

Act 159 Report: Price Variation Dashboard

Green Mountain Care Board

January 2021

2020-2021 Analytic Plan



Aligned with the Board's analytic priorities & built on three domains:

- Expanding Utility, Quality, & Ease-of-Use of Data Resources
 - Improving Data Products Available to Users
 - Improving Quality and Ease-of-Use of Data Resources

• Patient Care

- Understanding Access to Care and Cost of Care
 - includes interactive dashboard to highlight price variation

• Regulatory Integration

- Integration of Regulatory Decision-Making Using Data
- Health Resource Allocation Plan

Price Variation Dashboard Project Outline

Validate
existing data
May 2021

- Financial
- Self-pay transactions
- Hospital discharges

Produce initial
dashboard
January 2022

- Initial set of services appropriate based on validation.
- Include variation based on payer type, setting, and provider location.

Enhance
dashboard
Ongoing

- Add services as validation continues.
- Include services paid outside of health insurance.

Enhanced Data Validation Project Workstreams

Validate financial information in health care database

- Identify set of services for validation
- Specify comparable data between financial records maintained by payers, providers, and the All Payer Claims Database, known as VHCURES

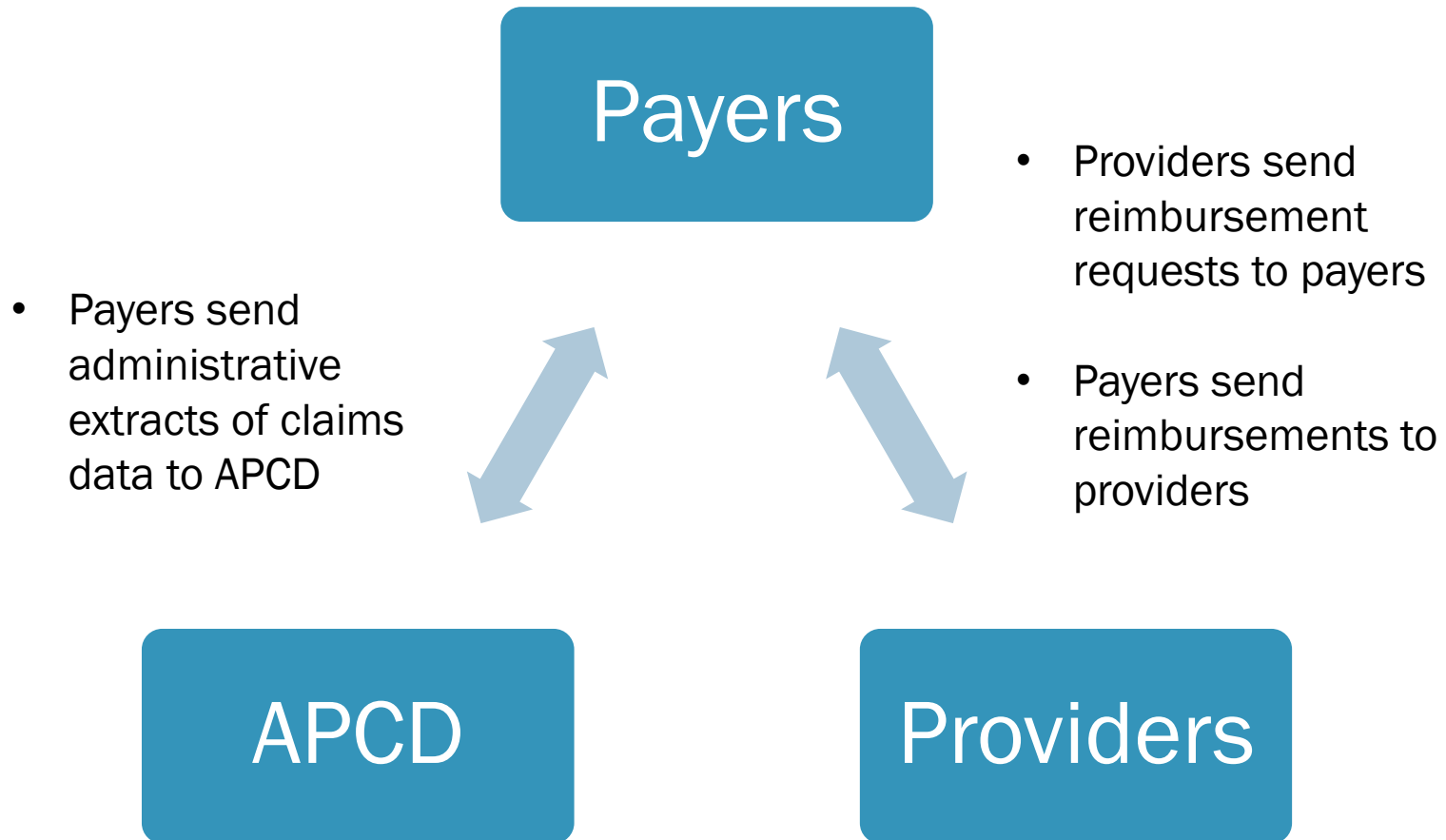
Compare data resources

- Compare aggregated hospital discharge events and charges between VHCURES and hospital discharge data

Gather information about data landscape

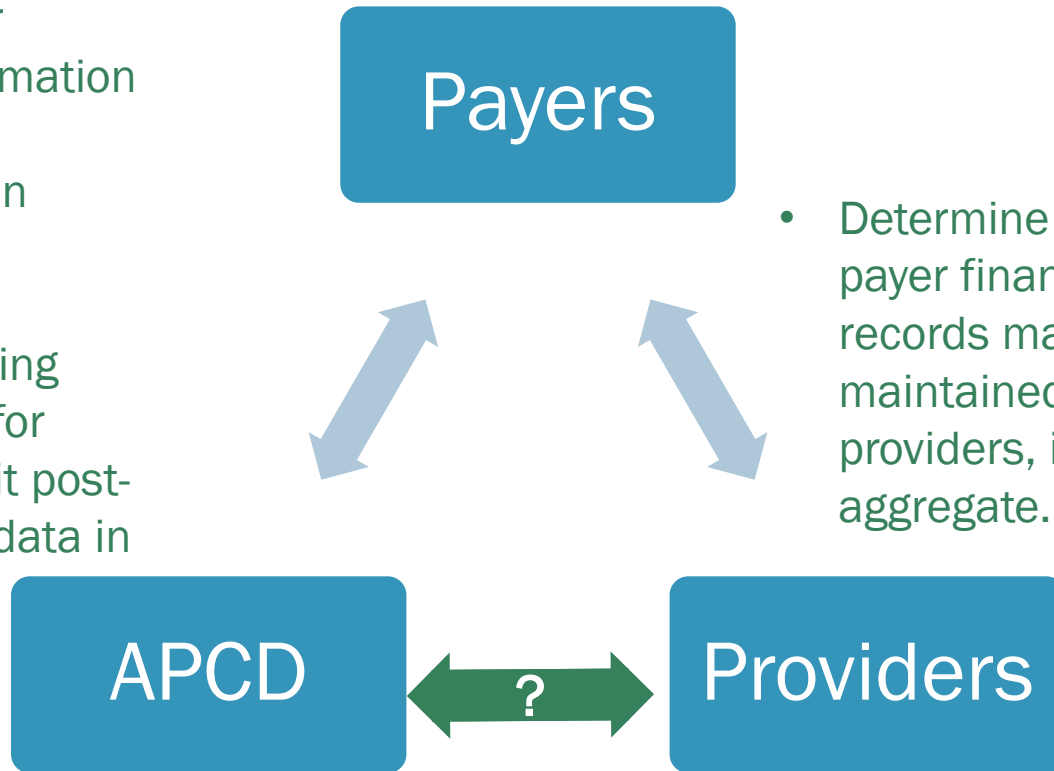
- Compare and contrast providers' records related to patients paying outside of insurance.
- Survey hospitals to understand data available related to free care and bad debt

Enhanced Data Validation: Current State



Enhanced Data Validation: Validation Project Objectives

- Validate payer financial information with data consolidated in APCD.
- Produce ongoing mechanisms for payers to audit post-consolidated data in APCD



- Determine how well payer financial records match those maintained by providers, in aggregate.

- Determine how well APCD financial records match those maintained by providers, in aggregate.

