

### Sources of Cost and Utilization Data

Report	Sponsor	Data Source	Where Available	Type	Description
Quality and Resource Use Reports (QRUR)	CMS	Medicare Fee-for-service Claims data/CMS Quality Reporting Programs	<a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2016-QRUR.html">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2016-QRUR.html</a>	Quality and Resource Use Reports (QRUR)	The 2016 Annual QRURs show how groups and solo practitioners performed on quality and cost measures relative to national benchmarks and indicate if physicians, PAs, NPs, CNSs, and CRNAs will receive an upward, neutral or downward Value Modifier adjustment to their payments for items and services rendered under the Medicare Physician Fee Schedule in 2018. The QRURs also contain important information about care delivered to Medicare beneficiaries that can be used to better understand quality and cost performance and that can be used to improve quality and better coordinate care, including information about the hospital and other providers that see attributed patients.
Physician Compare	CMS	Medicare Fee-for-service Claims data/Quality Reporting	<a href="https://www.medicare.gov/physiciancompare/">https://www.medicare.gov/physiciancompare/</a>	Cost and Quality	The Centers for Medicare & Medicaid Services (CMS) provides this site to help consumers make informed choices about the health care they receive through Medicare. This performance information comes from the Physician Quality Reporting System (PQRS) program. Patient survey scores come from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS survey,
AHRQ Healthcare Cost and Utilization Project (HCUP)	Agency for Healthcare Research & Quality (AHRQ)	Claims data from Medicare/Medicaid/Private Payers	<a href="https://www.ahrq.gov/research/data/hcup/index.html">https://www.ahrq.gov/research/data/hcup/index.html</a>	Cost and Utilization	AHRQ Healthcare Cost and Utilization Project (HCUP) is a family of databases, software tools and related products developed through a Federal-State-Industry partnership and sponsored by AHRQ. HCUP databases are derived from administrative data and contain encounter-level, clinical and nonclinical information including all-listed diagnoses and procedures, discharge status, patient demographics, and charges for all patients, regardless of payer (e.g., Medicare, Medicaid, private insurance, uninsured), beginning in 1988.
All Payer Claims Database (APCD)	CIVHC	Claims data from Medicare/Medicaid/Private Payers	<a href="http://www.civhc.org/get-data/interactive-data/shop-for-care/">http://www.civhc.org/get-data/interactive-data/shop-for-care/</a> <a href="http://www.civhc.org/get-data/interactive-data/">http://www.civhc.org/get-data/interactive-data/</a>	Cost	One of CIVHC's primary goals is to increase transparency through data analytics and reports to ultimately advance health care in Colorado. Interactive health care data and reports can help consumers, communities, organizations, policy makers and other stakeholders identify ways to reduce variation in spending and improve care. Compare price and quality information for common health care services across Colorado facilities.

### Sources of Cost and Utilization Data

All Payer Claims Database	CIVHC	Claims data from Medicare/Medicaid/Private Payers	<a href="http://www.civhc.org/get-data/interactive-data/statewide-metrics/utilization/">http://www.civhc.org/get-data/interactive-data/statewide-metrics/utilization/</a>	Utilization	This information is based on claims data for the vast majority of insured Coloradans, but does not reflect self-pay, the uninsured, some people covered by self-insured employer plans, or those covered under Federal programs like the VA, TRICARE, or Indian Health Services. 30-day Readmissions are calculated as the number of readmissions per 1,000 insured individuals, NOT per 1,000 inpatient admissions Outpatient Services refer to health care visits received in a hospital-based outpatient setting (including dialysis at a hospital and free standing clinics) or ambulatory surgery center. Unplanned hospitalizations is a subset of inpatient hospitalizations and excludes planned procedures like chemotherapy or transplants and potentially planned procedures such as hip replacements and other inpatient surgical treatments.
Stratus	Best Doctor	Claims data from Medicare/Medicaid/Participating Private Payers	<a href="https://bestdoctors.com/analytics/">https://bestdoctors.com/analytics/</a>	Utilization	Through Stratus, Best Doctors connects with physicians, payers and health systems to identify variations in practice and monitor the dynamics of specific member populations. Stratus includes a comprehensive integrated dashboard, robust data visualization, dynamic analysis and expansive reporting that produces powerful insight in a highly useable format that drives adoption and impact.
Milliman Actuarial Reporting	Milliman	Claims data from Medicare/Medicaid/Participating Private Payers	<a href="http://us.milliman.com/us/solutions/healthcare/?bnid=1017">http://us.milliman.com/us/solutions/healthcare/?bnid=1017</a>	Cost and Utilization	Milliman prepares a cost and utilization report for each individual SIM practice site. The nine core SIM cost and utilization measures are calculated quarterly.

#### Examples of public websites with cost/utilization data;

Cigna Care designation; <https://www.cigna.com/assets/docs/hcpdirectory/cigna-care-designation.pdf>

Healthcare Bluebook; cost data <https://www.healthcarebluebook.com/>

Health Care Cost Institute; <http://www.healthcostinstitute.org/report/>

Healthgrades; Choose a Physician; <https://www.healthgrades.com/Zocdoc>; Choose a Physician, <https://www.zocdoc.com/>

Vitals; Choose a Physician; <https://www.vitals.com>

Learning Features 2-15-18; Cost & Utilization Data; <http://resourcehub.practiceinnovationco.org/2018/02/21/learning-features-2-15-18/>