Agenda

• Opening Announcements
• Operating Updates
• CO APCD Data Quality and Analytics
• Public Reporting
• Public Comment
Operational Updates

Kristin Paulson, JD, MPH
CIVHC Chief Operating Officer and General Council

Pete Sheehan
CIVHC VP of Client Solutions and State Initiatives
CO APCD as a Vital Resource

• Use of the CO APCD grew slightly from FY20 – 21 despite the challenging COVID environment

Non-Public Releases of CO APCD Data by Fiscal Year

The majority of non-public releases related to the Colorado State Innovation Model (SIM) and the Transforming Clinical Practices Initiative (TCPI) occurred FY17-19
CO APCD as a Vital Resource

• Variety of users speaks to utility and versatility of the data
• No one stakeholder group more engaged than another
CO APCD as a Vital Resource

• 10 years into operations of the CO APCD
• Public access to transparent health care information and utilization of health care data increased

CO APCD Public Releases by Year

FY21 also included publications that did not contain CO APCD data:

• Palliative Care in Colorado Report and Map
• APMs and Payment Reform in Colorado
Recent CO APCD Recognition

- Chris Whaley, Health Economist and Policy Analyst, from RAND Corp. noted the CO APCD was the most comprehensive and “cleanest and easiest to use” of the APCDs they work with for their Medicare Reference Based Price national study.

- Gloria Sachdev, President and CEO at the Employers’ Forum Indiana (spearheaded the first RAND Medicare RBP report) said they are modeling the development of an APCD in Indiana based on the CO APCD since it was “a leader in the nation in terms of best practices”

- Catalyst for Payment Reform blog regarding the power of CO APCD for employers: https://www.catalyze.org/unlock-the-power-of-apcdfs/

“What makes Colorado’s APCD so powerful, is its pairing with the publicly-facing reporting and analysis that CIVHC provides – in fact, Colorado is one of only six states to earn an A or B grade on CPR’s 2020 Report Card on State Price Transparency Laws”
Scholarship Funding Loss Assessment

• In FY2020-2021 – CIVHC Financial Assistance Initiative provided $24,000 in discounts to six requestors
  • This equals 5% of the funding released each year under the CO APCD Scholarship and to a quarter of the recipients

Stakeholders Using a Form of Assistance to Access Non-Public CO APCD Data by Year

Since FY2013-2014, over 100 stakeholders and projects have accessed CO APCD data using some form of assistance.
**Scholarship Funding Restoration**

Department of Health Care Policy & Financing

FY 2022-23 Funding Request

November 1, 2021

<table>
<thead>
<tr>
<th>Department Priority: R-15</th>
<th>Request Detail: Restore APCD Scholarship Funds</th>
</tr>
</thead>
</table>

### Summary of Funding Change for FY 2022-23

<table>
<thead>
<tr>
<th></th>
<th>FY 2021-22 Appropriation</th>
<th>FY 2022-23 Request</th>
<th>FY 2023-24 Request</th>
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<tbody>
<tr>
<td>Total Funds</td>
<td>$3,795,498</td>
<td>$200,000</td>
<td>$200,000</td>
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<tr>
<td>FTE</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>General Fund</td>
<td>$2,962,231</td>
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<td>$200,000</td>
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<tr>
<td>Cash Funds</td>
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<tr>
<td>Reappropriated Funds</td>
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<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>$833,267</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
Scholarship Funding Restoration

Administration of CO APCD Scholarship:

• If approved in the State budget, HCPF would administer up to $200,000 in annual grant funding to defray the costs of accessing CO APCD data for non-profits, govt. entities & researchers.

• The CO APCD Advisory Committee has a role in reviewing and recommending applications for scholarship grants per 2018 legislation.
Scholarship Funding Restoration

Scholarship Application Review and Recommendation Process

- Non-profit or government entity identifies need for CO APCD data for research project, and contacts CIVHC.
- CIVHC staff works with the requestor to submit a CO APCD data request application and supporting documentation indicating the requestor meets the scholarship eligibility criteria.
- The CO APCD Data Release Review Committee reviews appropriate applications for HIPAA/HITECH and statutory/regulatory compliance as well as benefit to Colorado residents. If recommended for approval, the application would then move to the CO APCD Scholarship Subcommittee.
- The Subcommittee reviews applications and makes a recommendation regarding whether scholarship funding is appropriate. For approved applications, the Subcommittee will recommend a funding amount to HCPF.
- HCPF receives timely notifications of Subcommittee approval recommendations & grant amounts. HCPF shall review applications and make a final determination on approval.
- CIVHC will finalize the application reflecting the HCPF decision.
- Upon approval of HCPF, CIVHC will move the project into the delivery process. Once delivered, CIVHC will request a delivery satisfaction statement from the requestor. Upon receipt of that statement, CIVHC will invoice HCPF for the scholarship portion of the project.
- Final Reports, Outcomes, and Publications are to be made available to CIVHC. These outcomes relating to projects funded by scholarship will be made available to HCPF on a quarterly basis.

