Agenda

- Opening Announcements
- Operational Updates
- Public Reporting
- Employer/Standard Reports
- Data Quality and Analytics
- Committee Bylaws and Structure Update
- Public Comment
Operational Updates

• CIVHC Reorganization
  • Vinita Bahl Transition
    • Subcontractor as of 10.2
    • Project Lead on Centers of Excellence project
  • Kristin Paulson – Chief Operating Officer
    • Dedicated Quality Team
    • Merge of Analytics and Reporting Teams

• State Contract SOWs
  • General Fund and Direct Analytics

• 90/10 Funding
  • Received funding for full amount requested, prorated to a shorter timeline
  • Projects include geocoding the CO APCD, Centers of Excellence, Data Mart, Low Value Care

• New Mexico APCD RFP
Financial Assistance Initiative

• Eligible organizations:
  • Colorado-based governmental entities
  • Non-profit entities
  • Institutions of higher education and affiliated researchers that have a demonstrated potential impact on health care affordability within Colorado.

• Eligible Projects
  • Data sets and reports that inform and support projects to address health care affordability at the community level within Colorado.
Financial Assistance Initiative

### Estimated Pricing by Product Type:

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Range of Fees*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Reports</td>
<td>$500-$7000</td>
</tr>
<tr>
<td>Custom Reports</td>
<td>$1,500 - $20,000</td>
</tr>
<tr>
<td>Standard De-Identified Data Sets**</td>
<td>$15,000-$25,000</td>
</tr>
<tr>
<td>Custom De-Identified Data Sets</td>
<td>$15,000-$30,000</td>
</tr>
<tr>
<td>Custom Limited Data Sets</td>
<td>$20,000-$40,000</td>
</tr>
<tr>
<td>Custom Fully Identified Data Sets</td>
<td>$30,000-$50,000</td>
</tr>
</tbody>
</table>

*Fee ranges reflect estimated costs. The actual data licensing fee will be determined by the scope of each request.

** Due to the nature of Standard De-Identified data sets, we are able to offer the greatest discount on this product type.

### Data Licensing Fee Discount Range***

<table>
<thead>
<tr>
<th>Category</th>
<th>Maximum Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado-Based Government Entities</td>
<td>25%</td>
</tr>
<tr>
<td>Non-Profit Entities with annual revenue greater than $10M (excludes researchers and institutions of higher education)</td>
<td>25%</td>
</tr>
<tr>
<td>Non-Profit Entities with annual revenue between $5M and $10M</td>
<td>30%</td>
</tr>
<tr>
<td>Non-Profit Entities with annual revenue less than $5M</td>
<td>50%</td>
</tr>
<tr>
<td>Colorado-Based Researchers and Institutions of Higher Education</td>
<td>25%</td>
</tr>
<tr>
<td>Researchers affiliated with Out-of-State Institutions of Higher Education</td>
<td>20%</td>
</tr>
</tbody>
</table>

*Fee ranges reflect estimated costs. The actual data licensing fee will be determined by the scope of each request.

** Due to the nature of Standard De-Identified data sets, we are able to offer the greatest discount on this product type.
<table>
<thead>
<tr>
<th>Project #</th>
<th>Project</th>
<th>Data Requestor</th>
<th>Data Licensing Fee</th>
<th>Financial Assistance</th>
<th>Final Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.107</td>
<td>Hospital Transparency</td>
<td>Grand River Health</td>
<td>$10,584</td>
<td>$2,646</td>
<td>$7,938</td>
</tr>
<tr>
<td>20.70</td>
<td>Financial Stress - Utilization &amp; Cost</td>
<td>University of Colorado</td>
<td>$26,768</td>
<td>$6,768</td>
<td>$20,000</td>
</tr>
<tr>
<td>21.77</td>
<td>Improving Palliative Care Outcomes for Latinos</td>
<td>University of Colorado</td>
<td>$20,000</td>
<td>$5,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>20.82</td>
<td>Savings Estimate Top Outpatient Procedures</td>
<td>CBGH</td>
<td>$13,860</td>
<td>$6,930</td>
<td>$6,930</td>
</tr>
<tr>
<td>21.25</td>
<td>ED Use - Outcomes &amp; Patterns of Care</td>
<td>UCLA</td>
<td>$18,816</td>
<td>$3,763</td>
<td>$15,053</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td>$90,028</td>
<td>$25,107</td>
<td>$64,921</td>
</tr>
</tbody>
</table>
Agenda

