HCGC 2019 Monthly Meeting Series

Webinar: Exploring Quality and Price Transparency
February 14th, 2019
During the Webinar:

- Please “mute” your phone and/or computer to reduce background noise.

- If you have a question please use the chat feature in Zoom or hold it until the Facilitated Community Discussion at the end of the webinar.
Our Vision
Optimal health for all people in Greater Columbus

Our Mission
is to improve the value of health care for all people in Greater Columbus by catalyzing collaboration among public and private partners: Providers, behavioral health, hospital systems, social service agencies, public and private payers, employers, government, public health and patients/consumers.

VALUE = (Quality + CONSUMER EXPERIENCE) ÷ COST

Healthcare Collaborative of Greater Columbus
Four HCGC Strategic Focus Areas

OUR WORK

Value-Based Comprehensive Care
Quality Improvement
Medical Neighborhood
Purchaser Engagement
HCGC’s Data “Quest”

• Taking inventory of what we have
• Learning what partners have
• Assessing what is necessary for various audiences
• Data-quality and cost-transparently reported is meaningful when it’s useful
• Can we answer the big question?
For Your Consideration

- State and Federal efforts to get to more quality and cost transparency have had mixed results. Is there something our region should be catalyzing?
- Do the consumers (employees, patients, clients) that you work with ask about quality and cost information for services?
- If yes, what data is most useful to them?
- What data helps your organization best benchmark your own progress? What data is missing?
Exploring Quality and Price Transparency
Healthcare Collaborative of Greater Columbus

Jeffrey J Geppert
Battelle Memorial Institute
February 14, 2019
Purpose of Quality Transparency

- Empower patients as consumers
  - Goal of patients shopping based on out-of-pocket costs and quality
- Improve healthcare quality
  - Selection and choice
- Lower costs
  - Competition
- Common objections
  - Availability of options
  - Elective vs. urgent
  - Too many measures
What is Quality Transparency?

• The extent to which a tool provides substantive quality and cost information of relevance to consumers
  • Review a **broad range of services** so that more consumers’ particular needs are included
  • Cover a **broad range of providers**
  • Describe key differences in **clinical quality of care**, particularly patient-reported outcomes
  • Describe key differences in **patient experiences** with providers
  • Describe key differences in **costs**, particularly patient out-of-pocket costs
  • Describe **other information** related to quality, where appropriate
  • Provide **timely** information
  • Describe key strengths and limitations of the data

Source: GAO-15-11
What is Quality Transparency?

• The extent to which a tool presents its information in a way that enables the consumer to grasp and interpret it
  • Use plain language with clear graphics (https://www.plainlanguage.gov)
  • Explain purpose and value of quality performance ratings to consumers
  • Summarize related information and organize data to highlight patterns and facilitate consumer interpretation
  • Enable consumers to customize information selected for presentation to focus on what is most relevant to them
  • Enable consumers to compare quality performance of multiple providers in one view
  • Enable consumers to assess cost and quality information together
  • Enable easy use and navigation of tool (https://www.usability.gov)

Source: GAO-15-11
Federal Quality Transparency Resources

• CMS criteria
• patient-centered
• high-impact
• outcome-based
• minimize burden
• opportunity for improvement
• population based payment
• aligned across programs

Federal Quality Transparency Resources

- CMS compare sites
- Veterans Health Administration (VHA) performance data

<table>
<thead>
<tr>
<th>Hospital Measures</th>
<th>Outpatient Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital measures show how often hospitals gave recommended treatments to get the best results for patients with certain medical conditions or surgical procedures. The hospital measures available are:</td>
<td>Outpatient measures of care address health issues ranging from wellness and prevention to chronic disease management. The outpatient measures available are:</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>Breast Cancer</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>Cervical Cancer</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Colorectal Cancer</td>
</tr>
<tr>
<td>Childhood Asthma</td>
<td>Diabetes A1c</td>
</tr>
<tr>
<td>Surgical Care</td>
<td>Asthma Medications</td>
</tr>
<tr>
<td></td>
<td>Mental Health Follow Up</td>
</tr>
</tbody>
</table>

https://data.medicare.gov/
Federal Quality Transparency Resources

- Limitations
  - estimate out-of-pocket costs
  - facilitate identification of the highest-performing providers (star ratings)
  - capability for consumers to customize the information presented
  - ensure that transparency tools adequately address the needs of consumers

Create your own hospital ratings. Review, customize, and compare based on performance areas that are most important to you.

