value vs. volume, giving providers greater accountability and a need for data on cost and quality
  - Higher deductibles encouraging individuals to “shop” for healthcare
  - Consumers used to accessing information / technology / social media to support decision making (e.g., Yelp, OpenTable)
  - Sense that meaningful information not accessible and interpretable (despite deluge of data out there)
- Business interests often feel threatened by idea of transparency

## Key questions

- What do we really mean by transparency?
  - Who are the key users of data?
  - What are their ‘use cases’?
- What are the most important transparency use cases to support the Triple Aim?
- Which use cases should be priority for the state specifically to address?
- What levers does the state have to shift the needle on transparency in priority cases?



# Consumers require real-time, customized cost and quality data to stand any chance of making informed decisions

		From . . .	To . . .
Consumers need access to relevant data . .	Price	<ul style="list-style-type: none"> <li>Consumers struggle to obtain meaningful price data – despite a deluge of information about healthcare</li> </ul>	<ul style="list-style-type: none"> <li>Consumers can see <b>expected out-of-pocket contribution</b> based on their plan, health needs and provider</li> </ul>
	Quality	<ul style="list-style-type: none"> <li>Some transparency around quality . .</li> <li>. . . but <b>confusion</b> around standards / metrics / how to interpret quality data</li> </ul>	<ul style="list-style-type: none"> <li>Consumers have access to clear, <b>standardized quality measures</b> for the provider / procedure they are considering:               <ul style="list-style-type: none"> <li>– Outcomes measure</li> <li>– Safety</li> <li>– Other quality dimensions (e.g., timeliness)</li> </ul> </li> </ul>
. . in a timely, convenient way	Timeliness	<ul style="list-style-type: none"> <li><b>Data lags limit usefulness</b> for decisions – patients often their cost they will bear several weeks after a procedure</li> </ul>	<ul style="list-style-type: none"> <li>Relevant data available in <b>real-time, prior to a purchase</b></li> </ul>
	Channel	<ul style="list-style-type: none"> <li>Data shared in <b>various formats</b>, often not electronically</li> <li><b>Disparate sources</b> – burden on consumer to stitch together</li> </ul>	<ul style="list-style-type: none"> <li><b>Electronic access</b> should be provided - via a website, smartphone app, with EHR interoperability and data aggregated where possible (“one stop shop”?)</li> </ul>

# Enabling transparency across key users will drive affordable, efficient and high-quality healthcare

Data user	High-level use case	Examples
 <b>Consumer</b>	<ul style="list-style-type: none"> <li>Access meaningful data to inform personal health-related decisions</li> </ul>	<ul style="list-style-type: none"> <li>Make an informed choice about health plans</li> <li>Select a physician or care facility for a required health procedure based on price, quality, safety etc.</li> </ul>
 <b>Provider</b>	<ul style="list-style-type: none"> <li>Deliver effective care to individual patients</li> </ul>	<ul style="list-style-type: none"> <li>Select the right referral pathway for a patient, comparing specialists on price and quality etc.</li> <li>Track and analyze own performance vs. core measures</li> </ul>
 <b>Network contracting lead</b>	<ul style="list-style-type: none"> <li>Access market intelligence to inform contract negotiations</li> </ul>	<ul style="list-style-type: none"> <li>A health system or payer will wish to compare the performance of different providers and/or facilities when deciding on network structure and negotiating contracts, acquisitions etc.</li> </ul>
 <b>Policy maker</b>	<ul style="list-style-type: none"> <li>Inform policy design and evaluate policy impact</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate implementation of the SHIP and impact:               <ul style="list-style-type: none"> <li>Progress towards APC</li> <li>VBP penetration</li> <li>Provider performance against core measures</li> </ul> </li> <li>Influence public opinion/debate about healthcare costs, drivers, opportunities etc.</li> </ul>

# Current Efforts Related to Transparency

- Who?
  - States
  - Insurance companies
  - Third parties
  
- Metrics
  - Cost/Charge
  - Quality
  - Volume
  - Patient Perspective
  - Combinations

# Sample state tools for consumer transparency

	Goals	Approach	Results / Impact	Lessons for NY
 <b>Massachusetts</b>	Empower patients to comparison-shop for care as part of legislation passed in August 2012	<ul style="list-style-type: none"> <li>Providers must disclose amount charged for admission or a service within 2 working days</li> <li>Providers must give patients or insurers information needed to calculate out-of-pocket costs for the patient</li> </ul>	<ul style="list-style-type: none"> <li>According to a Pioneer Institute study, the “transparency law is still not a reality”               <ul style="list-style-type: none"> <li>9 of 23 sampled practices knew about the law</li> <li>13 of 25 sampled practices provided the cost of all fees within 2 days</li> </ul> </li> <li>Some health systems have tools to give providers access to charges and patient costs</li> </ul>	<ul style="list-style-type: none"> <li>Legislation alone cannot ensure compliance from providers and payers</li> <li>Consumers have difficulty understanding health care data without access to easy-to-use tools</li> </ul>
 <b>Washington</b>	Ensure that consumers can access cost / quality data through payer websites and mobile applications	<ul style="list-style-type: none"> <li>Payers required to provide the following data on website and a mobile application:               <ul style="list-style-type: none"> <li>Cost data for common treatments and individual out-of-pocket costs</li> <li>Quality metrics by provider (where available)</li> <li>Options for patients to provide ratings or feedback</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Too early for data on consumer utilization and impact on medical trend (requirement begins January 1, 2016)</li> </ul>	<ul style="list-style-type: none"> <li>Innovation should build off existing capabilities</li> <li>Alignment across major health care stakeholders can help enable reform</li> </ul>

Source: Pioneer Institute: Mass. Healthcare Price Transparency Law Still Not a Reality; Massachusetts Medical Society: Massachusetts Medical Price Transparency Law Rolls out; Washington State website; Catalyst for Payment Reform



# Example: New Hampshire Health Cost

## Detailed estimates for Insured Procedure

**Procedure:** X-Ray - Shoulder (outpatient)

**Procedure Description:** X-ray exam of the shoulder with a minimum of two views.

**Procedure Code:** 73030

**Insurance Plan:** Harvard Pilgrim HC - Health Maintenance Organization (HMO)

**Within:** 50 Miles of Concord, NH (03301)

Lead Provider	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity
LAKES REGION RADIOLOGY PA ☎ 603.524.2534	\$24	\$0	\$24	VERY LOW	MEDIUM
NH NEUROSPINE INSTITUTE	\$62	\$0	\$62	VERY LOW	HIGH
<a href="#">DARTMOUTH-HITCHCOCK (MANCHESTER)</a> ☎ 603.695.2500	\$75	\$0	\$75	LOW	MEDIUM
<a href="#">DERRY IMAGING CENTER</a> ☎ 603.537.1363	\$98	\$0	\$98	VERY LOW	MEDIUM
<a href="#">SOUTHERN NEW HAMPSHIRE RADIOLOGY CONSULTANTS PC</a> ☎ 603.627.1661	\$100	\$12	\$112	VERY LOW	MEDIUM
<a href="#">ST. JOSEPH HOSPITAL</a> ☎ 603.882.3000	\$100	\$30	\$130	MEDIUM	MEDIUM
<a href="#">DARTMOUTH-HITCHCOCK (NASHUA)</a> ☎ 603.577.4000	\$100	\$35	\$135	LOW	MEDIUM
<a href="#">PARKLAND MEDICAL CENTER</a> ☎ 603.432.1500	\$100	\$49	\$149	LOW	MEDIUM



# Services listed on New Hampshire's HealthCost

## Office visits

1. Basic office visit
2. Office visit, established Pt
3. Office visit of moderate complexity
4. Comp preventative medicine 18 – 39 years old
5. Comp preventative medicine 40 – 64 years old
6. New patient, Comp preventative medicine 18 – 39 years old
7. New patient, Comp preventative medicine 40 – 64 years old

## Emergency visits

8. Emergency room visit – very minor (outpatient)
9. Emergency room visit – medium (outpatient)

## Radiology

10. Bone density scan (outpatient)
11. CT – abdomen (outpatient)
12. CT – chest (outpatient)
13. CT – pelvis (outpatient)
14. Mammogram
15. MRI – back
16. MRI – brain
17. MRI – knee
18. MRI – pelvis
19. Myocardial imaging
20. Ultrasound – breast
21. Ultrasound – pelvic
22. Ultrasound – pregnancy
23. X-ray – ankle
24. X-ray – chest
25. X-ray – foot
26. X-ray – knee
27. X-ray – shoulder
28. X-ray – spine
29. X-ray – wrist