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Public Reporting

Cari Frank, MBA

CIVHC VP of Communication and Marketing
## Community Dashboard Review

Select **PAYER TYPE:**
- All Payers (not available for 2019)
- Commercial
- Medicaid
- Medicare Advantage
- Medicare FFS**

Select **YEAR:** 2018

View by **COUNTY** or **DOI REGION:**
- County

Select specific **COUNTY** or **REGION:**
- Adams

### County: Adams

<table>
<thead>
<tr>
<th>RISK-ADJUSTED COST OF CARE (PER PERSON PER YEAR)</th>
<th>Paid Amount</th>
<th>Statewide</th>
<th>Urban Counties</th>
<th>Rural Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost (Health Plan and Patient)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$1,674</td>
<td>$1,777</td>
<td>$1,706</td>
<td>$2,288</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$1,439</td>
<td>$1,664</td>
<td>$1,529</td>
<td>$2,627</td>
</tr>
<tr>
<td>Professional</td>
<td>$2,124</td>
<td>$2,318</td>
<td>$2,324</td>
<td>$2,273</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Health Plan Only Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$1,397</td>
<td>$1,331</td>
<td>$1,314</td>
<td>$1,458</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$1,286</td>
<td>$1,450</td>
<td>$1,346</td>
<td>$2,200</td>
</tr>
<tr>
<td>Professional</td>
<td>$1,352</td>
<td>$1,670</td>
<td>$1,644</td>
<td>$1,857</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Patient Only Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$54</td>
<td>$59</td>
<td>$57</td>
<td>$74</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$152</td>
<td>$212</td>
<td>$183</td>
<td>$423</td>
</tr>
<tr>
<td>Professional</td>
<td>$241</td>
<td>$321</td>
<td>$317</td>
<td>$352</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

### HEALTH CARE USE (PER 1,000 MEMBERS)

<table>
<thead>
<tr>
<th>Rate</th>
<th>Statewide</th>
<th>Urban Counties</th>
<th>Rural Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Users</td>
<td>240</td>
<td>235</td>
<td>236</td>
</tr>
<tr>
<td>Healthy Users</td>
<td>155</td>
<td>150</td>
<td>151</td>
</tr>
</tbody>
</table>

### EMERGENCY ROOM VISITS (PER 1,000 MEMBERS)

<table>
<thead>
<tr>
<th>Rate</th>
<th>Statewide</th>
<th>Urban Counties</th>
<th>Rural Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Visits</td>
<td>380</td>
<td>352</td>
<td>351</td>
</tr>
</tbody>
</table>

### ACCESS

<table>
<thead>
<tr>
<th>Rate</th>
<th>Statewide</th>
<th>Urban Counties</th>
<th>Rural Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Access to Care</td>
<td>75.8%</td>
<td>77.7%</td>
<td>77.5%</td>
</tr>
<tr>
<td>Children and Adolescents Access to Care</td>
<td>81.9%</td>
<td>80.9%</td>
<td>81.0%</td>
</tr>
</tbody>
</table>
Community Dashboard

New Measures

**NON- USERS**

*lower is better* | People with insurance who are not using healthcare services at all, including annual preventive well-visits which are recommended.

**HEALTHY USERS**

*higher is better* | People who are considered “healthy”, but are appropriately using their health insurance for well-visits, preventive and minor conditions.

**ADULT ACCESS TO CARE**

*higher is better* | Percentage of adults 20 years and older who had an ambulatory or preventive care visit in a time period as recommended by national guidelines.

