Agenda

• Opening Announcements
• Welcome
• Data Quality and Submission Errors
• Operational Updates
• CO APCD Annual Report Review
• CO APCD Scholarship Subcommittee
• NBER Stakeholder Convenings
• Rapid Fire Updates
• Public Comment
Payer Forum to Solve CO APCD Data Submission Problems

Vinita Bahl, DMD, MPP
CIVHC VP of Analytics and Data
Background

• Major data submission problems with large payers
  • One payer submitted a significant portion of claims indicating it was primary payer, when it was actually secondary payer. Required CIVHC to reissue out-of-network fee schedules for HB 19-1174 and revise other analyses.
  • Another large payer resubmitted data to solve one problem and created numerous others, requiring CIVHC to “back-out” their resubmission

• CIVHC analyses constrained by key CO APCD data submission problems
  • Payers hard code units with value of 1 for anesthesia, medical supplies, other services → reduced volume of useful data to produce out-of-network fee schedules
Background (continued)

- CIVHC analyses constrained by key CO APCD data submission problems (continued)
  - Payers do not translate data element values from source systems to Data Submission Guide values; default values used → large percentage of values for field in hospital claims to identify conditions acquired during hospitalization (i.e., complications) reported as “unknown” and cannot be used to evaluate quality of care
  - Payers may not devote sufficient resources to solving data submission problems, which creates on-going submission problems
  - Senior leaders at payer organizations may not be aware of problems with submissions
Mitigation Strategies: Current & Proposed

- Enhancements to validation process during data intake
- New data quality checks focused on fields needed for key measurements
- Documentation of data problems in Data Discovery Log as means to communicate to users and track resolution
- Regular communications with payer staff about problems and steps needed to resolve them
- NEW – Recommend creation of Payer Forum, an assembly of senior leaders for the purpose of keeping them apprised of submission quality/problems and implications
Proposed Payer Forum Structure

• Group of key leaders (senior leaders or executives), each representing a payer

• Provide regular communication about submissions
  • Standard reporting of key submission attributes and description of problems

• Follow-up phone calls when significant problems arise

• Periodic meetings to discuss use of CO APCD data for key initiatives and impact of data submission problems on results
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Operational Updates

Peter Sheehan •
CIVHC VP of Client Solutions & State Initiatives
Operational

• **Staffing**
  - Matt Keelin – taking new position with Health Tech Solutions
  - Megha Jha starting in Feb. as senior analyst

• **Open Positions:**
  - Program Assistant
  - State Initiatives Program Manager
  - Two other analyst positions
  - Compliance Officer

• **New Operational Activities**
  - 5-year strategic planning with staff and board
  - RWJF Health Data for Action Planning Grant
## Sustainability - CMS 50/50 Update

### Earned Revenue

<table>
<thead>
<tr>
<th></th>
<th>Proj FY19 APCD</th>
<th>Updated FY20 APCD</th>
<th>FY20 APCD</th>
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<tr>
<td>Non-State (Includes Scholarship)</td>
<td>1,493,732</td>
<td>1,422,310</td>
<td>1,527,236</td>
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<tr>
<td>State: HCPF CMS 50-50 (CMS Portion)</td>
<td>890,609</td>
<td>667,500</td>
<td>939,649</td>
</tr>
<tr>
<td>State: HCPF CMS 50-50 (State/HCPF Portion)</td>
<td>890,609</td>
<td>667,500</td>
<td>939,649</td>
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<tr>
<td>State: HCPF GF</td>
<td>-</td>
<td>2,868,964</td>
<td>2,596,815</td>
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<tr>
<td>State: All Other</td>
<td>1,036,582</td>
<td>402,200</td>
<td>402,200</td>
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<tr>
<td><strong>Earned Revenue Subtotal:</strong></td>
<td>4,311,532</td>
<td>6,028,474</td>
<td>6,405,549</td>
</tr>
</tbody>
</table>

*Board approved plan*

*Note: The updated figures show increases in state funding compared to the original projections.*
CMS 50-50 Cost Allocation Plan

Background

- June 2018 – HCPF & CIVHC receive provisional approval for CMS 50/50 funding methodology used for FY 18 and FY 19 funding calculations
- Provisional methodology has not been approved by CMS Region 8
- Methodology and funding start date continue to be areas of discussion
- $500k - $900k at risk for past years
- No payments made yet for FY 20
CMS 50-50 Cost Allocation Plan
Current Status

• CIVHC working collaboratively with HCPF and consultants to address outstanding questions with CMS Region 8
• Discussions progressing on a more positive note over the past 2 months
• Methodology discussion narrowing focus to subtracting only CO APCD grant revenue as part of the process, rather than all earned revenue
  • Working with HCPF on funding scenarios to minimize the potential impact of methodology changes
• Starting date still an issue with as much as $500k at risk
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CO APCD Annual Report Review