## Procedures

30. Arthrocentesis
31. Arthroscopic knee surgery
32. Breast biopsy
33. Colonoscopy
34. Destruction of lesion
35. Gall bladder surgery
36. Hernia repair
37. Kidney stone removal
38. Tonsillectomy with adenoidectomy



# Example: Colorado Medical Price website

**Search Criteria**  
Vaginal Birth; Denver (80201); Private Insurance Search Again

**Vaginal Birth**  
Note that Saint Joseph Hospital and Good Samaritan prices for private insurance are lower in part due to a high percentage of Kaiser patients which only reflect hospital payments. Additional bills for the provider and other services are not included. To view non-Kaiser prices at these hospitals, see... [Show More](#)

**Search Results**

Display Facilities within 10 miles Hospital Quality Patient Perspective Display as: Table | Map

Show 10 entries Search by Name:

Type	Provider	Distance	Estimated Price	Patient Complexity
Facility	<a href="#">Denver Health</a>	1 mi.	**	**
Facility	<a href="#">Exempla Saint Joseph Hospital</a>	1 mi.	\$5,186	Medium
Facility	<a href="#">Presbyterian/St. Luke's Medical Center</a>	1 mi.	\$7,212	Medium
Facility	<a href="#">Rose Medical Center</a>	3 mi.	\$8,919	Medium
Facility	<a href="#">Porter Adventist Hospital</a>	5 mi.	**	**
Facility	<a href="#">Exempla Lutheran Medical Center</a>	6 mi.	\$9,190	Medium
Facility	<a href="#">Swedish Medical Center</a>	6 mi.	\$8,047	Medium
Facility	<a href="#">University of Colorado Hospital</a>	8 mi.	\$8,603	Medium
Facility	<a href="#">St. Anthony Hospital</a>	8 mi.	**	**
Facility	<a href="#">St. Anthony North Hospital</a>	8 mi.	\$9,157	Medium

Showing 1 to 10 of 13 entries ← →

\*\* Data not available 🟢 \*\*\* Under Review

CO provides this information for 4 encounter types: Maternity care (vaginal birth, Cesarean) and for Surgical (Hip joint replacement, knee joint replacement)



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# California Healthcare Compare| Hospitals & Doctor Groups

**ConsumerReports** | More about this project

**California Department of Insurance** | California Healthcare Compare  
Insurance Protection for All Californians

Uses CMS Measures for Hospital Quality

1. Make a Selection  
(to compare hospital/doctor group quality & cost)

<p>CHILDBIRTH</p>  <p>HOSPITALS</p>	<p>HIP &amp; KNEE REPLACEMENT</p>  <p>HOSPITALS</p>	<p>COLON CANCER SCREENING</p>  <p>DOCTOR GROUPS</p>	<p>DIABETES</p>  <p>DOCTOR GROUPS</p>	<p>BACK PAIN</p>  <p>DOCTOR GROUPS</p>
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Uses Health Plan Quality Information

2. Search

Search by Hospital, Doctor Group, City or Zip

Search nearby

Allowing us to access your location improves search



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# CompareMaine | Health Costs & Quality

Brought to you by the Maine Health Data Organization

CompareMaine  
health costs & quality

Home | Compare Costs & Quality | Find a Facility | About | Resources | Contact

Show the cost of:  
Knee replacement

CPT Code: 27447

This estimate is for a 60-day episode of care. It includes related medical services from 30 days before and 30 days after the surgery such as office visits, pre- and post-op appointments, and physical therapy. It also includes all services related to the surgery such as surgeon fees and anesthesia. The services included in this estimate are provided by a variety of doctors and facilities. The estimate is attributed to the facility that was paid the most, usually the one where the surgery took place. The episode of care was created using the MEG grouper software and may include more than one related surgery.

Multiple CPT Codes Included: 27447, 27445, 27486, 27487

Maine State Average  
\$33,906

List | Map | Learn About The Data

Search: within 25 miles of | City or ZIP Code | Search | Show prices by insurance company | Show all insurance companies

Compare Selected Facilities | Sort by: Facility Name | Average Total Cost

Facility	Address	Average Total Cost	Quality Measures
Central Maine Medical Center	300 Main St Lewiston, ME 04240-7027	\$28,618	Overall Patient Experience, Preventing Serious Complications, Preventing Healthcare-Associated Infections (C. diff)
Eastern Maine Medical Center	489 State St Bangor, ME 04401-6623	\$47,233	Overall Patient Experience, Preventing Serious Complications, Preventing Healthcare-Associated Infections (C. diff)

By Procedure

Price

Quality Measures: Patient Safety, Complications, Infections

# FloridaHealthFinder.gov | Doctor Volume by Procedure

**FloridaHealthFinder.gov**  
Connecting Florida with Health Care Information

Condition/Procedure: **Coronary Artery Bypass Graft (CABG)**  
Age Group: **All Adults, Ages 18+**  
Time Period: **April 2014 through March 2015**

**Directions:**

View the results below or if you would like to change the "sort-by-column" use the drop-down box, then click "View Results". To learn more about the data click the column heading. To see the physician, click the physician name. For further information on CABG procedures, [click here](#).

Total Procedures ▾  Ascending (A-Z, 0-9)  Descending (Z-A, 9-0)

[View Results](#)

Physician	FL License	Total Procedures
Palmer George J	ME55620	189
Buss Randall W	ME53169	183
Nores Marcos A	ME108415	163
Stapleton Dennis J	ME50898	160
Comas George M	ME116762	155
Lee Raymond	ME74892	153
Richardson Robert J	ME75610	150
Sandwith Eric L	ME90193	150
Cortelli Michael	ME70715	146
Proia Richard R	ME94028	145
Suarez-Cavelier Jorge E	ME76703	144
Manganoni Patrick T	ME77600	140
Segurolo Romualdo J	ME80950	136
Hoff Steven J	ME119624	135
Evans David K	ME94849	134
Katz Arthur H	ME62253	134
Dodd David J	ME96463	130
Still Robert J	ME59783	127
Duarte Ignacio G	ME93214	125
Bott Jeffrey N	ME73514	123

5 Procedures:  
Coronary Artery Bypass Graft (CABG), Percutaneous Transluminal Coronary Angioplasty (PTCA), Spina Fusion, Total Hip or Total Knee Replacement

Identifies doctors by license number & total volume by procedures



**Department of Health**

# Best Practices: Washington State

## Best practice tool features

- **Payers required to offer an electronic transparency tool** to plan members that offers estimates of:
  - Out-of-pocket costs (conditional on plan specifics, personal deductible etc.)
  - Quality metrics by provider (where available)
  - Patient experience – ability to leave reviews and access the reviews of other patients

## Scope of services

- Common treatments within:
  - In-patient
  - Outpatient
  - Diagnostic tests
  - Office visits

## Timing

- Legislation passed 2014
- Applies to payers offering/renewing plans from Jan 2016



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# Best Practice: New Hampshire

Best practice tool features	Scope of services	Timing
<ul style="list-style-type: none"> <li>▪ NH aggregates payer claims data state-wide and leverages this to provide:               <ul style="list-style-type: none"> <li>– Out-of-pocket cost estimates for different providers</li> <li>– Side-by-side estimate of case-mix complexity for provider/facility<sup>1</sup></li> </ul> </li> <li>▪ Versions of the tool available for insured individuals (taking into account deductible and coinsurance) and uninsured</li> <li>▪ Tool updated quarterly</li> <li>▪ Uses data from their APCD</li> </ul>	<ul style="list-style-type: none"> <li>▪ More than two dozen procedures (primarily outpatient) including:               <ul style="list-style-type: none"> <li>– MRIs</li> <li>– CT scans</li> <li>– Ultrasounds</li> <li>– X-rays</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Statute passed 2004</li> <li>▪ Commercial carriers began submitting data October 2005</li> <li>▪ First reports released June 2006</li> </ul>



<sup>1</sup> State also requires payers to submit HEDIS quality measures, but unclear from website whether these are used to show quality and cost estimates side by side within the transparency portal

# ~85% of commercially-insured New Yorkers covered by a top ten payer have access to a cost calculator, but features and usefulness varies