State Quality Transparency Resources

# State Quality Transparency Resources

<table>
<thead>
<tr>
<th>Physician Quality Resources</th>
<th>California</th>
<th>Massachussetts</th>
<th>Maine</th>
<th>Minnesota</th>
<th>Ohio</th>
<th>Oregon</th>
<th>Washington</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>caqualityratings.org</td>
<td>healthcarecompassma.org</td>
<td>getbettermaine.org</td>
<td>mnhealthscores.org</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massachusetts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>betterhealthpartnership.org</td>
<td>yourhealthpartners.org</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>q-corp.org</td>
</tr>
<tr>
<td>Minnesota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>wchq.org/reporting/</td>
</tr>
<tr>
<td>Ohio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>myhealthwi.org</td>
</tr>
</tbody>
</table>

State Quality Transparency

Resources

• All-Payer Claims Databases (APCD)
  • SCOTUS ruled* self-insured employers cannot be mandated to submit data to state
  • Possibility of working with the DOL to use its authority
  • A uniform data set that all plans would submit
  • APCD Common Data Layout (APCD-CDL)

*SCOTUS ruled* self-insured employers cannot be mandated to submit data to state

Source: https://www.apcdcouncil.org/

*Gobeille v. Liberty Mutual Insurance Company (2016)*
New policy focus on hospital prices

- Across both inpatient and hospital-based outpatient care
  - Hospital prices are growing more quickly than physician prices
  - Inpatient physician and hospital prices are growing more quickly than outpatient
- Policy importance of the price of inpatient care to cost growth
New CMS Transparency Requirement

A new CMS requirement* for hospitals to publish list of retail charges for individual services and diagnosis-related groups

The requirement has limitations:

- Less helpful to know charges rather than prices ultimately paid
- Individuals are more interested in knowing how much they will need to pay for their care or, more specifically, their out-of-pocket costs
- Hospitals, health systems and other providers do not have access to detailed data on health plan benefit and beneficiary cost-sharing amounts
  - Insurers (all-payer) hold this information

* CMS–1694–F (August 17, 2018)
New CMS Transparency Requirement

• The intent is to set the stage for private third parties to develop tools and resources that are more meaningful and actionable than a list of codes and prices
  • Required the information to be posted in a machine-readable format
  • A “marketing opportunity” for hospitals
  • Hospitals may voluntarily implement better price transparency tools

- University of Utah
  - “See Your Out-of-Pocket Costs” tool

- UCHHealth in Colorado
  - Estimates individualized costs via a patient portal
BATTELLE

It can be done
Introduction to FAIR Health
Price Transparency – Tools and Data

February 14, 2019

FAIR Health
Know Your Source

Healthcare Collaborative of Greater Columbus

Copyright 2018, FAIR Health, Inc. All rights reserved.
CPT © 2017 American Medical Association (AMA). All rights reserved.
FAIR Health at a Glance

Unique Origins
Established as a conflict-free, independent, national nonprofit public charity

Broad Mission
To bring transparency and integrity to healthcare costs and health insurance information

Multistakeholder Solutions
Fulfills mission with robust data products and custom analytics, award-winning consumer tools and research/policy-making platform
The FAIR Health Private Claims Repository

- **27+ Billion**
  - Medical and Dental Claims from 2002 to the Present
  - *Updated on a monthly basis*

- **150+ Million**
  - Covered Lives

- **493**
  - Regions in the United States
Insights into the Private Claims Repository

Coverage
- All 50 states and District of Columbia
- US territories – Puerto Rico, US Virgin Islands

60 Contributors
- National and regional payors
- Third-party administrators

Private Insurance Claims
- Fully insured and self-insured/ERISA plans
- Cover 75% of privately insured US population

Quality Testing and Control
- Data validated with expert-vetted tests for completeness, volume, accuracy, etc.
- Recognized statistical outlier methodologies exclude excessively low and high values that distort distribution
FAIR Health: Certified CMS Qualified Entity

- Complete collection of Medicare Parts A, B and D claims data for all 50 states and Washington, DC
- Probing reports on key aspects of healthcare industry/provider performance
- Powerful synergies between our private claims data and Medicare collection of claims
- Data from 2013 to present