**CHILDREN & ADOLESCENT ACCESS TO CARE**

*higher is better* | Percentage of children and adolescents 12 months to 19 years of age who had at least one visit with a Primary Care Practitioner (PCP) in a time period as recommended by national guidelines.
Community Dashboard Results

**COST**

Total Cost Per Person Per Year (PPPY) (2013-2017 only)

\[ \uparrow +14\% \]

**HEALTH CARE USE**

- Healthy Users per 1,000
  \[ \downarrow -28\% \]
  *higher is better*

- Non-Users per 1,000
  \[ \uparrow +3\% \]
  *lower is better*

**ER USE**

- Emergency Room Visits per 1,000
  \[ \uparrow +5\% \]
Community Dashboard Results

ACCESS

Access to Care (adults)

↑ +3%

Access to Care (children & adolescents)

↓ -1%

QUALITY

Cervical Cancer Screening

↑ +19%

Breast Cancer Screening (2014-2018 only)

↑ +9%

Diabetes HBA1c Testing

↑ +8%
Community Dashboard Next Steps

• Feedback from partners – opportunity for Advisory Committee support
• Measure-specific insights to further promote
• Developing a timeline to add Medicare FFS 2019 data
• Working with HSRI to develop new measures for 2021
Community Dashboard Next Steps

• Determining new measures to add to the dashboard in 2021.
  • Seeking Advisory Committee Input on potential new CO APCD-based measures (examples):
    • Additional two access to care measures
    • Dental Visits
    • Pediatric measures
    • Potentially avoidable ED visits
    • Unplanned Hospitalizations
    • 30-day readmissions

• Incorporation of key health inequity data
Telehealth Services Analysis Update

Telehealth in Colorado

Total Services: 712,000
Utilization Rate: 1,463 services per 1,000 members

Total Payments: $66,030,000
Cost: $11.31 per member per month (PMPM)

Who is accessing telehealth?

<table>
<thead>
<tr>
<th>Patient Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>59%</td>
</tr>
<tr>
<td>Male</td>
<td>41%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>27%</td>
</tr>
<tr>
<td>18-44</td>
<td>33%</td>
</tr>
<tr>
<td>45-64</td>
<td>23%</td>
</tr>
<tr>
<td>65+</td>
<td>17%</td>
</tr>
</tbody>
</table>

Why are patients accessing telehealth?

Top Diagnosis Categories
- Mental Health Conditions: 49%
- Respiratory Conditions: 7%
- Musculoskeletal conditions: 7%
- Nervous system conditions: 6%

Where do patients receiving telehealth services live?

Click on any county to filter dashboard by geography.

What services are being provided?

Top Telehealth Procedure Categories
- Office or Other Outpatient E&M Services - Establish.: 31%
- Psychiatry Services and Procedures: 26%
- Telephone Services: 12%
- Physical Medicine and Rehabilitation: 8%

Who is providing telehealth?

Top Service Provider Types
- Behavioral Health: 35%
- Primary Care: 26%
- Therapy: 6%
- Internal Medicine Subspecialty: 6%

Source: Colorado All Payer Claims Database (CO APCD), 2020
* "All" payers does NOT include Medicare Fee-For-Service after Dec. 31, 2019
Utilization of telehealth services in March/April 2020 was nearly double the number of services for the entire 25-month period prior.
Telehealth Trends in Colorado

Source: Colorado All Payer Claims Database (CO APCD), 2020

**“All” payers does NOT include Medicare Fee-For-Service after Dec. 31, 2019**
Telehealth Insights Cont.

• **Payer Type:**
  • In March/April 2020, Medicaid patients used telehealth services the most (55% of total visits), followed by commercially insured (28%), and Medicare Advantage patients (16%).