Top 10 Payers in NY commercially-insured segment	# CI Lives ('000s)	% CI Lives	Out-of-pocket cost and quality (side-by-side) <sup>1</sup>	Out-of-pocket cost calculator <sup>1</sup>	Other cost estimator (features tbc) <sup>1</sup>	Services covered
EmblemHealth	1,623	17%		Rx only		..
Empire BCBS	1,048	11%		✓		..
UnitedHealth Group	779	8%	✓			636 common services 365 care paths
Excellus BCBS	652	7%				..
Aetna	433	4%	✓			~190 specialties (e.g., pediatrics)
CDPHP	238	2%				...
MVP Health Care	198	2%		✓		~330 common services 8 chronic conditions
Cigna	149	2%		✓		200+ common procedures
Independent Health	148	2%			✓	Various

- ~85% of New Yorkers covered by a top ten commercial insurer have access to a **cost calculator (of some kind)** via their plan
- ~45% appear to have access to a tool that offers **out-of-pocket cost estimates**
- Only ~20% can access a tool giving **quality/safety information alongside out-of-pocket cost** (quality metrics often not clear)
- **Scope of services covered varies** by payer and is unclear in several cases

<sup>1</sup> It is assumed that unless stated otherwise payer tools are accessible by 100% of payer members  
Aetna estimates deflated to account for stated access covering somewhat less than full 100% of members

Source: Interstudy data on payer lives (January 2015), payer websites for details of cost/quality tools



# Sample payer tools for consumer transparency

	Tool features	Scope of services
	<ul style="list-style-type: none"> <li>▪ <b>Personalized information</b> on physician and health facility quality and pricing</li> <li>▪ Access to <b>real-time</b> status of health plan deductibles and co-insurance, as well as available health spending account funds</li> </ul>	<ul style="list-style-type: none"> <li>▪ Estimates cover more than 200 common procedures that represent 80 percent of Cigna's medical claims.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Review <b>market average prices</b> for various medical services</li> <li>▪ Locate nearby health care providers, and convenience care, urgent care and emergency care facilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ 520 medical services across 290 episodes of care</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Directs patients towards FairHealth, a <b>third party online tool</b> that offers <b>non-personalized estimate of costs</b> for health services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Thousands of medical and dental services</li> <li>▪ Medical supplies</li> <li>▪ Anesthesia services</li> <li>▪ Ambulance rides</li> </ul>



# CIGNA's cost-of-care estimator

**CIGNA Cost of Care Estimate as of February 1, 2011**



**John Q Public**  
**CIGNA Identification Number 123456789**

**Customer Service**  
 Call the toll-free number on the back of your CIGNA ID card

Health Care Professional or Facility: BLACKWOOD DONALD J MD  
 Benefit Category: Hospital Outpatient – Related to an illness  
 Include Anesthesia? No  
 Service Date: 02/01/2011  
 Service Description: 99214-OFFICE/MODERATE/COMPLE Modifier(s) Applied: SG, Units 1

In Network: No  
 Plan Name: Point of Service-Choice Fund HSA Open Access Plus

**Explanation of estimate**  
 This estimate shows what you should expect to pay for the specific health care service(s) indicated above. This is only an estimate - it is not a guarantee of coverage for charges made by your health care professional or facility. The final amount you owe may change from this estimate for several reasons: (1) your benefits change, (2) your coverage ends, (3) you have other claims processed before you receive these services, (4) you receive fewer, more or different services, (5) you reach your plan's out-of-pocket maximum (when it starts to pay 100% for covered services), or (6) the amount in your health account changes (if applicable).

<b>Estimated total cost of service (before CIGNA payment)</b>	<b>\$76.96</b>	This is the total estimated amount as of February 1, 2011, for the service(s) noted above, based on CIGNA's discount. This includes the amount CIGNA will pay and the amount that will be your responsibility.
Your deductible responsibility	\$76.96	This amount you owe is calculated based on your yearly maximum deductible of \$400.00 and your paid-to-date amount of \$0.00 (as of the date of this estimate).
Your coinsurance responsibility	\$0.00	This amount is determined by subtracting the amount remaining from the estimate after your deductible is met.
Your copay responsibility	\$0.00	Your copay for this health care professional or facility, based on your plan design.
<b>Estimate of your total responsibility (after CIGNA payment)</b>	<b>\$76.96</b>	The anticipated amount you will owe after your plan benefits are applied to the estimated cost. This includes any deductible, coinsurance or copay. This amount might be lower if you've reached your out of pocket maximum.
Anticipated payment from your health account (for account-based plans only)*	\$50.00	Based on the money available in your health account(s) as of February 1, 2011, this is the amount that is anticipated to be paid directly to your health care professional or facility.
<b>Estimate of what you owe**</b>	<b>\$26.96</b>	This is the estimate of what you'll owe after any health account payment.

\*This applies only if you are enrolled in a plan with a health account, such as a Health Reimbursement Account (HRA), Health Savings Account (HSA) and/or Flexible Spending Account (FSA). Anticipated HRA/HSA and/or FSA payments will only be applied if you are enrolled in automatic claim forwarding.

\*\*Your health care professional may collect a portion of the estimated amount and/or bill you directly for the final amount after your claim is processed.

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Printable "Explanation of Estimate" to educate users on how their CIGNA medical benefits influence what they owe

Personalized estimates that reflect an individual's health plan benefits

# UnitedHealthcare's myHealthcare Cost Estimator

## Personalized Estimate

### Step 1: Select a Quality Physician

UnitedHealthcare

Show information for: HDTYKA GRISSETT 061010125 | Hello HDTYKA GRISSETT | Log Out

Your remaining deductible: Individual \$250 Family \$750

#### myHealthcare Cost Estimator

Start Over Prescription Estimates What Is It? How it works

Care Estimate: Childbirth - Vaginal Delivery and Newborn Care

Your Out-of-Pocket: Based on Your Plan **\$12,700** In-Network Cost: **\$1,161** Market Average: **\$1,161** Health Plan Pays: **\$10,343**

Home Vaginal Delivery and Newborn Care Facility (charged) Step 2 Newborn Care (physician charges) Step 3 Postnatal Visit Step 4 Final Estimate

Prenatal Care, Routine Labs, Ultrasound, and Delivery (physician charges) Save

Search By: 78704, Austin, TX 25 Miles 1 selected Specialties (optional) 1 selected Search Compare Choose up to 5 Physicians and Compare Them

Physician First Name Gender Male Female Physician Last Name Languages (optional) 1 selected

Your search returned (100) physicians ranging from: **\$1,541 - \$8,796**

Sort By: Premium Designation View: 10 per page Refresh Currently Viewing 1 - 10 of 100

Add to Compare

UnitedHealth Premium: Obstetrics and Gynecology Quality & Cost Efficiency: ★★ 4.88 Miles from 78704, Austin, TX In Network

2911 MEDICAL ARTS ST STE 19A AUSTIN, TX 78705 (512) 477-1954 1 location	Local Average: <b>\$2,368</b>	This Physician: <b>\$1,541</b> (below average)	Health Plan Pays: <b>\$1,233</b>	Out-of-Pocket: <b>\$308</b>	Cost of Affiliated Specialty: <b>\$8,938 - \$8,977</b>	Select Physician Move to Next Step
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More information about this Physician

Costs provided in "care paths" (episodes of care)

Compare costs and quality for different health care providers

Personalized estimates that reflect an individual's health plan benefits



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# Independent Health offers a third-party cost-of-care calculator

**ESTIMATED OUT-OF-POCKET COSTS: UCR-BASED**
**PRINT**

Code	Consumer Description	Est. Charge	Est. Reimbursement	Out-of-Pocket Cost
46250 <span style="background-color: #ccc; padding: 2px;">A</span>	Removal of multiple external hemorrhoids	\$1,504.55	\$1,053.19	\$451.37 <a href="#" style="color: #004a99; text-decoration: underline;">Remove</a>

**Estimated Out-of-Pocket Cost** ?

**GEOZIP: 191xx**  
This GEOZIP includes zip codes with the following prefixes: 191

Reimbursement Percentage is set at 70%  
Estimated Charge is set at FAIR Health's 80th percentile

\$451.37

**Adjusting Estimated Reimbursements**

Adjust Percentage

50%      60%      70%      80%      90%

The Estimated Reimbursement amounts above are initially set to 70% of the Estimated Charge. Click [here](#) to learn more about percentages and how they can factor into reimbursement.