Licensee Fees and Applicant Responsibility

<table>
<thead>
<tr>
<th>Estimated Pricing by Product Type:</th>
<th>Range of Price*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Reports</td>
<td>$500-$7000</td>
</tr>
<tr>
<td>Custom Reports</td>
<td>$1,500 - $7000</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>
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</tbody>
</table>

*These are just estimates. Actual cost of project will be determined by scope of each request.

Project Cost Responsibility of Requesting Organizations:

<table>
<thead>
<tr>
<th>Portion of Project Cost Requestor is Responsible for*</th>
<th>Portion of Scholarship May Cover*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporations &amp; for-profit entities</td>
<td>100%</td>
</tr>
<tr>
<td>Federal and Out-of-State Governmental Entities</td>
<td>75%</td>
</tr>
<tr>
<td>Colorado-Based Governmental Entities</td>
<td>20%</td>
</tr>
<tr>
<td>Non-Profit Entities with Revenues equal to or greater than $10M</td>
<td>30%</td>
</tr>
<tr>
<td>Non-Profit Entities with Revenues between $5M - $10M</td>
<td>20%</td>
</tr>
<tr>
<td>Non-Profit Entities with Revenues less than $5M</td>
<td>15%</td>
</tr>
<tr>
<td>State-Supported Institutions of Higher Education</td>
<td>15%</td>
</tr>
<tr>
<td>Colorado-Based Researchers</td>
<td>15%</td>
</tr>
<tr>
<td>Out of State Researchers</td>
<td>50%</td>
</tr>
</tbody>
</table>

*These are just estimates. Actual amount must be approved for each request. Please note, there is a maximum scholarship request of $50,000 per project.
Scholarship Funding Restoration

Committee Discussion

• Would the CO APCD Advisory Committee provide a letter of support to the JBC for the funding restoration?

• If the Scholarship funding is passed, need to re-establish the CO APCD Advisory Committee Scholarship Subcommittee to review applications

• Review eligibility and approval criteria to ensure the $200,000 is allocated appropriately

• Update all CO APCD Scholarship documents
CO APCD Data to Support Legislation

SB21-175 Prescription Drug Affordability Review Board (PDAB)

• Names CO APCD as source of information, requested by payers and pharmacy benefit managers
  • Requires submission of new items incorporated into the FY21 CO APCD Executive Rule Change for Data Submission Guide 13
    • Top 15 drugs that caused increase in premiums
    • 15 most frequent drugs with rebates
    • 15 drugs with highest rebates by %
    • 15 drugs with the largest rebates by $

HB21-1232 Colorado Option

• Medicare reference-based pricing analytics from CO APCD to set rates
CO APCD Data to Support Legislation

Committee Discussion

• Potential opportunities for CO APCD to support legislation in the upcoming session
Agenda

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• Public Reporting
• Public Comment
CO APCD Data Quality and Analytics

Kristin Paulson, JD, MPH
CIVHC Chief Operating Officer and General Council

Julia Tremaroli
CIVHC Intake Quality and Policy Analyst
APM and Drug Rebate File Submissions

Alternative Payment Model and Drug Rebate Production files were due September 30th

• Drug Rebate: all initial files were received on time
• APM: all initial files were received on time
• Pushing to validate APM files for Primary Care Report due November 15th
• Quality and timeliness of submissions are much improved, though struggling with carriers prioritizing the submissions and accuracy
Voluntary ERISA Self-Insured Submissions

Gobeille ruling prohibits mandating reporting for self-insured ERISA employers

- Utah mandated that ASO/TPA must tell clients about ability to opt in to submitting to APCD and that the submissions would be at no additional cost

Colorado is exploring the possibility of a similar approach

- Currently ASO/TPAs are a barrier for some employers to submit data to the CO APCD
  - A number of these payers already submit for non-ERISA or fully-funded plans
  - Payers may have contracting challenges to ERISA self-funded data submission
Demographics that Impact Health Equity

• Disparate sources of demographic data pose challenges for all APCDs.