• **Diagnoses:**
  • **Mental health conditions** remain the most frequent diagnosis for telehealth services and increased from 33% to 49% of all visits from the pre-COVID time period.
  • **Respiratory conditions** dropped from 12% to 7% but remain the second most frequent diagnosis, and **musculoskeletal** (7%) and **nervous system conditions** (6%) are now included in the top four diagnoses for telehealth visits.
Telehealth Insights Cont.

• **Provider Type:**
  - Primary care providers historically provided the most telehealth services, but behavioral health providers provided the most services (35%) in March/April 2020.

• **Service Types:**
  - Established Patient Office Visits increased by 4500% from February to April 2020 and is now the most utilized service.
  - Psychiatric Services and Procedures is now the second most utilized service type and increased over 3300%.
  - Physical Medicine and Rehabilitation increased over 24,000% is ranked fourth out of the top most commonly accessed service types behind follow-up Telephone Consultation Services which increased over 500%.
Telehealth Insights Cont.

- **Geographic Variation:**
  - **Alamosa county** remains the county with the highest overall telehealth utilization rate, however, **urban counties tended to** utilize telehealth services more often in March and April 2020 than they had prior to the pandemic.
Upcoming Public Releases

• Prescription Drugs in Colorado
  • Specialty, Drug Rebates and Low Value Prescribing
• COVID-19 Price Variation Data Byte
• Community Dashboard Single Measure Insights
• Annual Report
• Low Value Care Interactive Public Report
• 3 legislative-related Data Byte requests
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Employer/Standard Reports

Kristin Paulson, JD, MPH
CIVHC VP of Innovation and Compliance
Employer/Standard Reports Available

• **Reference-based Price Snapshot** – Medicare price comparisons based on RAND 2.0 data.

• **Potentially Avoidable ED Visits** - available for employers, counties, or aggregated multi-employer groups.
  - County level or multi-employer analyses have been delivered to several employers and purchasing alliances.
Employer/Standard Reports Available

- **Low Value Care** – employer, multi-employer, and county versions of the report are ready for licensing.

- **Top 5 Procedure Episodes** – Prometheus episode report, helping employers identify the potential for cost savings and quality improvement under bundled payment contracts for common surgical and diagnostic procedures.
  - Available for employers with sufficient volume, counties, and multi-employer purchasing groups.
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Data Quality and Analytics

• Data Quality
  • September Payer Forum Update
    • Topics: Submission compliance reports, Consistent data quality issues, How data is being used
    • Next Steps: reach out to payers who received individual communication, schedule Q4 mtg.
  • Data Submission Guide (DSG) 12
    • Determining needed updates to DSG 12
      • Information to inform health disparity reporting
    • DSG 12 and Rule Change packet goes to HCPF on 11/25 to start Rule Change Process.
Data Quality and Analytics

• Analytic Projects
  • Alternative Payment Models / Drug Rebates
    • Files were due September 30
    • All but one payer submitted on time and passed data quality.
  • Out of Network
    • Unit Fix
    • Upcoming fee schedules
  • Primary Care
    • Report for Collaborative due 11.16
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Bylaw Workgroup
Recommendations

Cari Frank, MBA
CIVHC VP of Communication and Marketing
Bylaws Workgroup
Bylaw Workgroup Recommendations

• Workgroup met 10.19
  • Rick Doucet, David Keller, Chris Underwood, Nathan Wilkes

• Purpose of drafting bylaws
  • Create structure around Committee participation and attendance
  • Help CIVHC engage the Committee more effectively
Bylaw Workgroup Recommendations

• Committee Officers
  • Chair should have at least one year tenure on committee to be considered
  • Addition of a Vice Chair
  • Elections every 2 years (self-nomination)
    • Call for nominations at Feb meeting, vote at May meeting

• Attendance Requirement
  • Each member needs to attend two of the four meetings each year
    • What to do if attendance falls below required threshold?
  • Substitutes/Proxies allowed if from same org/perspective type

• New Member Recruiting Assistance
2021 Meeting Schedule

• February 9th, May 11th, August 10th, November 9th
  • 9am-11am
  • February virtual