If you find that your plan uses a different percentage in determining reimbursement amounts, you can adjust the level used in the estimates above using the slider.

[Click here to use our Advanced Charge Estimator](#)

Estimated out-of-pocket costs not personalized to user's healthcare plan

Some basic level of cost comparison between providers



**Department of Health**

# MVP Health Care| Compare Hospitals

The screenshot shows the MVP Health Care website interface. At the top, there are navigation links for 'DISCOVER MVP.COM' and 'LIVE CHAT'. Below the MVP Health Care logo, there are search options: 'Search by Provider', 'Search by Facility', and 'Compare Hospitals'. The main section is titled 'SEARCH BY FACILITY' and includes a 'REVISE SEARCH' button. The selected facility is 'Albany Medical Center Hospital'.

**Contact Information:** 25 HACKETT BLVD, ALBANY, NY 12206, ALBANY (518) 263-8467, Map.

**Facility Type:** Hospital

**Wheelchair Access:** Yes

**Providers:** Click to see

**Quality Measures:** Patient Safety, Clinical, Estimated Costs

**Top Ten Procedures Performed (based on volume):** Rehabilitation, Psychosis, Other Vascular Procedures with Complicating Factors, Hip and Knee Replacement, Cardio Procedures with Coronary Artery Stent without AMI, Major Heart Procedures with Complicating Factors, Heart Failure and Shock, Vascular Procedure Outside the Cranial Cavity, Chest Pain, Heart Bypass with Heart Cath.

**Recognitions and Awards:** Cardiac Care Excellence Award, Coronary Intervention Excellence Award, Distinguished Hospital Award for Clinical Excellence, Gastrointestinal Care Excellence Award, General Surgery Excellence Award, Joint Replacement Excellence Award, Prostatectomy Excellence Award, Pulmonary Care Excellence Award, Stroke Care Excellence Award, Vascular Surgery Excellence Award, Women's Health Excellence Award.

**Ownership:** Voluntary Non-Profit - Private

**Number of Beds:** 571

**Accreditation:** TJC

**Updates to this directory are continuously being made. While every effort is made to ensure the accuracy of the directory, MVP cannot guarantee the availability of any particular provider as MVP's network of providers is subject to change. Notice of any changes will be provided in accordance with applicable state and federal law. If you need help finding a specific provider please contact MVP's Customer Care Center.**

Quality Measures:  
Patient Safety,  
Clinical, Estimated  
Costs

Top Ten Procedures  
Performed



Department  
of Health

# Sample third party tools for consumer transparency

	Tool features	Scope of services
	<ul style="list-style-type: none"> <li>Free <b>online tool</b> that gives both insured and uninsured users access to cost data</li> <li>For the insured, <b>non-personalized estimation of cost</b> for out of network vs in network provider</li> </ul>	<ul style="list-style-type: none"> <li>Thousands of medical and dental services</li> <li>Medical supplies</li> <li>Anesthesia services</li> <li>Ambulance rides</li> </ul>
	<ul style="list-style-type: none"> <li>Offers a <b>free transparency tool</b> with national, state and local <b>non-personalized</b> cost and quality information for common health conditions and services</li> <li>Uses claims from Aetna, Assurant Health, Humana, and UnitedHealthcare</li> </ul>	<ul style="list-style-type: none"> <li>Search by condition or care bundle for over 70 services</li> <li>Review step-by-step breakdown of the steps and costs of a care bundle (not out of pocket)</li> </ul>
	<ul style="list-style-type: none"> <li>Employers <b>purchase Castlight subscription</b>, and employees gain access to provider listings, <b>out-of-pocket costs, and quality metrics</b></li> </ul>	<ul style="list-style-type: none"> <li>Thousands of medical services</li> </ul>



# ProPublica | Surgeon Scorecard

PRO PUBLICA Surgeon Scorecard

Find Near Me Find a Surgeon Find a Hospital

Albany, New York Knee Replacement

Use My Location ...or jump straight to your state: Pick a state

Surgeon Scorecard » Search

YOUR SEARCH

**Albany, New York**

PROCEDURE SELECTED

**Knee Replacement Performance at Hospitals Within 25 Miles**

Replace diseased knee joint with an artificial knee. The most common reason for a knee replacement is osteoarthritis, which is a breakdown of the cartilage in the joint. [More information](#)

**6** nearby hospitals performed this procedure on Medicare patients

**2** (33%) have at least one surgeon with a low adjusted complication rate

**! 2** (33%) have at least one surgeon with a high adjusted complication rate

Sorted by the surgeon with the lowest adjusted rate of complications at each hospital, along with a measure representing the combined performance of surgeons and hospitals for these procedures.



1	ALBANY MEMORIAL HOSPITAL, ALBANY
2	! ST PETER'S HOSPITAL, ALBANY
3	ST MARY'S HOSPITAL (TROY), TROY
4	SAMARITAN HOSPITAL, TROY
5	! ALBANY MEDICAL CENTER HOSPITAL, ALBANY
6	ELLIS HOSPITAL, SCHENECTADY

KEY:

- ! An individual surgeon who performs this procedure at this hospital.
- ! At least one surgeon performing this procedure has a high adjusted rate of complications.

8 Elective Procedures:  
Knee Replacement, Hip Replacement, Gallbladder Removal, Lumbar Spinal Fusion (posterior or anterior), Prostate (removal or resection)

Identifies surgeons at hospitals with 'high adjusted complication rates'

# US News & World Report | Common Care Scorecard

Home > Hospitals > U.S. News Best Hospitals: Hip Replacement

## Hospital Rankings

REFINE BY [clear all](#)

**Location**  
NY

**Within**  
25 Miles

**Specialty**  
Hip replacement

**Hospital Name**  
Hospital name

### Best Hospitals in New York for Hip Replacement

[How We Rate Hospitals](#)

U.S. News evaluated how well hospitals performed in hip replacement surgery using data on patient survival, readmissions, infections, patient satisfaction scores, volume and more. Hospitals received one of three ratings -- "High Performing," "Average" or "Below Average" -- unless they treated an insufficient number of patients to be rated. Within each rating tier, hospitals are ordered alphabetically.

**Glen Cove Hospital**  
Glen Cove, NY

Bed Count: 235  
Type: General medical and surgical  
Doctors in this specialty: 206

**REGIONALLY RANKED HOSPITAL**  
in New York metro area and New York

Hip replacement Scorecard	
<b>High Performing</b>	
Survival	7/13
Volume	5/5

[Full Scorecard](#)

[Overview](#) [Contact](#)

**Hospital for Special Surgery**  
New York, NY

Bed Count: 203  
Type: Orthopedic  
Doctors in this specialty: 419

**NATIONALLY RANKED HOSPITAL**  
in 2 specialties

Hip replacement Scorecard	
<b>High Performing</b>	
Survival	12/13
Volume	5/5

[Full Scorecard](#)

[Overview](#) [Contact](#)

Common Procedures:  
COPD, Heart Bypass, Heart Failure, Hip Replacement, Knee Replacement

Quality Measures: Survival (mortality), Readmissions, Patient Volume, Infections, Complications, Patient Experience, Nursing Staff, Intensivist on staff



## Next Steps:

- Continue review of what is available today across the country
- Propose a framework for New York to promote price and quality transparency
- Develop tools for consumers, providers and payers that meet the needs of the future

# APD Update

Chris Nemeth, Director  
All Payer Database Development Bureau  
Office of Quality and Patient Safety

# 2015 APD Year End Milestones

- December APD Stakeholder Forum
- APD Data Warehousing & Analytics Award
- APD Regulations Adoption Process Begun; Work also started on *Governance Policies and Procedures* document (addressing key issues such as data release)

# APD Stakeholder Forum

On December 9, 2015 the NYS APD Team, NYS Health Foundation, and APCD National Council hosted a forum to provide stakeholders with information about how the APD fits within NYS healthcare priorities, and new APD implementation timelines.

The full afternoon event was attended by approximately 140 diverse stakeholders.

## Attendee Categories

- NYS Government Agencies (DOH, DFS, Executive Chamber, OITS, NYS Assembly, OMIG, OMH)
- Consumer Advocacy Groups
- NYS Health Providers
- NYS Health Insurers
- Researchers
- IT Vendors

# APD Stakeholder Forum

Much of the open discussion was talk of how health insurers could effectively submit quality data:

## Topics Discussed by Stakeholders

- Claims collection schedules and formats
- Implementation Timelines
- Data Confidentiality
- Data Release
- Data Quality
- Data Access

Feedback from the forum has proved positive and served to re-engage stakeholders in implementation planning at the time an APD vendor has been selected.

