



Spending

The total spend for the 48 services measured was:

\$1.3B

Of the total,

\$140M

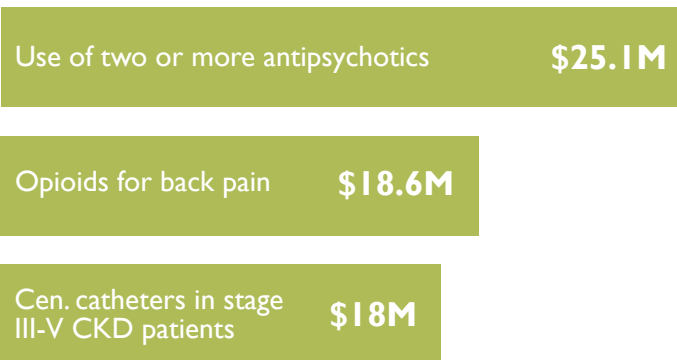
...was for **low value care** (identified as likely wasteful or wasteful).

\$17.4M

were patient **out of pocket costs**.

- Necessary = Clinically appropriate.
- Likely Wasteful = The appropriateness of the services is questionable.
- Wasteful = The services were very likely unnecessary.

The top 3 services accounted for **44%** of total low value service **spending**.



Trends

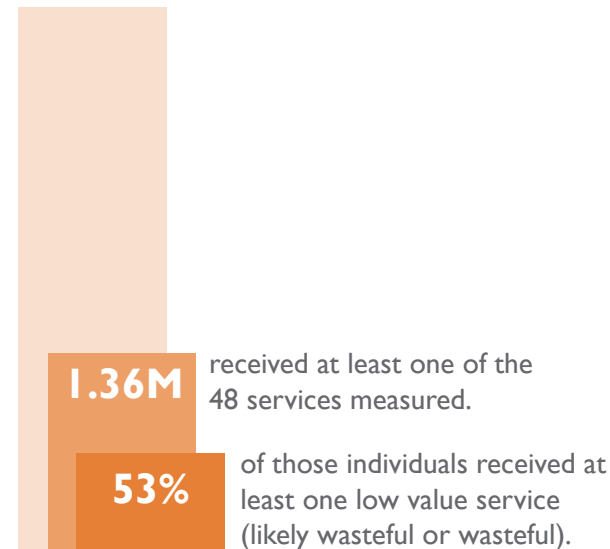
Between **2015-2017**...

- there was an **11%** increase for individuals who received at least one low value care service.
- there was a **9%** decrease in spending, **but** low value service utilization remained stable.
- there was an **18%** increase in the patient paid portion of the cost of low value care.

Members with Low Value Care

Of the eligible individuals in the CO APCD:

4.1M Eligible Lives



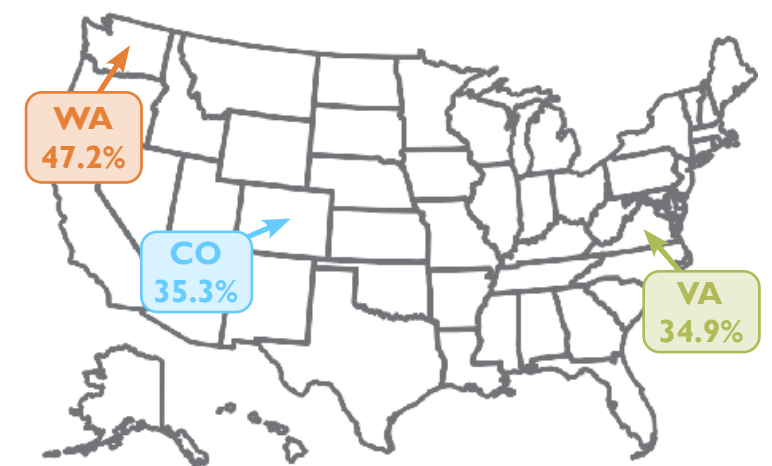
Payer Type

The highest proportion of spending for low value services varied by payer type:



Geography

Two other states (Washington and Virginia*) have used the MedInsight Low Value Care tool to evaluate claims data. The results for utilization of low value services in Virginia were similar, while Washington state's were significantly higher:



*Costs for low value services should not be compared across states. The analysis conducted by Washington and Virginia accounted for all costs included in the claim, whereas the Colorado analysis only included the cost for the low value services identified. Percentages reflected in the map above display *utilization* of the low value services measured.