Proprietary and Confidential
QE Medicare Data Expands FAIR Health Resources

• **Public Products**
  - For consumers, licensees, researchers, government, etc.
    - Enhanced FH® Benchmarks – national, regional, specialty
    - New FH Benchmarks – Rx pharma, venue-specific

• **Custom Comparative Analytics**
  - Combined FH NPIC® and Medicare data
  - Internal use by:
    - Federal and state government agencies
    - Medicare-participating providers/suppliers
    - National and state nonprofit medical societies
    - National and state nonprofit provider/supplier associations
    - National, state and local nonprofit hospital associations
    - Insurers contributing data to FAIR Health
Consumer Platform

Estimate your healthcare expenses.

Get essential information on costs for thousands of procedures and learn insurance basics.

Search for a Medical Cost  Search for a Dental Cost

Get to know this site through this informative video

Healthcare Collaborative of Greater Columbus
## FAIR Health Consumer Website Features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
</table>
| **FH® Medical Cost Lookup**      | • Estimates out-of-network costs for medical procedures/equipment  
• Estimates in-network costs for medical procedures/equipment  
• Estimates in-network and out-of-network facility costs  
• Compares reimbursement methods  
• Bundles related procedures  
• Offers menu, keyword and CPT code search options  
• Flexible “sliders” to customize results |
| **FH® Dental Cost Lookup**       | • Estimates costs for dental procedures  
• Bundles related procedures  
• Reflects particulars of dental insurance design |
| **FH® Episodes of Care**         | • Estimates costs of multiple procedures related to a medical condition  
• Estimates costs of multiple procedures related to a medical event |
| **Educational Content**          | • Health Insurance Basics original series  
• Videos and articles on various health insurance topics  
• Over 30 distinct articles  
• Glossaries of health insurance terms, medical and dental procedures  
• Consumer-oriented healthcare resources  
• FAQs |
Medical Cost Lookup Results Page

Total Cost Related to
Removal of cataract with insertion of lens
CPT Code 66984
New York, NY 10056

Primary Medical Procedure
Removal of cataract with insertion of lens (CATARACT SURG WI/OIOL 1 STAGE)
CPT Code: 66984
Remove from Total Cost

Related Costs (if Applicable)
Anesthesia
Anesthesia for lens surgery
CPT Code: 00142
Remove from Total Cost

Out-of-network/Uninsured Price:
$15,246.00
$7,140.00

In-network Price:
$4,900.00
$1,633.00

$10,346.00
$5,507.00

$1,280.00
$825.00
Provider List

Provider Cost Related to
Removal of cataract with insertion of lens
CPT Code 66984
New York, NY 10026

$4,900.00
Typical Provider Price
in this Area
OUT-OF-NETWORK/
UNINSURED PRICE

NARROW YOUR SEARCH

Price
$700 - $1,000
Gender
All Gender
Specialty
All specialties

Collapse Map

Compare

Provider Info

Est. Provider Charge

Mid-Manhattan Surgi-Center Inc.
61 W 23rd St
7th Floor
New York, NY 10010
212-367-7626

$700-$1,000
Compare this charge to the
typical out-of-network price
in this area.

Dr. Harvey Rosenblum, MD
229 Madison Ave
New York, NY 10016
212-683-7330

$2,900-$3,300
Compare this charge to the
typical out-of-network price
in this area.

Dr. Richard S. Koblin, M.D.
310 E 11th St
New York, NY 10003
212-505-6950

$3,300-$3,700
Compare this charge to the
typical out-of-network price
in this area.
# Episode of Care Results

**Diabetes**

Triggered by CPT Code: 99214 - New York, NY 10036

<table>
<thead>
<tr>
<th>Costs of Care Related to Diabetes</th>
<th>Out-of-Network/Uninsured Price</th>
<th>In-Network Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor Visits (Ex. Office, Emergency Room, Nursing Facility)</td>
<td>$3,838.44</td>
<td>$1,964.70</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>$1,409.53</td>
<td>$440.78</td>
</tr>
<tr>
<td>Medical Tests/Exams (Ex. Allergy Tests, Inhalation Treatment)</td>
<td>$1,323.00</td>
<td>$648.28</td>
</tr>
<tr>
<td>Radiology Procedures (Ex. X-ray, CT Scan, Ultrasound, Radiation)</td>
<td>$2,925.01</td>
<td>$1,359.11</td>
</tr>
<tr>
<td>Treatments and Specialty Drugs (Ex. Chemotherapy, Injections)</td>
<td>$822.83</td>
<td>$352.89</td>
</tr>
<tr>
<td>Other (Blood glucose strips, Lancets, Diabetic shoes)</td>
<td>$378.73</td>
<td>$193.81</td>
</tr>
</tbody>
</table>

Prices are estimates only. Read More.