# APD Data Warehousing & Analytics Award

- On December 21, 2015 Optum Government Solutions, Inc. (Optum) was named the winning bidder to provide data warehousing and data analytics services for the NYS APD (over a \$70 million contract span of 5 years).
- Optum is a large scale firm that serves as a leader in the health care services industry, with over 20 years of experience helping state governments solve their biggest and most complex challenges – leveraging data and analytics for better decision making.
- The selection was made upon receipt of 8 proposals in response to a competitive procurement.

# APD Data Warehousing & Analytics Award

- Optum will work with the APD data intake system to aggregate, link, de-identify and store the data that is received from all of the different sources.
- Optum will develop both a business intelligence/analytics solution that will facilitate data analysis and reporting, *and* a data delivery solution that will produce extracts and de-identified data sets for researchers and other stakeholders approved through a data governance process.

# NYS APD Implementation Update

- Major Components / Infrastructure
  - Data Intake
  - Data Warehousing & Analytics
- Governance
  - Regulations
  - Operations Guide (submission specifications, validation methods, etc.)
  - Data Governance Manual (advisory committees, data release, user agreements, etc.)

# Data Warehouse & Analytics Schedule

- Vendor Award
  - Projected Contract Start – April 2016
  - Interim vs. Permanent Solutions
- Interim Data Analytics (Jan 2017)
  - 200 State Agency Users
  - Consumer Facing Website
- Permanent Data Warehouse (Oct 2017)
  - Data Aggregation, Linking, and De-identification
  - Data Validation: Across All Payers - Expected to be complete by 2018
- Permanent Data Analytics (Oct 2017)
  - User Stories Reflecting 7 Stakeholder Groupings
    - APD Management Staff, Consumer Healthcare Services, Data Management Staff from Insurance Carriers, Healthcare Researchers, Information and Policy Managers from County & Other NYS Agencies, NYSDOH Information and Policy Managers, Providers of Healthcare Services



# Overall Governance Development Schedule

- Regulation – 2016 Publication
  - Regulatory Package Initiated Dec. 2015
  - Requires Public Comment & Public Health and Health Planning Council Review (estimated by Aug. 2016)
- Submission Specifications – Public Posting w/ Commercial Data Intake Implementation
  - Developed & Maintained by Data Intake Vendor
  - Currently covers QHP and MMC/CHIP Encounter Submissions
- Operations Manual – 2016 Release
  - General Governance – APD: What it is, how it operates, how and why it came to be, who it can benefit & how
- Final Data Release Process Manual – 2018 Completion date (influenced by SPARCS Model and most highly developed APCDs of other states)
  - Coincides with Completion of Data Validation Activities
  - Will Provide Detail on Release Policy, Procedure and Criteria

# Data Release Development Schedule

## Types of Release:

- Public Use Data – Consumer Facing Website, Customizable Population Health Views (DW&A Vendor Developed) – Jan. 2017
- Identifiable Data (Includes Limited Identifiable) – 2018
  - Requires Final Data Release Policies & Procedures
  - Will require Data Use Agreement
  - Will require Application, and Review for appropriateness of use and adequate protection of PHI and PII

# Proposed Data Release Framework - handling of price data (from early draft *Data Governance Policies & Procedures*)

Approach Mainly Combines Elements from Colorado and New Hampshire APCDs –

## 3 Data Types for Release:

### 1) **Public Use/Reporting Tools:**

Prices displayed represent the **median total amount paid** (by the insurance plan and the patient) for specific procedures performed at a particular facility. Website price information display is **based on actual amounts paid for health care services and include facility, professional and any other payments made**. These **reflect both payer** (private insurance or Medicaid) **and patient paid** (copay, coinsurance, deductible) amounts and total charged amounts for uninsured.

Features median prices paid across all commercial health insurers (including patient copays/deductibles) and Medicaid payments to a hospital, health care professional and any ancillary (transportation, lab, etc.) payments made for that service.



# Proposed Data Release framework for handling of price data (cont.)

## 2) **De-identified Data:** accessed only through application process

Custom Reports and De-Identified Data contain no Protected Health Information (PHI) and requests must be granted under the terms of a Data Use Agreement executed to establish the terms and conditions of use and to protect APD interests.

**Data Element List:** APD Member Composite ID and APD Member ID within Plan (APD Plan ID, not receive the Plan's National or NAIC ID on any De-Identified Member File to determine exact plan)

- Plan Paid Amount, Pre Paid Amount

- Copay/Co-insurance/Member Liability

- Ingredient Cost & Dispensing fee

- Line of Business ( Commercial, Medicaid, Medicare, etc.)

- Insurance Product Type Codes

- APD created Provider ID for grouping and linking across payers (this is not linkable back to provider file to determine exact provider information, i.e, true Provider ID **not** available in **both** sets for De-Identified Files)

# Proposed Data Release framework for handling of price data (cont.)

## 3) Limited Identifiable

Data Element List: includes all of De-identified above, plus

- Plan's National or NAIC ID (not name)
- Group and Policy Number
- Provider Detail (Name, NPI, zip plus 4)

# Data Release Review Committee (DRRC) Basics:

- Limited and controlled release of APD data is allowable under draft NYS regulations, provided Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules are strictly enforced and the purpose of the data request meets established APD public health goals. Release of APD data will require that a multi-stakeholder DRRC review data requests and advise the APD Administrator whether, (a) such requests meet pre-determined criteria for allowable uses, and (b) applicant appears capable to protect data and successfully achieve purported aims and analyses.
- All data release applications must be submitted in writing and describe in detail:
  - The purpose of the project and intended use of the data
  - Methodologies to be employed
  - Type of data and specific data elements requested along with justification for inclusion
  - Qualifications of the entity requesting the data
  - The specific Privacy and Security measures that will protect the data
  - Description of how the results will be used, disseminated or published



