



California-Based Transparency Initiatives

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December 3, 2013
National Summit on Transparency

Overview: California Initiatives

■ Public Sector

- Department of Insurance – \$5.2 million federal grant
- Office of the Patient Advocate – quality report cards
- State Health Care Innovation Plan – “building blocks”

■ Private Sector

- IHA -- Value-Based Pay for Performance, total cost of care
- California HealthCare Foundation – quality ratings, “Free the Data”
- California Healthcare Performance Information System – voluntary database

California Department of Insurance

- Awarded \$5.2 M from CCIIO in Sept
- Key Objectives:
 - Improve the Quality and Efficiency of Rate Review
 - Establish Medical Claims Data Collection
 - From private issuers, public payers, and potentially, self-funded plans.
 - Expand and Improve Analysis of Medical Claims Data
 - Determine the average prices paid for common medical procedure in 19 rating areas.
 - Increase Health Pricing Transparency
 - Design a consumer-friendly website that presents pricing and quality information in an integrated manner, compatible with mobile devices.



Office of the Patient Advocate



Find the 3 OPA Report Cards listed in the blue box below for more information on 10 HMOs, 6 PPOs and over 200 medical groups. In the green box below find 6 Other Report Cards for other insurance types or health care facilities.

OPA Report Cards

HMOs

PPOs

Medical
Groups

Other Report Cards

Medicare

Hospitals

Long-Term
Care

Medi-Cal

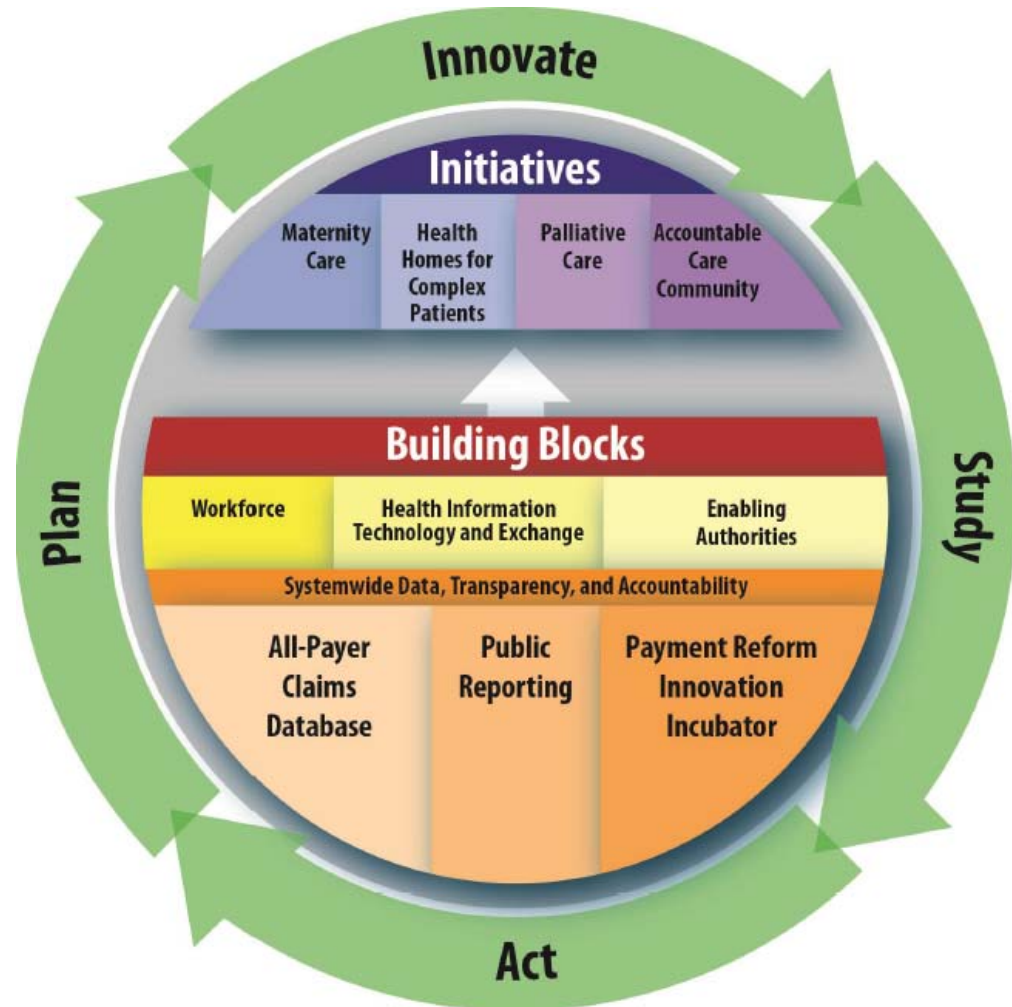
Healthy
Families

CalPERS

California State Health Care Innovation Plan

**“Building Blocks”
for the SHCIP
include a focus on
Systemwide Data,
Transparency, and
Accountability:**

- All-Payer Claims Database
- Public Reporting
- Payment Reform Innovation Incubator