Cari Frank, MBA •
CIVHC VP of Communication and Marketing
Items to Report per Legislation:

• Uses of the data
• Public studies produced by the administrator
• Cost of administering the database, sources of funding, and total revenue taken in
• Recipients of the data, purposes for the data requests, and whether a fee was charged
• Fee schedule displaying the fees for providing custom data reports

This year’s report also includes successes and challenges in areas of data quality, payer submission, data user support, sustainability and more.
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CO APCD Scholarship Subcommittee

Peter Sheehan •
CIVHC VP of Business Development
FY 20 Scholarship – YTD Summary

Applications Approved
• 22 projects totaling $490,096 98% of the $500,000 total available, has been approved through the application review process.
• $9,904 or 2% still available.

Recommendation/Discussion
Hold back the remaining dollars for potential legislative projects.
If any funds remain available at the end of March we have projects identified that could be considered for funding.
# FY 20 Scholarship – YTD Summary

<table>
<thead>
<tr>
<th>Data Requestor Organization</th>
<th>Project</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td><strong>Academic/Research Requests</strong></td>
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<tr>
<td>CU Anschutz - Division of Health are Policy &amp; Research</td>
<td>20.01 HIE Participation &amp; Post Acute Care Patient Outcomes</td>
<td>$39,066</td>
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<tr>
<td>CU Colorado Clinical &amp; Transitional Sciences Institute</td>
<td>19.96 Lung Cancer Screening &amp; Proximity Report</td>
<td>$22,132</td>
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<tr>
<td>CU School of Medicine - Dept. of Neurology</td>
<td>19.87 Neurology Adolescent Stroke Risk Factors</td>
<td>$33,392</td>
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<td>CU Denver</td>
<td>19.03 Emergency Care following Bariatric Surgery</td>
<td>$41,396</td>
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<tr>
<td>Univ of Colorado Pediatrics &amp; Children's Hospital</td>
<td>19.75 Parent's as their Child's Certified Nursing Aide Program</td>
<td>$40,589</td>
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<td>CU Anschutz - Division of Pulmonary Svc &amp; Critical Care</td>
<td>20.54 Determining Healthcare Trajectories for Patients Experiencing Critical Illness in the State of Colorado</td>
<td>$29,748</td>
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<td>CU School of Medicine - Geriatric Medicine</td>
<td>20.57 Impact of Respite Care for persons affected by Alzheimer's</td>
<td>$20,698</td>
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<td>CU Anschutz - Department of Orthopedics</td>
<td>20.09 Exploring Socioeconomic Bias in choice of Ortho treatment</td>
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<td><strong>$254,886</strong></td>
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<td><strong>Govt. Entities</strong></td>
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<td>CO Dept. of Public Health &amp; Environment</td>
<td>20.31 Motor Vehicle-related Injury Analysis</td>
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<td>CO Dept. of Labor &amp; Employment</td>
<td>20.07 Trauma Activation Fees</td>
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<td>CO Dept. of Human Services</td>
<td>20.56 Children's Behavioral Health Mapping</td>
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<th>Data Requestor Organization</th>
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</thead>
<tbody>
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<td><strong>Employer/Purchasing Projects &amp; Initiatives</strong></td>
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<tr>
<td>Northern Colorado Consortium</td>
<td>19.114.1 Knee Replacement/Revision Episodes &amp; Referral Patterns</td>
<td>$17,024</td>
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<tr>
<td>Includes: Larimer County, Northern Colorado IPA,</td>
<td>19.114.2 Advanced Care Directives Code Evaluation</td>
<td>$2,888</td>
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<td>Colorado Business Group on Health</td>
<td>19.114.4 Northern Colorado Low Value Care</td>
<td>$1,520</td>
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<td>Mesa County Public Health</td>
<td>20.23 Mesa County Health Care Cost Analysis</td>
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<td>Local First</td>
<td>20.18 Southwest Health Alliance Cost Analysis</td>
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<td>Peak Health Alliance</td>
<td>20.34 &amp; 20.35 Limited Data Set &amp; Custom Outmigration Report</td>
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<td>Chafee Community Foundation</td>
<td>20.38 Lake &amp; Chaffee County Cost Analysis</td>
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<tr>
<td>Garfield County</td>
<td>20.53 Garfield County Cost Analysis</td>
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<td></td>
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<td>$132,894</td>
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<tr>
<td><strong>Non-Profits</strong></td>
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<tr>
<td>9Health</td>
<td>19.191 Economic Value of 9Health Screenings</td>
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<td>CO Cancer Coalition Lung Cancer Screening Task Force</td>
<td>20.47 Lung Cancer Screening Environmental Scan Report</td>
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<td>CO Consortium for Prescription Drug Abuse &amp; Prevention</td>
<td>19.37 CO Opioid Use &amp; Abuse Prevention Evaluation</td>
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<tr>
<td></td>
<td></td>
<td>$54,118</td>
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NBER Stakeholder Convenings