# Working Lunch

# SHIN-NY Update

James Kirkwood

Director

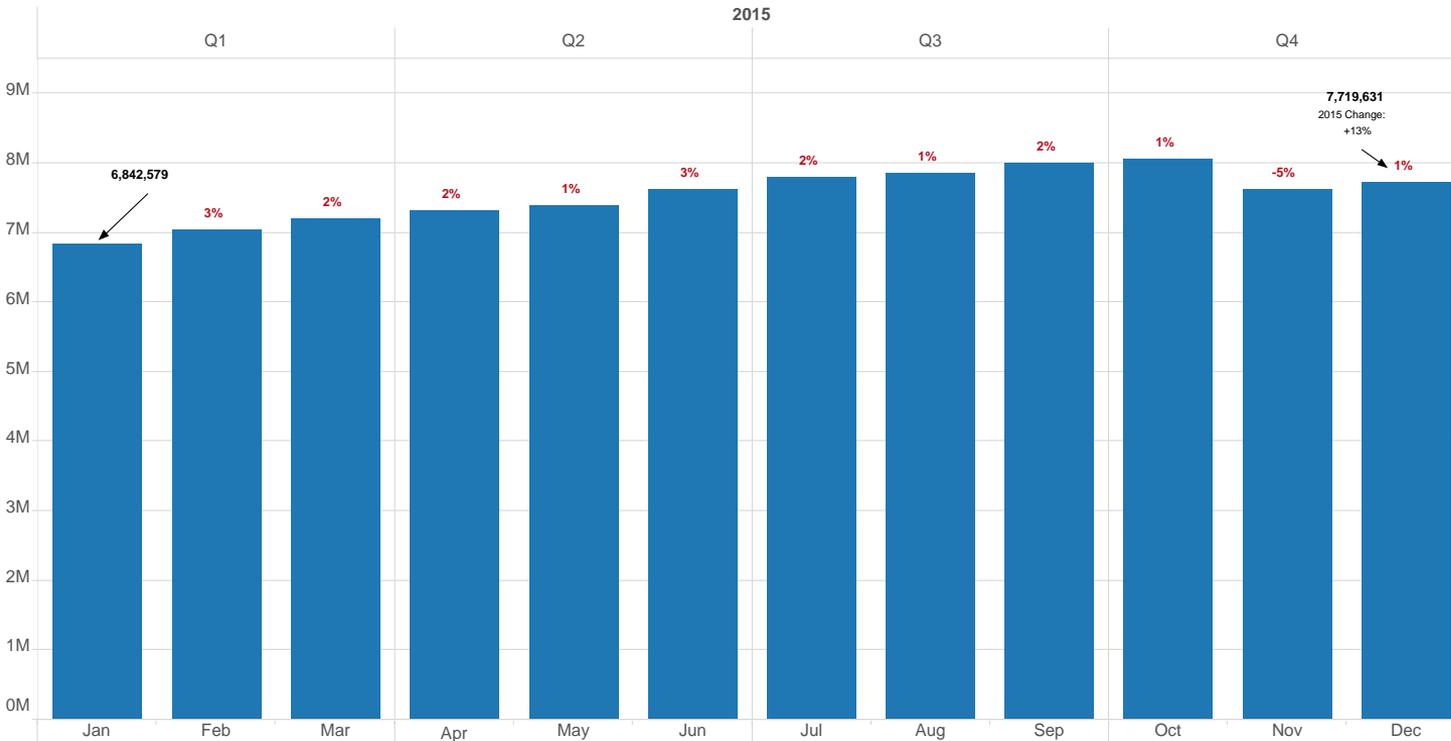
Health Information Exchange Bureau

Office of Quality and Patient Safety

# SHIN-NY Regulations

- Approved by PHHPC on February 11<sup>th</sup>, will be released in State Register March 9<sup>th</sup>
- Changes as a result of comment period:
  - Section 300.2: “Establishing the SHIN-NY. The New York State Department of Health [may] shall:
    - (a) Oversee the implementation and ongoing operation of the SHIN-NY.”
  - Section 300.3: “Statewide collaboration process and SHIN-NY policy guidance.
    - (a) SHIN-NY policy guidance. The New York State Department of Health [may] shall establish SHIN-NY policy guidance as set forth below:”

# 2015 SHIN-NY Consent - Total NY State



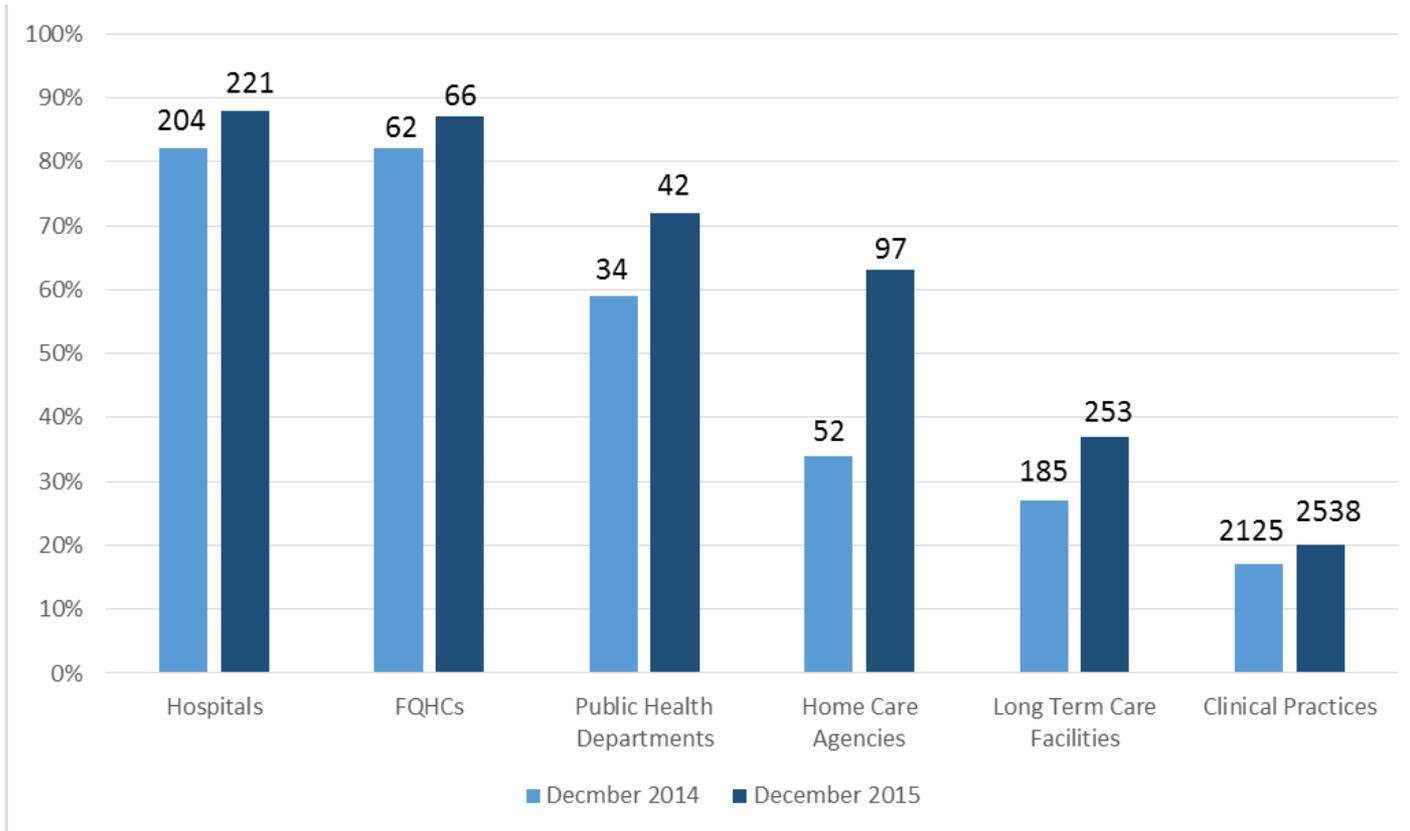
- To date, roughly 7.7 MM New Yorkers have provided patient consent, an increase of **13%** overall in 2015
- Drop in consents for November and December is mostly due to a decrease in consents as reported by Healthix due to a consolidation of their HIE platforms.

\*the aggregate consents of RHIO reported metrics. Not adjusted for cross-community patient consent values and may be an overestimate of the population of patients in New York that have consented in aggregate.



Department  
of Health

# Percent of Facilities Participating in SHIN-NY: 2014 vs. 2015



# SHIN-NY Objectives

- Making Medicaid claims available through the SHIN-NY
  - Outlining a process for security evaluation to align with SHIN-NY certification process
- Increasing outpatient provider participation
- Increasing engagement with PPSs
- Increasing data quality and completeness
- Increasing HIE usage
- Increase payer participation
- Implementing cross-QE alerts
- Increasing affirmative consent

# SHIN-NY Policy Committee Activities

- Re-evaluation of consent model
  - Does it fit the direction of healthcare?
  - Value based purchasing models
- Focus on security
- SHIN-NY data usage

# Focus on data quality and completeness

- Quality/Completeness of data dependent on:
  - Variability of EHR implementation
  - Variability of use of EHR in workflow
  - Variability between EHR vendors
  - Data made available for exchange
- Increasing network participation makes the network more valuable as participants make minimum set of data available

# Minimum Data Set: Aligning with Certified Health IT

Demographics	Encounters
Medications	Lab Results
Allergies	Procedures
Diagnoses	Problems
Care Plan	Transition of Care Document