See out-of-network reimbursement.
FH® Insurance Basics Categories

- Choosing Your Health Plan
- Your Costs
- Choosing Your Healthcare Provider
- Dental Coverage
- Understanding Your Bill
- Your Rights
- New York State

Available in English and Spanish
Insights from the Repository - Analytic Reports

July 2016
The Opioid Crisis among the Privately Insured
The Opioid Abuse Epidemic as Documented in Private Claims Data

Sept. 2016
The Impact of the Opioid Crisis on the Healthcare System
A Study of Privately Billed Services

June 2017
Peeling Back the Curtain on Regional Variation in the Opioid Crisis
Spotlight on Five Key Urban Centers and Their Respective States

Jan. 2017
Obesity and Type 2 Diabetes as Documented In Private Claims Data
Spotlight on This Growing Issue among the Nation’s Youth

Nov. 2017
Food Allergy in the United States: Recent Trends and Costs
An Analysis of Private Claims Data

March 2018
FH Healthcare Indicators™ and FH Medical Price Index™
A New View of Place of Service Trends and Medical Pricing
States by the Numbers Infographics

Opioid Abuse and Dependence, 2017

NATIONAL OVERVIEW

Opioid Abuse and Dependence Claim Lines as a Percentage of All Medical Claim Lines by State

Lowest

South Dakota
Washington, DC
Nebraska
Kansas
Hawaii

Highest

West Virginia
Rhode Island
California
Kentucky
Florida

Top Five Procedure Codes by Utilization

30010 TEST FOR PRESENCE OF DRUGS
30020 ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY UP TO 15 MINUTES
30030 ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15-49 MINUTES
30040 TEST FOR PRESENCE OF DRUG
30050 GROUP PSYCHOTHERAPY

Top Five Procedure Codes by Aggregate Cost

00400 DRUG TEST, DEFINITIVE, 12+ CLASSES
00402 DRUG TEST, DEFINITIVE, 12-24 CLASSES
00403 DRUG TEST, DEFINITIVE, 1-12 CLASSES
00404 GROUP PSYCHOTHERAPY

Diagnoses of Opioid Abuse and Dependence by Age

Age Group

Diagnoses

0 to 10 11
10 to 20 11
20 to 30 28
30 to 40 19
40 to 50 5

Diagnoses of Opioid Abuse and Dependence by Gender

Male 59%
Female 41%
Suite of FAIR Health Data Offerings

Benchmark Modules

Custom Analytics

Episodes of Care

Consumer Resources

Record-Level Data
## FH Benchmarks Overview

<table>
<thead>
<tr>
<th>FH Benchmarks</th>
<th>Description</th>
<th>FH Charge Benchmarks</th>
<th>FH Allowed Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Arrayed by Current Procedural Terminology (CPT) codes for evaluation and management (E&amp;M), medical, surgical, radiology, laboratory and pathology procedures</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Dental</td>
<td>Arrayed by Current Dental Terminology (CDT) codes for dental procedures</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Arrayed by CPT, anesthesia and surgical procedure codes</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Healthcare Common Procedure Coding System (HCPCS)</td>
<td>Arrayed by Level II HCPCS codes for products, supplies and services generally not included in CPT codes, such as ambulance services, physician-administered drugs, durable medical equipment (DME), prosthetics, orthotics and supplies</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Inpatient Facility</td>
<td>Arrayed by DRG codes for over 90 Medicare GPCIs for services performed in a hospital inpatient setting</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Outpatient Facility</td>
<td>Arrayed by CPT codes for services performed in a hospital outpatient setting</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Ambulatory Surgery Center (ASC)</td>
<td>Arrayed by CPT and HCPCS codes at state, regional and national levels for ASC-specific facility claims</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Category III</td>
<td>Arrayed by Category III CPT codes, temporary codes for emerging technologies, services, procedures and service paradigms</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>
Common Applied Uses for Benchmarks