Enhanced Data Validation Project Status



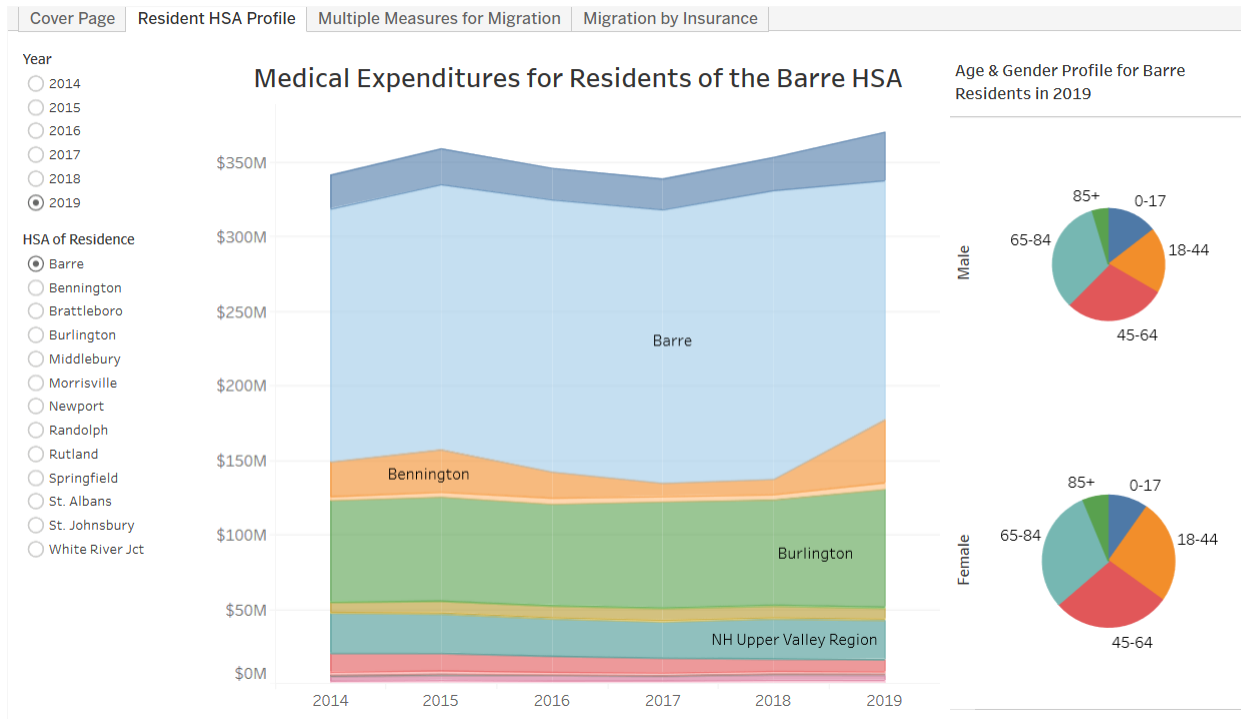
- Workgroup consists of payers, providers, and Health Care Advocate. Provider group includes independent practitioners, hospitals, and Federally Qualified Health Centers/Rural Health Clinics.
- Developed project charter to establish scope of validation effort.
- Identified set of 23 outpatient procedure codes based on provider consensus (hospitals, FQHCs, independent providers)
- Currently developing set of specifications that will allow financial data to be compared between different types of providers, payers, and VHCURES.
- Deliverables:
 - Outline of findings from initial validation (March 2021)
 - Document free care and bad debt (May 2021)
 - Finalize comparison of financial data in VHCURES with payer and provider data (June 2021)
 - Guidance for VHCURES analysts (Fall 2021)

Price Variation Interactive Dashboard

- GOAL: Demonstrate how reimbursements differ for defined health care services based on the:
 - type of payer (e.g. Medicare, Medicaid, commercial),
 - care setting (e.g. outpatient clinic, hospital), and
 - provider location (e.g. Vermont, out-of-state).
- The work is dependent on the information gained through the data validation group to ensure financial comparisons are reasonable and reliable.
- The validation project will also help determine next steps for trying to incorporate reimbursements outside of health insurance (e.g. out-of-pocket).

Other GMCB Dashboards

- The GMCB is actively expanding its suite of interactive reports. [Examples of existing products can be found on their website.](#)
- E.g. The Patient Migration Dashboard shows how Vermonters' medical claims expenditures are distributed across the state.



Further Information



- A [summary of the full analytic](#) plan is available on the GMCB website.

GMCB Analytic Plan

2020-2021 ALIGNMENT WITH PRIORITY HEALTH CARE DOMAINS

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