# Update on and Review of Interim Data Collection Tool for APC

Anne Schettine

Health Program Director

Office of Quality and Patient Safety

Paul Henfield

Senior Director

IPRO

# The scorecard is a cornerstone of the APC program



## What the Scorecard is:

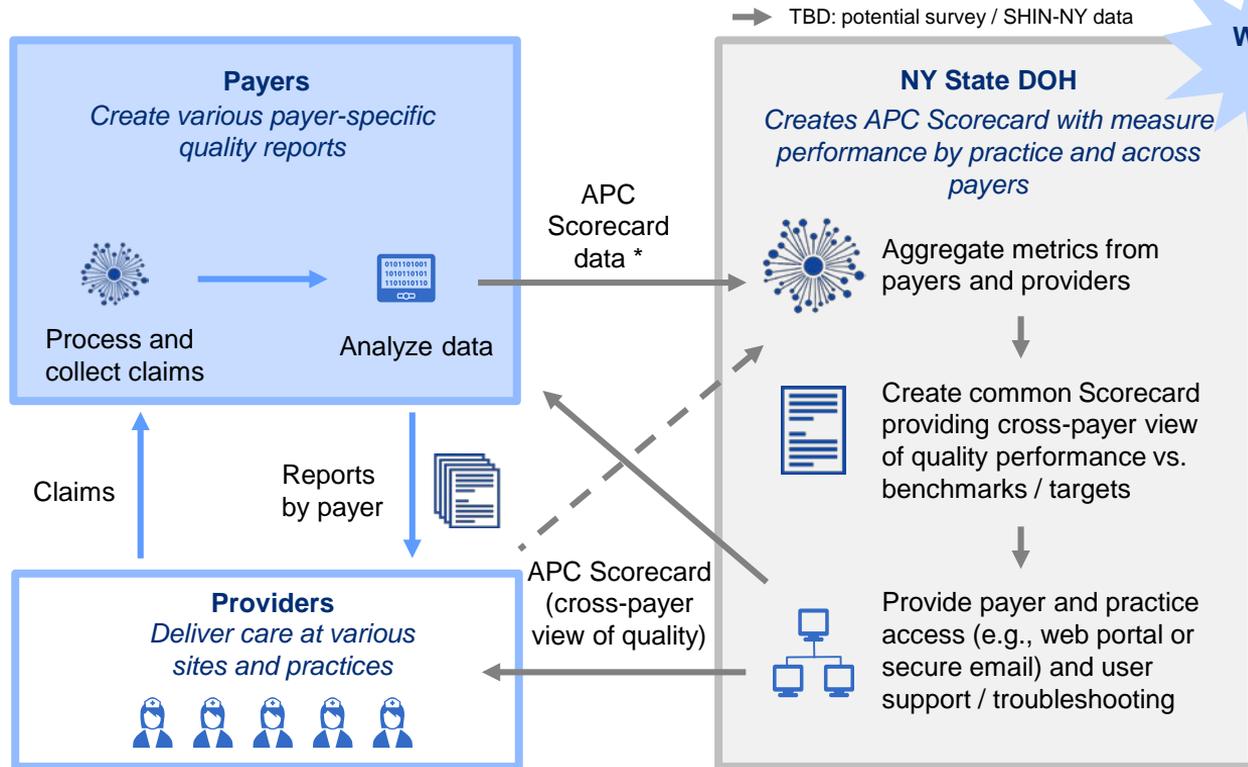
- A statewide report aggregating all primary care data relevant to APC Core Measures
- The first tool to enable practices to view their performance across a consistent set of measures for their entire patient panel (rather than on a per payer basis)
- The basis for practices to pass APC gates and access outcome-based payments



## What the Scorecard isn't:

- A replacement for scorecards and measures required for ACOs, MA Stars, etc.
- A collection of brand new measures

# Payers will play a critical role in the launch of the scorecard



\* Note: No identifiable PHI will be collected by the State

# Given the APD timeline, we need an interim version 1.0 scorecard



The **eventual APC Scorecard** leverages both administrative claims data from the APD and clinical data from EHRs.



The **timelines for APC launch and APD roll out do not align**. The APC program launches in 2016, while the APD launch is not anticipated until mid-2017.



We need **an interim non-APD solution** that:

- Uses easily accessible data
- Minimizes burden on providers and payers
- Is high quality and consistent across all types of patients and payers
- Leverages already existing processes
- Employs processes that can be used in future versions of the scorecard

# A claims-based version 1.0 is the best available option

Options	Considerations
<b>A</b> Payers submit numerators and denominators of measures to the State	<ul style="list-style-type: none"> <li>Minimal burden on payers; uses easily accessible, already existing data</li> <li>High quality standardized data</li> <li>Builds towards eventual APD version</li> </ul>
<b>B</b> Providers self-report (EMR and other data)	<ul style="list-style-type: none"> <li>Burden on providers (not all have EMRs)</li> <li>Difficult to assure quality</li> </ul>
<b>C</b> Payers submit raw claims to the State	<ul style="list-style-type: none"> <li>Duplicative of upcoming APD</li> <li>Operationally challenging</li> </ul>
<b>D</b> Individual payers send providers reports with a common measure set	<ul style="list-style-type: none"> <li>Burden on payers and providers</li> <li>No synergies with eventual APD version</li> </ul>
<b>E</b> Status quo: Individual payers send providers reports with no common measure set or cross-payer view	<ul style="list-style-type: none"> <li>Burden on providers to receive and interpret varying reports</li> <li>No standardized measure set</li> <li>No synergies with eventual APD version</li> </ul>



# The APC scorecard aspires to include 20 common measures

Categories	Measures	Measure steward	Claims	EHR	Survey
Prevention	1 Colorectal Cancer Screening	HEDIS	✓	✓	
	2 Chlamydia Screening	HEDIS	✓	✓	
	3 Influenza Immunization - all ages	AMA (all ages) or HEDIS (18+)	✓	✓	✓
	4 Childhood Immunization (status)	HEDIS	✓	✓	
	5 Fluoride Varnish Application	CMS (steward), NQF, MU	✓		
Chronic disease identification and treatment	6 Tobacco Use Screening and Intervention	CMS (steward), NQF, MU	✓	✓	
	7 Controlling High Blood Pressure	HEDIS	✓	✓	
	8 Diabetes A1C Poor Control	HEDIS	✓	✓	
	9 Medication Management for People with Asthma	HEDIS	✓	✓	
	10 Weight Assessment and Counseling for nutrition and physical activity for children and adolescents and adults	Children: HEDIS Adults: CMS	✓	✓	
BH/Substance abuse	11 Depression screening and management	CMS	✓	✓	
	12 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	HEDIS	✓		
Patient reported	13 Record Advance Directives for 65 and older	HEDIS	✓	✓	✓
	14 CAHPS Access to Care, Getting Care Quickly	HEDIS			✓
Overuse and Use of Services	15 Use of Imaging Studies for Low Back Pain	HEDIS	✓		
	16 Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	HEDIS	✓		
	17 Hospitalization	HEDIS	✓		
	18 Readmission	HEDIS	✓		
	19 Emergency Dept. Utilization	HEDIS	✓		
Cost	20 Total Cost Per Member Per Month		✓		



## CMS and AHIP release of Core Set for PCMH and Primary Care – areas of overlap with APC Core set highlighted

Categories	Measures	Measure steward	Claims	EHR	Survey
Prevention	1 Colorectal Cancer Screening	HEDIS	✓	✓	
	2 Chlamydia Screening	HEDIS	✓	✓	
	3 Influenza Immunization - all ages	AMA (all ages) or HEDIS (18+)	✓	✓	✓
	4 Childhood Immunization (status)	HEDIS	✓	✓	
	5 Fluoride Varnish Application	CMS (steward), NQF, MU	✓		
Chronic disease identification and treatment	6 Tobacco Use Screening and Intervention	CMS (steward), NQF, MU	✓	✓	
	7 Controlling High Blood Pressure	HEDIS	✓	✓	
	8 Diabetes A1C Poor Control	HEDIS	✓	✓	
	9 Medication Management for People with Asthma	HEDIS	✓	✓	
	10 Weight Assessment and Counseling for nutrition and physical activity for children and adolescents and adults	Children: HEDIS Adults: CMS	✓	✓	
BH/Substance abuse	11 Depression screening and management	CMS	✓	✓	
	12 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	HEDIS	✓		
Patient reported	13 Record Advance Directives for 65 and older	HEDIS	✓	✓	✓
	14 CAHPS Access to Care, Getting Care Quickly	HEDIS			✓
Overuse and Use of Services	15 Use of Imaging Studies for Low Back Pain	HEDIS	✓		
	16 Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	HEDIS	✓		
	17 Hospitalization	HEDIS	✓		
	18 Readmission	HEDIS	✓		
	19 Emergency Dept. Utilization	HEDIS	✓		
Cost	20 Total Cost Per Member Per Month		✓		