California HealthCare Foundation Efforts

■ Quality Ratings

- Hospital ratings
- Nursing home ratings



■ Conditions and Procedures

- California Joint Replacement Registry (CAOS, PBGH)
- California Maternal Data Center (CMQCC)
- Advancing Transparency in Cancer Care

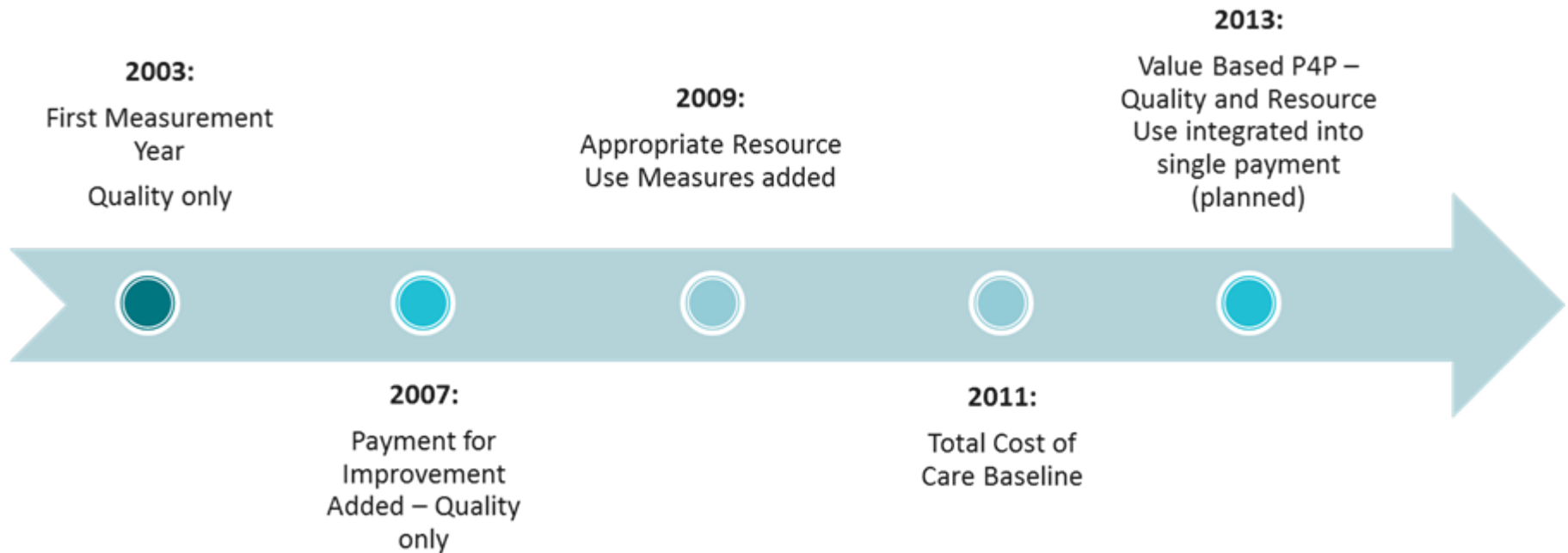


■ “Free the Data”

- Health Data All-Stars
- Open Health Data



IHA California P4P Program Evolution



Program Participants

Eight CA Health Plans:

- Aetna
- Anthem Blue Cross
- Blue Shield of CA
- Cigna
- Health Net
- Kaiser Permanente*
- UnitedHealthcare
- Western Health Advantage

Medical Groups and IPAs:

- Over 200 Physician Organizations
- 35,000 Physicians
- 10 million commercial HMO/POS members

* Kaiser Permanente medical groups participate in public reporting only, starting 2005

IHA: PO-Level Total Cost of Care by Region

Region	POs	MY 2012 Member Years	MY 2011 Average TCC	MY 2012 Average TCC	2011-2012 Average TCC Trend
Bay Area, Sacramento	26	586,677	\$3,963	\$4,199	5.9%
Central Coast, Central Valley, North	22	248,447	\$3,689	\$3,904	5.8%
Inland Empire	25	334,218	\$3,167	\$3,218	1.6%
Los Angeles	61	833,704	\$3,086	\$3,317	7.5%
Orange County, San Diego	35	559,050	\$3,478	\$3,573	2.7%
<i>P4P Average</i>	<i>169</i>	<i>2,562,096</i>	<i>\$3,393</i>	<i>\$3,567</i>	<i>5.1%</i>

Note: Based on physician organization results for 5 plans.

CA Healthcare Performance Improvement System



- Voluntary multi-payer claims database
- Launched late 2012, targeting 2014 for public reporting
- Data sources:
 - Three private health plans – claims data
 - Medicare claims data (CHPI is a qualified entity)
 - Metrics: quality, efficiency, utilization
- Staffed by the Pacific Business Group on Health
- Funding from Blue Shield of California, participating health plans, and PBGH



Thank you!

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