• Establish In-Network and Out-of-Network Fee Schedules
• Resource for Negotiation with Providers
• Reference Point for Dispute Resolution
• Consideration for Market Research
• Adherence to Statutory/Regulatory/Official Benchmarks
• Building Blocks for Consumer-Oriented Tools/Platform
Custom Analytic

Data for visualization purposes only
Hot Topics

- Cost/Utilization Analyses
- Place of service trends
- Chronic Care
- Treatment Protocols
- Longitudinal Outcomes
- Provider Performance
- Population health
- Value-based care
Utilization Trending Analysis

Year-over-Year Comparison of Place-of-Service Utilization, 2009-2017

- Office
- Telehealth
- Urgent Care
- Ambulatory Surgical Center
- Retail Clinic
- Emergency Room

Pecent of claim lines
Demographic Analysis: Rural and Urban

Trends of Urgent Care Usage by Urban and Rural Indicators

Percent of claim lines

Year


Rural  Urban  Urgent Care Total

Healthcare Collaborative of Greater Columbus

Proprietary and Confidential
## Cost Comparisons by Charge/Allowed/CMS

### Geozip 995 – Anchorage

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Charge Mean</th>
<th>Charge 90th</th>
<th>Allowed Mean</th>
<th>Allowed 90th</th>
<th>CMS Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>99283</td>
<td>EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY</td>
<td>$474</td>
<td>$521</td>
<td>$187</td>
<td>$206</td>
<td></td>
</tr>
<tr>
<td>99284</td>
<td>EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY</td>
<td>$697</td>
<td>$725</td>
<td>$275</td>
<td>$286</td>
<td></td>
</tr>
<tr>
<td>99285</td>
<td>EMERGENCY DEPT VISIT HIGH SEVERITY&amp;THREAT FUNCJ</td>
<td>$1,025</td>
<td>$1,057</td>
<td>$404</td>
<td>$417</td>
<td></td>
</tr>
</tbody>
</table>

Proprietary and Confidential
Quality Measures

Postoperative Infection Venue Comparisons

2011

- Inpatient: 100%

2016

- Inpatient: 67%
- Outpatient: 16%
- Office: 11%
- Emergency Room: 3%
- Home Health: 3%
Postoperative Infection by Age and Gender

Age Distribution, 2011 to 2016

<table>
<thead>
<tr>
<th>Age group, in years</th>
<th>Percent of claim lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 12</td>
<td>5%</td>
</tr>
<tr>
<td>13 to 22</td>
<td>2%</td>
</tr>
<tr>
<td>23 to 30</td>
<td>6%</td>
</tr>
<tr>
<td>31 to 40</td>
<td>6%</td>
</tr>
<tr>
<td>41 to 50</td>
<td>16%</td>
</tr>
<tr>
<td>51 to 60</td>
<td>43%</td>
</tr>
<tr>
<td>61 to 70</td>
<td>31%</td>
</tr>
<tr>
<td>Over 70</td>
<td>10%</td>
</tr>
</tbody>
</table>

Gender Distribution, 2011 to 2016

- Male: 44%
- Female: 56%
Postoperative Infection by State, 2016
Longitudinal Trending

Upper Respiratory Infection Analysis by Place of Service, 2014-2016

First Diagnosis of Upper Respiratory Infection
- OFFICE: 58%
- INPATIENT: 6%
- OUTPATIENT: 9%
- ER: 5%
- OTHER: 15%
- URGENT CARE: 7%

Second Diagnosis of Upper Respiratory Infection
- INPATIENT: 39%
- OFFICE: 35%
- OUTPATIENT: 15%
- RETAIL CLINIC: 0%
- ER: 9%
- URGENT CARE: 2%

Patients Who Are Diagnosed a Second Time
- 30%

All Patients with an Upper Respiratory Infection
- 70%

Proprietary and Confidential
Population Analysis

Total Population in Texas, 2017

- Austin: 5%
- Dallas: 5%
- Dallas suburbs: 9%
- Fort Worth: 7%
- Houston: 8%
- Rest of Texas: 61%
- San Antonio: 5%