# Version 1.0 will focus on 11 claims-only measures and 2 interim process measures

✓ Proposed for version 1.0

Categories	Ultimate measures	Proposed interim measures
Prevention	1 Colorectal Cancer Screening	
	2 Chlamydia Screening	✓
	3 Influenza Immunization - all ages	
	4 Childhood Immunization (status)	✓
	5 Fluoride Varnish Application	✓
Chronic disease	6 Tobacco Use Screening and Intervention	
	7 Controlling High Blood Pressure	
	8 Diabetes A1C Poor Control	<b>Member-level composite (HbA1c test + Eye Exam + Nephropathy) (HEDIS)</b> ✓
	9 Medication Management for People with Asthma	✓
BH/Substance abuse	10 Weight Assessment and Counseling for nutrition and physical activity for children and adolescents and adults	
	11 Depression screening and management	<b>Antidepressant medication management (HEDIS)</b> ✓
Patient reported	12 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	✓
	13 Record Advance Directives for 65 and older	
Appropriate use	14 CAHPS Access to Care, Getting Care Quickly	
	15 Use of Imaging Studies for Low Back Pain	✓
	16 Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	✓
	17 Hospitalization	✓
Cost	18 Readmission	✓
	19 Emergency Dept. Utilization	✓
	20 Total Cost Per Member Per Month	✓



# IPRO's Role in APC Scorecard V1.0

1. Data Aggregation
2. Technical Assistance

# Pre-Pilot Phase

## 1. Engage pilot payers (6-8)

- Representing varying plan types – membership size, expertise and experience in reporting, geography, product types

## 2. Preparation for reporting

- Feasibility of Data Collection
- Identification of Anticipated Challenges
- Technical Assistance and Support
  - Calculating metrics with emphasis on two non-HEDIS measures
  - Process for reporting, data elements, aggregation algorithm...
- Payer Survey



# Version 1.0 scorecard: Payer Survey: Key design questions

## Issues to address

Feasible reporting	Reporting window	<ul style="list-style-type: none"> <li>What are your reporting period capabilities?               <ul style="list-style-type: none"> <li>Typical run-out period?</li> <li>Calendar year to date?</li> <li>Rolling view (e.g., rolling 12 month)?</li> </ul> </li> </ul>
	Unit of reporting	<ul style="list-style-type: none"> <li>Would it be possible to report at individual provider per site level?</li> <li>What unique identifiers are used to distinguish between providers? Practices? Sites? How do you define a "practice"?</li> </ul>
	Attribution	<ul style="list-style-type: none"> <li>What attribution methodology do you use? Are you able to do attribution across the entire membership or just a subset?               <ul style="list-style-type: none"> <li>What happens when a physician moves practices? How do you know when a physician moves?</li> <li>How are patients attributed when a physician works in multiple locations? Or as a solo practitioner as well?</li> </ul> </li> <li>How often are attribution lists updated and how are they shared with practices?</li> <li>How frequently could attribution lists be updated, theoretically?</li> </ul>
	Quality control and adjustments	<ul style="list-style-type: none"> <li>How are current reports quality and accuracy tested (e.g., taking sample of claims/members and cross-checking quality)?</li> <li>Are ethnic stratification or health literacy indices currently used to address requirements to "reduce disparity"?</li> </ul>
	Other	<ul style="list-style-type: none"> <li>Would it be feasible to submit numerators, denominators and provider information for each measure ?</li> <li>When could this information be submitted, and what barriers may limit your ability to do so? (e.g., measurement cycles, budget cycles, staff time, data sharing agreements, ramp-up to incorporate new measure methodologies)?</li> <li>How much historical data could be provided (to generate a baseline? 6 month, 1yr? 2yr? 3yr?)</li> </ul>
Existing reporting	Benchmarks and goals	<ul style="list-style-type: none"> <li>What benchmarks / goals are currently used? What is the rationale?               <ul style="list-style-type: none"> <li>Absolute goal?</li> <li>Gap to goal?</li> <li>Performance against own practice (requires access to historical data)?</li> </ul> </li> </ul>
	Payer to provider reports	<ul style="list-style-type: none"> <li>Which measures and other ancillary information are included?</li> <li>How frequently are the scorecards produced?</li> <li>How are the reports delivered?</li> </ul>
	Provider measure submission to state	<ul style="list-style-type: none"> <li>Do you currently require providers to submit any e-measures or other measures of quality? What is the penetration of e-measure submissions among the providers? Do providers submit service information via EHRs?</li> <li>Does your organization currently leverage RHIOs to get an early read on test results / outcome measures / utilization or keep abreast of how these are developing on a more regular basis? Is member-level information accessible?</li> </ul>
	Other	<ul style="list-style-type: none"> <li>Can you report on metrics for your entire membership (vs. just on selected products)? Do you report on your entire book of business or just for certain products? Do you outsource reporting software or develop internally?</li> </ul>



# Pilot Phase

## Survey will help inform data reporting process

- data elements to collect
- timeframe for reporting
- aggregation methodology
- benchmarking

## Reporting tool, data elements and data dictionary will be developed by IPRO

## Payers will report 13 interim measures

## Pilot test results will be used to evaluate

- data elements that posed challenges
- issues in data analysis and aggregation
- functionality of the reporting tool
- stratification alternatives
- reportability of the metrics
- benchmarking options

# Post-pilot Validation

**Was the Attribution successful?**

## **Verification of patient to provider/practice attribution**

A sample of practices to verify that the scorecard accurately reflected patients and providers associated with their practice

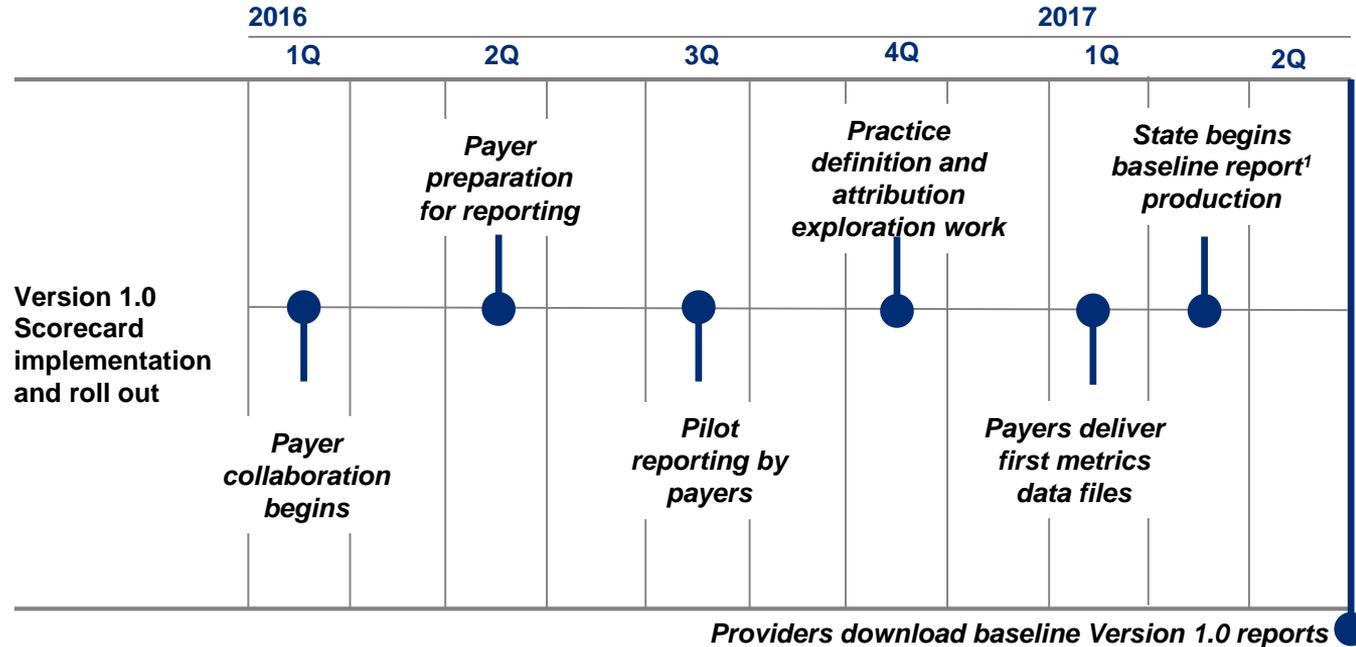
## **Potential Sources of Error:**

provider → practice → payer → DOH/IPRO

# Preparation for Quarterly Reporting

- Payers engaged and supported
- Data elements and reporting tool finalized
- Attribution methodology determined
- Timeframe for reporting identified
- Format/Content of the Scorecard:
  - Additional stratifications
  - Benchmarks selected

# Version 1.0 launch is planned for January 2017



<sup>1</sup> Baseline reports are based on recent 12-month performance

# Discussion and Next Steps

Patrick Roohan  
Director  
Office of Quality and Patient Safety

*Next meeting May 20, 2016*