



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

CO APCD Advisory Committee Meeting Notes February 9, 2021

Committee Attendees: Michelle Anderson, *National Director of Managed Care Pharmacy, Mutual of Omaha*; Amie Baca-Oehlert, *President, Colorado Education Association*; Josh Benn, *Director of Employee Benefits Contracts, CO Dept of Personnel and Administration*; Kim Bimestefer, *Executive Director HCPF*; Laurie Boll, *Consultant, Willis Towers Watson*; Kristi Bohling-DaMetz, *Chief Executive Officer, HealthTeamWorks*; Rick Curtsinger, *Director External Affairs, Quality Health Network*; David Ehrenberger, *Telehealth Provider, Cirrus MD*; Adam Fox, *Deputy Director, Colorado Consumer Health Initiative*; Senator Joann Ginal; David Keller, *Professor and First Vice Chair University of CO School of Medicine, Children’s Hospital CO*; Jessica Linart, *Director of Insurance, CO PERA*; Philip Lyons, *Director of Regulatory Affairs, United Healthcare*; Matt Meyer, *Executive Director, Metro Denver Homeless Initiative*; Bethany Pray, *Healthcare Attorney, Colorado Center on Law and Policy*; Tom Rennell, *Sr VP of Financial Policy and Data Analytics, Colorado Hospital Association*; Kelly Schultz, *Senior Market Analyst, Division of Insurance*; Chris Underwood, *Deputy Chief of Staff, HCPF*

CIVHC Attendees: Eddy Costa, *Senior Health Data Consultant*; David Dale, *Health Data Consultant*; Cari Frank, *VP Communication and Marketing*; Sarah Ford, *Communication and Marketing Specialist*; Greg Gillespie, *Account Manager*; Ann Jones, *Data Quality Manager*; Ian McMahon, *State Initiatives Program Manager*; Kristin Paulson, *Chief Operating Officer*, Peter Sheehan, *VP of Client Solutions and State Initiatives*; Stephanie Spriggs, *Senior Communication and Marketing Specialist*

Additional Attendees: Eriko Mori, *Contract Manager, HCPF*; Angie Rowe, *Aide, Senator Sonya Jaquez Lewis*

These notes cover only the discussion of the Committee and such information required to put questions in context. Please refer to the presentation and materials for more information.

Topic	Discussion	Action Item
Operational Updates		
Projected Impact of Elimination of CO APCD Scholarship / Financial Assistance Initiative (slides 4-6)	<ul style="list-style-type: none"> • Elimination of the CO APCD Scholarship funding due to the budget shortfall produced by the COVID-19 pandemic has impacted researchers, non-profits/associations, and government agencies more than other stakeholder groups • CIVHC established a Financial Assistance Initiative to defray a portion of non-public data release fees for eligible projects and has also tried, where possible, to make requests into public releases so stakeholders can use the information contained at no cost via the Data Byte program. • Does CIVHC know how many projects got submitted as non-public requests but could not move forward due to the lack of the Scholarship? <ul style="list-style-type: none"> ○ We can say with certainty that at least four that could not move forward at all because the requestor could not find funding and would have relied on the Scholarship in previous years. The fee estimates for these projects is between \$80,000 and \$100,000. • Is it reasonable to say that the Financial Assistance Initiative established by CIVHC has been helpful in making CO APCD data available to those who are working to improve care? <ul style="list-style-type: none"> ○ While it does not have impact on the same scale of the Scholarship, CIVHC’s effort to help ensure access to the CO APCD has been helpful. CIVHC is committed to 	

provide this assistance as long as it is financially possible for us to do so.

CIVHC Two-Year Strategic Plan (slides 9-11)