Distribution of Opioid-Related Diagnosis Claim Lines in Texas, 2007-2017

- San Antonio: 60%
- Rest of Texas: 1%
- Houston: 5%
- Fort Worth: 3%
- Dallas suburbs: 1%
- Dallas: 27%
- Austin: 3%

Healthcare Collaborative of Greater Columbus
Provider Analytics

Provider Distribution

Provider Market View

Provider Name => GEOZIP

Dr. A  Dr. B  Dr. C  Dr. K  Dr. M
Dr. J  Dr. L
Dr. H  Dr. I
Dr. E  Dr. G  Dr. F

Average Billed Amounts

$923.00  $5,462.00  $12,201.00  $17,540.00  $23,079.00
Provider Comparisons

- Number of Attributed Members
- Percent of Male Patients
- Number of Wellness Visits per Attributed Patient
- Number of Emergency Room Visits per Attributed Patient
- Number of Urgent Care Visits per Attributed Patient
Episodes of Care
An innovative new resource for value-based reimbursement and related cost studies

Through an intuitive and interactive interface, users are able to perform the following functions with clarity and precision:

- Estimate costs based on:
  - Patients’ comorbidities
  - Risk profiles
  - Likely duration of care

- Price benefit plans
- Set reimbursement rates
- Negotiate with providers to build and maintain networks
- Evaluate business acquisitions, expansion and contraction and more (e.g., hospital systems, networks)
The Building Blocks of Bundled Pricing Analyses

- More than 40 defined episodes, including bundling of all related services
- Choose up to five common risk factors and comorbidities per episode to enable different cost estimates for a variety of care scenarios
- Select from 493 geozips

- Benchmarks based on three years of claims information
- Aggregated at the 50th and 80th percentiles, allowing national and market-area itemized allowed amounts and billed charges
- Includes both total allowed amounts and total billed charges for each episode
- Separate line items showing costs and quantities of the individual procedures that compose each episode
- Ability to customize episode to specific protocols and benefit designs
# Episode of Care Comparative Results

## Episode Service Estimator

### Estimated Base Services for Trigger

<table>
<thead>
<tr>
<th>Triggered By</th>
<th>Charged 50th Percentile Total</th>
<th>Charged 80th Percentile Total</th>
<th>Allowed 50th Percentile Total</th>
<th>Allowed 80th Percentile Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>29882 - ARTHROSCOPY KNEE W/ MENISCUS RP...</td>
<td>$24,990.55</td>
<td>$31,839.99</td>
<td>$9,716.77</td>
<td>$12,071.04</td>
</tr>
</tbody>
</table>

### Estimated Additional Services for Selected Comorbidities

<table>
<thead>
<tr>
<th>Comorbidity</th>
<th>Charged 50th Percentile Total</th>
<th>Charged 80th Percentile Total</th>
<th>Allowed 50th Percentile Total</th>
<th>Allowed 80th Percentile Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knee Arthroscopy without Ligament Repair</td>
<td>$662.00</td>
<td>$842.00</td>
<td>$331.93</td>
<td>$433.40</td>
</tr>
<tr>
<td>Traumatic Dislocation Knee</td>
<td>$472.00</td>
<td>$562.00</td>
<td>$234.13</td>
<td>$319.30</td>
</tr>
<tr>
<td>Subtotals</td>
<td>$1,134.00</td>
<td>$1,464.00</td>
<td>$666.06</td>
<td>$752.70</td>
</tr>
</tbody>
</table>

### Estimated Additional Services for Selected Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Charged 50th Percentile Total</th>
<th>Charged 80th Percentile Total</th>
<th>Allowed 50th Percentile Total</th>
<th>Allowed 80th Percentile Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteoarthritis</td>
<td>$567.00</td>
<td>$752.00</td>
<td>$376.35</td>
<td>$376.35</td>
</tr>
<tr>
<td>Subtotals</td>
<td>$567.00</td>
<td>$752.00</td>
<td>$376.35</td>
<td>$376.35</td>
</tr>
</tbody>
</table>

### Totals

<table>
<thead>
<tr>
<th></th>
<th>Charged 50th Percentile Total</th>
<th>Charged 80th Percentile Total</th>
<th>Allowed 50th Percentile Total</th>
<th>Allowed 80th Percentile Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>$26,691.55</td>
<td>$34,035.99</td>
<td>$10,565.86</td>
<td>$13,200.09</td>
</tr>
</tbody>
</table>