• CIVHC is working on several approaches:
  • Geocoding the APCD for ACS/Census demographic data (census tract)
  • Collaborating with CORHIO/Contexture on MPI for member level demographic data on race, ethnicity, occupation, education, income, etc. and increased data integration

• Other progress:
  • Additions to the CDL for expanded gender and sex options
Premium and Deductible Information

- Received approval from the Commissioner of Insurance
- CIVHC engaged with other APCDs to ensure the information will be collected in the appropriate format
- Part of the Common Data Layout (CDL)
  - One of the recommendations of the No Surprises Act federal APCD support
  - May increase the possibility of collecting self-insured ERISA claims in the future
- Only DOI access during the first year of collection for validation purposes. No non-public release planned.
Data Submission Guide 13

- Prescription Drug Affordability Board file
- Value Based Pharmaceutical Contracts
  - Collaborating with payers to develop definitions and reporting structure for accurate collection and analysis.
- Rule language changes
  - Clarifying required reporting for non-ERISA self-funded and Medicare Supplemental plans.
  - Increasing fines from $1000/wk with a max of $50,000 to $2,500/wk with a max of $100,000 per incident.
  - Calling out requirement to follow HIPAA, anti-trust law.
  - Adding language prohibiting non-public release of Drug Rebate, APM, and Value Based Purchasing files.
Preview DSG 14

• Race and Ethnicity reporting in line with state and federal standards
• Vision claims
• Worker’s compensation
• Ongoing discussions with the VA
• Refinements to PDAB submissions
Agenda

• Opening Announcements
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• Public Comment
Public Reporting
Cari Frank, MBA
CIVHC VP of Communication and Marketing
Clare Leather, MPH
CIVHC Public Reporting Program Manager
Public Reporting

• Recent Releases
  • Community Dashboard
  • Telehealth v In-Person Utilization
  • Telehealth Services Update v4
  • COVID Testing Data Byte
Community Dashboard

• Update to the Community Dashboard
  • Scheduled for public release 11/17
  • 8 New measures
  • Preview @ Data to Drive Decisions (10/21)

• Purpose:
  • To understand how different aspects of health care – cost, utilization of services, access to care, use of preventive services and treatment for chronic conditions – vary across Colorado counties and Division of Insurance regions

• Findings:
  • Statewide, doing better in some measures, but worse in others
Community Dashboard – New Measures

• Mental Health measures
  • Mental Health ED Visits: Follow Up Within 7 Days
  • Mental Health ED Visits: Follow Up Within 30 Days

• Pediatric measures
  • Well-Child Visits: First 15 Months, Six or More Visits
  • Well-Child Visits: 16 to 30 Months, Two or More Visits
  • Well-Care Visits: Children and Adolescents

• Utilization measures
  • ED Visits: Potentially Preventable
  • Hospital Admissions: Potentially Preventable
  • Hospital 30-Day Readmissions
Community Dashboard – New Views

- Interactive map view allows users to better understand and compare measurements across DOI regions and Counties
- Summary Page shows high-level comparisons
Community Dashboard - Trends

ACCESS TO CARE
- Adults: +4%
- Children & Adolescents: +/- 0%

HEALTH CARE USE
- Healthy Users per 1,000: -29%
- Non-Users per 1,000: +1%

ER VISITS
- Per 1,000 Members: +6%

WELL-CHILD VISITS
- First 15 Months, 6 or More Visits: +34%
- 16-30 Months, 2 or More Visits: +7%

HOSPITAL UTILIZATION
- Potentially Preventable Hospital Visits: -31%
- 30-Day All-Cause Hospital Readmissions: -25%

DRAFT – MAY CHANGE IN FINAL RELEASE
Telehealth Services Analyses
https://www.civhc.org/covid-19

Who is accessing telehealth?

<table>
<thead>
<tr>
<th>Patient Gender</th>
<th>Patient Age</th>
<th>0-17</th>
<th>18-44</th>
<th>45-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Why are patients accessing telehealth?

Top Diagnosis Categories
- Mental Health Conditions: 53%
- Endocrine/Nutritional conditions: 6%
- Musculoskeletal conditions: 6%
- Nervous system conditions: 5%

What services are being provided?

Top Telehealth Procedure Categories
- Psychiatry Services and Procedures: 31%
- Office or Other Outpatient E&M Services - Establishments: 30%
- Other: 10%
- Telephone Services: 9%

Who is providing telehealth?

Top Service Provider Types
- Behavioral Health: 38%
- Primary Care: 22%
- FQHC/Rural Health Clinic: 5%
- Home Health: 5%
Increase in Telehealth 2019 vs. 2020

**Total Visits**
- **2019 vs. 2020**
- **1.92M**
  - **All Payers**
  - **59K**
    - **4.984%**
    - **1.3M**
  - **73K**
    - **1.680%**
    - **1.3M**
  - **36K**
    - **1.611%**
    - **616K**
  - **25K**
    - **1.288%**
    - **347K***

*Only thru June 2020

**Telehealth Trends in Colorado**
- Choose a **TIME PERIOD**: January 2019 - January 2021
- Choose a **MEASURE**: Utilization Per 1,000 People
- Choose a **PAYMENT TYPE**: (All)
- Choose a **TELEHEALTH SERVICE CATEGORY**: (All)
- Choose a **PROVIDER TYPE**: (All)

Lasso (click and drag) to view multiple months at a time.