Maria de Jesus Diaz Perez, PhD
Director of Public Reporting
Overview of Current NBER Projects

• Goal of overall program: To identify relationships among the organization of healthcare providers (systems), delivery of evidence-based care, clinical and economic outcomes, and patient experiences.

• CIVHC role to provide data and analysis and gather stakeholder input related to:
  • Effect of segregation and specialization of care for low income patients on a variety of quality metrics for Medicaid and Commercial populations.
  • Description of patterns in health care utilization and quality for Colorado children, adolescents and young adults with different levels of clinical complexity.
Overview of Current NBER Projects

• Later in the year, Free Standing Emergency Departments cost and quality.

• Looking for volunteers from CAAC and other organizations to participate in feedback sessions happening during late summer.
  • Participation of major systems and providers groups with representation of clinical and operational leadership.
  • Medicaid and Accountable Care Collaborative representatives.

• Will send out more information when dates are set.
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• **Rapid Fire Updates**
• Public Comment
Rapid Fire Updates

Cari Frank, MBA •
CIVHC VP of Communication and Marketing

Peter Sheehan •
CIVHC VP of Business Development
New Analytic Development

• Drug Rebate Analysis
  • Initial analysis delivered in January; second version delivered based on feedback. Awaiting resolution of issues with submissions from several payers and plan to issue public version in early March.

• Low Value Care Analysis
  • Statewide results delivered last fall; detailed Medicaid analyses delivered in January. Provided public version to HCPF for review, waiting feedback and anticipate February release.

• Opioid Prescribing Practices by Specialty
  • Findings of analysis sent in January. Timelines for additional analysis and for public reporting will be developed after discussions with HCPF.
New Analytic Development Cont.

• Prometheus Enhanced Reporting
  • Analysis of cost and quality for orthopedic procedure-based episodes delivered in January.

• Alternative Payment Models
  • Initial report delivered to HCPF in January. Changes to the Data Submission Guide for APMs are being pursued to permit more accurate measurement of APM adoption and primary care spend.

• Data Mart
  • CIVHC meeting with teams from different state agencies to determine use cases and design.
Data to Support Legislation

• Out of Network
  • HB 19-1174, CO APCD Reimbursement Datasets, methodology, and FAQs are available on the Division of Insurance (DOI) website.

• Primary Care
  • The Primary Care and Payment Reform Collaborative released its first annual report, which included analyses of primary care spending from Alternative Payment Model payer submissions, in December 2019. Available on the DOI website.
Regulatory Update

• 2019 CO APCD Rule Change
  • Executive Director Bimestefer approved changes proposed in the CO APCD DSG v11. The goals of the changes in this DSG update were:
    • Improve quality of submitted data
    • Improve completeness of data
    • Move towards national standards in the APCD Council Common Data Layout

• 2020 Alternative Payment Model and Drug Rebate Rule Change
  • Working with DOI & Primary Care Payment Reform Collaborative to change requirements for APM data submissions to include new definition of primary care and permit more accurate measurement of APM adoption.
Employer/Standard Reports

• Analyses/Reports Delivered for v1.0 Feedback
  • Low Value Care
  • Potentially Avoidable Emergency Room Visits
  • Reference Based Price Snapshot
  • Episodes of care for orthopedic procedures using the Prometheus methodology
Upcoming Public Reporting Planned Releases (subject to change)

- Low Value Care – February
- Drug Rebate – March
- Data Bytes
  - Adverse Reactions to Vaccinations – Feb/Mar
- Opioid Prescribing Practices TBD
- Shop for Care updates – April/May
- Community Dashboards – May
Plans for Comm. Dashboards/Shop for Care

• Interactive Community Dashboards
  • Population health measures related to Cost, Quality, and Utilization
  • At the county and DOI level across all measures (as opposed to separate reports)
  • Scheduled for release mid-2020

• Shop for Care
  • Three possible waves of reports:
    • Potential leverage of DOI Hospital Report to provide add’l procedures
    • Updating the Imaging and Episodes of Care with additional services and 2018 data
    • Static reports with chiropractic, physical therapy, and dental measures
Future Meetings

9am – 11am
May 12, August 11, November 10