[Save to Excel](#)
## Episode of Care Service-Level Information

### Estimated Additional Services for Selected Comorbidities

<table>
<thead>
<tr>
<th>Comorbidity</th>
<th>Charged 50th Percentile Total</th>
<th>Charged 80th Percentile Total</th>
<th>Allowed 50th Percentile Total</th>
<th>Allowed 80th Percentile Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knee Arthroscopy without Ligament Repair</td>
<td>$662.00</td>
<td>$842.00</td>
<td>$331.93</td>
<td>$433.40</td>
</tr>
<tr>
<td>Traumatic Dislocation Knee</td>
<td>$472.00</td>
<td>$622.00</td>
<td>$234.13</td>
<td>$319.30</td>
</tr>
<tr>
<td>Subtotals</td>
<td>$1,134.00</td>
<td>$1,464.00</td>
<td>$566.06</td>
<td>$752.70</td>
</tr>
</tbody>
</table>

### Additional Services for Comorbidity: Knee Arthroscopy without Ligament Repair

- **97110**: THERAPEUTIC PX 1-3 AREAS EACH 15 MIN EXER...
  - Charged: $95.00
  - Allowed: $110.00
  - Charged 50th Percentile Per Unit: $190.00
  - Charged 80th Percentile Per Unit: $220.00

- **99213**: OFFICE OUTPATIENT VISIT 15 MINUTES
  - Charged: $182.00
  - Allowed: $250.00
  - Charged 50th Percentile Per Unit: $182.00
  - Charged 80th Percentile Per Unit: $250.00

- **99214**: OFFICE OUTPATIENT VISIT 25 MINUTES
  - Charged: $290.00
  - Allowed: $372.00
  - Charged 50th Percentile Per Unit: $290.00
  - Charged 80th Percentile Per Unit: $372.00

Showing 1 to 3 of 3 rows
# Interactive Worksheets

<table>
<thead>
<tr>
<th>Episode:</th>
<th>Knee Arthroscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region:</td>
<td>100 - NY-MANHATTAN</td>
</tr>
</tbody>
</table>