- CIVHC outlined the strategic plan for the organization for FY2020-2021 through FY2024-2025 and the Operating Plan for the next two fiscal years.
 - The plan includes four key strategies
 - Diversify portfolio / consultative services and new analytics
 - Actionable analytics based on high quality data
 - Partnerships to contribute to new uses of claims data
 - Customer service, processes, and infrastructure
 - Alignment with State goals
 - Affordability
 - Data Quality
 - Employer Support/Self-Funded in CO APCD
 - State Agency Support
 - Statutory Mandate
 - Data Literacy
 - Operations/ Sustainability
- This is an ambitious plan with many different aspects and as CIVHC moves forward, it is important that we don't lose sight of the three goals outlined for the CO APCD in May 2019:
 - Data Quality/Accuracy
 - Informing Health Care Affordability
 - Incorporating Self-Funded Insurers into the CO APCD
- While the plan is ambitious, CIVHC built the foundation for the future through a reorganization of the data and analytics team late in 2020.
 - A dedicated team was created for Data Quality with a new Manager, Ann Jones, who is developing a workplan that will be presented to the Committee.
 - Reports supporting the employers are being developed and distributed, working closely with the Alliances to make sure they have the information they need.
- Is measuring utility of the reporting part of the plan as well? A large part of the process is making sure that the output from the CO APCD is meeting the needs of the data users. We have previously brought in users to give reviews to the Committee about their experience with the data and CIVHC and used the information provided to improve. It would be helpful to measure progress against some of the concerns raised.
 - CIVHC has created a feedback loop with the requestors and in future meetings we are happy to discuss how it operates and the information we have received.
- How is CIVHC planning on incorporating race/ethnicity data in to the CO APCD to investigate disparities?
 - This is something that many data aggregators have been struggling with as it is difficult to find a source of truth for

- CIVHC will present client satisfaction surveys and the feedback collection process to the Committee at a future meeting.

this information. CIVHC is going to be able to integrate race/ethnicity and socioeconomic information into the CO APCD is census data via geocoding, which will allow for investigation at a population level. While this will allow views at the population level, it will enable geographic disparity information to be highlighted by the census data. CIVHC will also be working with the payers to make reporting more comprehensive.

- We have not quite finished geocoding the CO APCD and the quality check process, though we anticipate completing it soon. Once finished, we will be able pull in the census data and begin to see how we can use it in analyses to speak to inequities that fall on the racial and ethnic lines.

Public Reporting

CO APCD Insights Dashboard

- The interactive [CO APCD Insights Dashboard](#) helps users understand the number and types of claims (dental, medical, pharmacy) that are available and the percentage of the population that is represented in the CO APCD by county and across the state. Additional information is also available on the trends in the number of claims with behavioral health services that are in the data warehouse.
- The Behavioral Health information is interesting and has potential to be very helpful for the State. The Behavioral Health Task Force is working on several initiatives and it is necessary to get reimbursement data to move forward. There are whole sections of the community we cannot capture because the providers do not take insurance and there are no claims generated.
 - How is it helpful for the Task Force to understand reimbursement for Behavioral Health for Medicaid as it is paying both the managed care entity and the providers?
 - Medicaid will use the information to benchmark progress on improving access to Behavioral Health within its population and determine gaps that need to be addressed.
- Are claims for telehealth included in the Behavioral Health information in the Dashboard? The pandemic has shown that there is a great demand for tele-behavioral health for patients with Medicare and there is a lack of providers. Many providers do not seem to be accepting Medicare patients in numbers adequate to meet the demand. How do we hold them accountable?
 - This is a part of what the Behavioral Health Task Force is trying to address. It is a terrible problem and CO APCD data can inform the solution.
 - CIVHC also has a [Telehealth Services Utilization](#) analysis available and what CIVHC saw originally was a huge spike in Behavioral Health utilization since the COVID-19 outbreak. We are getting ready to release an update that indicates that overall, the utilization of Behavioral Health services has begun to slow for all payers, though there are still big increases in the commercial market.

- It would be nice to break down the Behavioral Health data by age bracket on both reports so we could determine whether seniors are getting access to the care they need.
- How does CIVHC process claims from a capitated payment model?
 - We use encounter data and the rate table to generate a fee-for-service equivalent. The methodology behind the calculation has improved over the years.
- CIVHC is continually trying to improve and enhance the data in the CO APCD and ensuring that we're getting comprehensive Behavioral Health claims from all public payers is going to be one of the items in the Data Quality workplan along with understanding the new rules regarding incorporating substance use disorder (SUD) information.
- Additionally, Executive Director Bimestefer noted that Medicaid/HCPF also experiences challenges getting encounter data from partners and that collection procedures at the State have also improved. It is quite possible that parity concerns could impact analyses performed years ago and it might be wise to do an audit.
- Regarding the Telehealth Analysis, are there plans to investigate primary care and the percentage of services that are being delivered by local providers compared to those delivered by providers out of state?
 - This is not specifically looked at in the analysis though CIVHC analysts found, in the pre-pandemic space, that a large number of providers were out of state – specifically around Behavioral Health. It is certainly something we could dive deeper into, to see how it has evolved and how many of the dollars spent are going toward Colorado communities.

2021 Meeting Schedule
9am-11am
May, 11th, August 10th, November 9th