April 2020 - Telehealth expansion through CO Governor Executive order
Telehealth Use Pre vs. Post-COVID Onset

Overall Trends

3 visits per person
April 2020

2 visits per person
January 2021

Use remains much higher than pre-COVID utilization

9 visits per 100 people
February 2020

Visits Per Person

2019
7 visits per 100 people

2020
Average 2 visits per person

x2
Behavioral Health Visits Increased Significantly Across all Payers

**Behavioral Health Trends**
Visits to behavioral health providers

- 4 visits per 100 people
  - February 2020
- 8 visits per 10 people
  - April 2020
- 9 visits per 10 people
  - January 2021

**Top Reasons for Visits**

37% Mental Health Conditions
53%
Commercially Insured Behavioral Health Visits Continue to rise

For commercially insured, visits with behavioral health providers increased 2600% from February 2020-January 2021.
Rural vs. Urban Telehealth Use

Pre-Pandemic, Higher Rural Usage (Feb 2019-Feb 2020)

Post-Pandemic, Higher use along I-25 Corridor (March 2019-Jan 2021)
Telehealth Use by Gender
(All Payers*, March 2020-Jan 2021)

Females Used Telehealth Most Often

Females - 60%
Males - 40%

*Medicare FFS only included through June 2020
Telehealth Use by Age Group
(All Payers*, March 2020-Jan 2021)

*Ages 18-44 Used Telehealth Most Often

- 65+
- 45-64
- 18-44
- 0-17

*Medicare FFS only included through June 2020
Telehealth vs. In-Person Utilization

Did Telehealth help fill the gap for visits in 2020?

In April 2020, half of all eligible visits were performed via telehealth, but leveled off to around 20-25% of all eligible visits.

April 2020

350,904 Telehealth Claims (50% of Total Claims) 217% change from previous month

Average Cost Per Telehealth Claim: $117.63
Overall Utilization Dropped 1% from 2019 to 2020 (For high-volume Telehealth-eligible Services, All Payers*)

Thicker green line indicates higher percentage of telehealth vs in-person visits

*Medicare FFS only included in 2019
Primary care providers saw a 40% decrease in overall services provided from January 2020 to April 2020 despite a 7,800% increase in telehealth claims.

*Medicare FFS only included in 2019
Telehealth vs. In-Person Utilization – Behavioral Health

Behavioral health providers visits increased overall in 2020 compared to 2019, largely due to higher percentages of telehealth services.

*Medicare FFS only included in 2019
COVID Testing Data Byte

**Purpose:**
- To explore price variation for COVID-19 testing based on where Coloradoans received a test

**Findings:**
- Testing prices varied greatly by geography and setting type
- Rural/Urban divide

---

### Testing Price Variation*

<table>
<thead>
<tr>
<th>All Settings</th>
<th>In- and Out-of-Network</th>
<th>Emergency Room**</th>
<th>Provider Administered</th>
<th>Outpatient Facility*</th>
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</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>In-Network</td>
<td>$11</td>
<td>$31</td>
<td>$30</td>
</tr>
<tr>
<td>Out-Of-Network</td>
<td>In-Network</td>
<td>$45</td>
<td>$45</td>
<td>$68</td>
</tr>
<tr>
<td></td>
<td>Out-Of-Network</td>
<td>$88</td>
<td>$57</td>
<td>$85</td>
</tr>
</tbody>
</table>

* = PCR tests only

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**Rural Vs. Urban**
- Rural $114 Average per test
- Urban $84 Average per test

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*Range of testing prices from the 25th - 75th percentile

- $46 - 69 - 100 (Median allowed amount)
Public Reporting

• Upcoming Public Releases
  • Late November 2021
    • Community Dashboard Update
  • December 2021
    • CO APCD Annual Report Review via email
    • CO APCD Insights Dashboard Update
  • Late 2021/early 2022
    • Shop for Care update
  • Spring 2022
    • New Affordability Dashboard
Agenda

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Public Comment
Future Meeting Schedule

• 2022 – shift to 1st Tuesday
  • February 1st
  • May 3rd
  • August 2nd
  • November 1st

• 9am-11am

• Virtual until otherwise noted