## Base Services

<table>
<thead>
<tr>
<th>Procedure/Description</th>
<th>Module</th>
<th>Lines</th>
<th>Charges 50th Percentile</th>
<th>Charges 80th Percentile</th>
<th>Charges 50th Total</th>
<th>Charges 80th Total</th>
<th>Allowed 50th Percentile</th>
<th>Allowed 80th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic PX 1/2 Areas Each 15 Min Exercises</td>
<td>10 MED</td>
<td>$95.00</td>
<td>$110.00</td>
<td>$95.00</td>
<td>$1,100.00</td>
<td>$48.90</td>
<td>$57.05</td>
<td>$489.00</td>
</tr>
<tr>
<td>Physical Therapy Evaluation</td>
<td>1 MED</td>
<td>$200.00</td>
<td>$250.00</td>
<td>$200.00</td>
<td>$250.00</td>
<td>$49.22</td>
<td>$50.28</td>
<td>$492.22</td>
</tr>
<tr>
<td>Manual Therapy TDC 1/2 Regions Each 15 Minutes</td>
<td>1 OPP</td>
<td>$197.89</td>
<td>$232.89</td>
<td>$197.89</td>
<td>$232.89</td>
<td>$67.38</td>
<td>$70.93</td>
<td>$673.80</td>
</tr>
<tr>
<td>Therapeutic PX 1/2 Areas Each 15 Min Exercises</td>
<td>3 OPP</td>
<td>$195.79</td>
<td>$338.09</td>
<td>$587.37</td>
<td>$1,034.27</td>
<td>$66.66</td>
<td>$115.10</td>
<td>$199.68</td>
</tr>
<tr>
<td>Office Outpatient Visit 25 Minutes</td>
<td>1 MED</td>
<td>$290.00</td>
<td>$372.00</td>
<td>$290.00</td>
<td>$372.00</td>
<td>$138.83</td>
<td>$194.36</td>
<td>$138.83</td>
</tr>
<tr>
<td>Appliance Modality 1/2 Areas Elec Stemi Unattended</td>
<td>4 MED</td>
<td>$38.00</td>
<td>$50.00</td>
<td>$320.00</td>
<td>$400.00</td>
<td>$54.90</td>
<td>$61.77</td>
<td>$259.60</td>
</tr>
<tr>
<td>Injection Anesthetic Agent Femoral Nerve Single</td>
<td>1 MED</td>
<td>$1,470.00</td>
<td>$1,545.00</td>
<td>$1,470.00</td>
<td>$1,545.00</td>
<td>$447.86</td>
<td>$447.86</td>
<td>$447.86</td>
</tr>
<tr>
<td>Blood Count Complete Auto/Auto Diffntl Wbc</td>
<td>1 OPP</td>
<td>$53.63</td>
<td>$101.81</td>
<td>$53.63</td>
<td>$101.81</td>
<td>$23.28</td>
<td>$44.20</td>
<td>$23.28</td>
</tr>
<tr>
<td>Radiologic Examination Knee 1/2 Views</td>
<td>1 MED</td>
<td>$112.00</td>
<td>$150.00</td>
<td>$112.00</td>
<td>$150.00</td>
<td>$47.22</td>
<td>$62.13</td>
<td>$47.22</td>
</tr>
<tr>
<td>Anes Open/Surg Arthroscopic Proc Knee Joint NOS</td>
<td>1 ANE</td>
<td>$702.65</td>
<td>$1,124.17</td>
<td>$702.65</td>
<td>$1,124.17</td>
<td>$234.67</td>
<td>$362.94</td>
<td>$234.67</td>
</tr>
<tr>
<td>Arthroscopy Knee W/Meniscus Rpr Medial/Lateral</td>
<td>1 MED</td>
<td>$10,110.00</td>
<td>$12,499.99</td>
<td>$10,110.00</td>
<td>$12,499.99</td>
<td>$3,193.00</td>
<td>$3,911.43</td>
<td>$3,193.00</td>
</tr>
<tr>
<td>Cefazolin Sodium Injection</td>
<td>1 HCP</td>
<td>$1.93</td>
<td>$2.33</td>
<td>$1.93</td>
<td>$2.33</td>
<td>$0.70</td>
<td>$0.73</td>
<td>$0.70</td>
</tr>
<tr>
<td>Inf, Propofol, 10 mg</td>
<td>0 HCP</td>
<td>$1.40</td>
<td>$3.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.40</td>
<td>$0.50</td>
<td>$0.00</td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel</td>
<td>1 OPP</td>
<td>$27.98</td>
<td>$284.78</td>
<td>$27.98</td>
<td>$284.78</td>
<td>$27.98</td>
<td>$109.19</td>
<td>$27.98</td>
</tr>
<tr>
<td>Us Guidance Needle Placement Img Sp</td>
<td>1 OPP</td>
<td>$2,106.54</td>
<td>$2,648.06</td>
<td>$2,106.54</td>
<td>$2,648.06</td>
<td>$1,087.47</td>
<td>$1,367.02</td>
<td>$1,087.47</td>
</tr>
<tr>
<td>Collection Venous Blood Venipuncture</td>
<td>1 OPP</td>
<td>$29.39</td>
<td>$30.05</td>
<td>$29.39</td>
<td>$30.05</td>
<td>$13.39</td>
<td>$13.69</td>
<td>$13.39</td>
</tr>
<tr>
<td>Arthroscopy Knee W/Meniscus Rpr Medial/Lateral</td>
<td>1 OPP</td>
<td>$6,499.77</td>
<td>$7,869.64</td>
<td>$6,499.77</td>
<td>$7,869.64</td>
<td>$2,868.38</td>
<td>$3,350.06</td>
<td>$2,868.38</td>
</tr>
</tbody>
</table>

---

Healthcare Collaborative of Greater Columbus

Proprietary and Confidential
Thank You

**Dom Lorusso**, Director of Partner Engagement  
212-634-0542 | dlorusso@fairhealth.org

**Lewis Baez**, Director of Data Analytics  
646-568-5569 | lbaez@fairhealth.org

For more information, visit:  
- fairhealth.org  
- fairhealthconsumer.org | fairhealthconsumidor.org  
- youcanplanforth.is.org

Healthcare Collaborative  
of Greater Columbus
Facilitated Community Discussion

Krista Stock, HCGC
Thank you!

Please fill out our soon to be emailed evaluation sheet-your feedback is very important to us!

Slides will also be emailed and posted at www.hcgc.org