CO APCD Advisory Committee

November 9, 2021

Agenda

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

Operational Updates

Kristin Paulson, JD, MPH

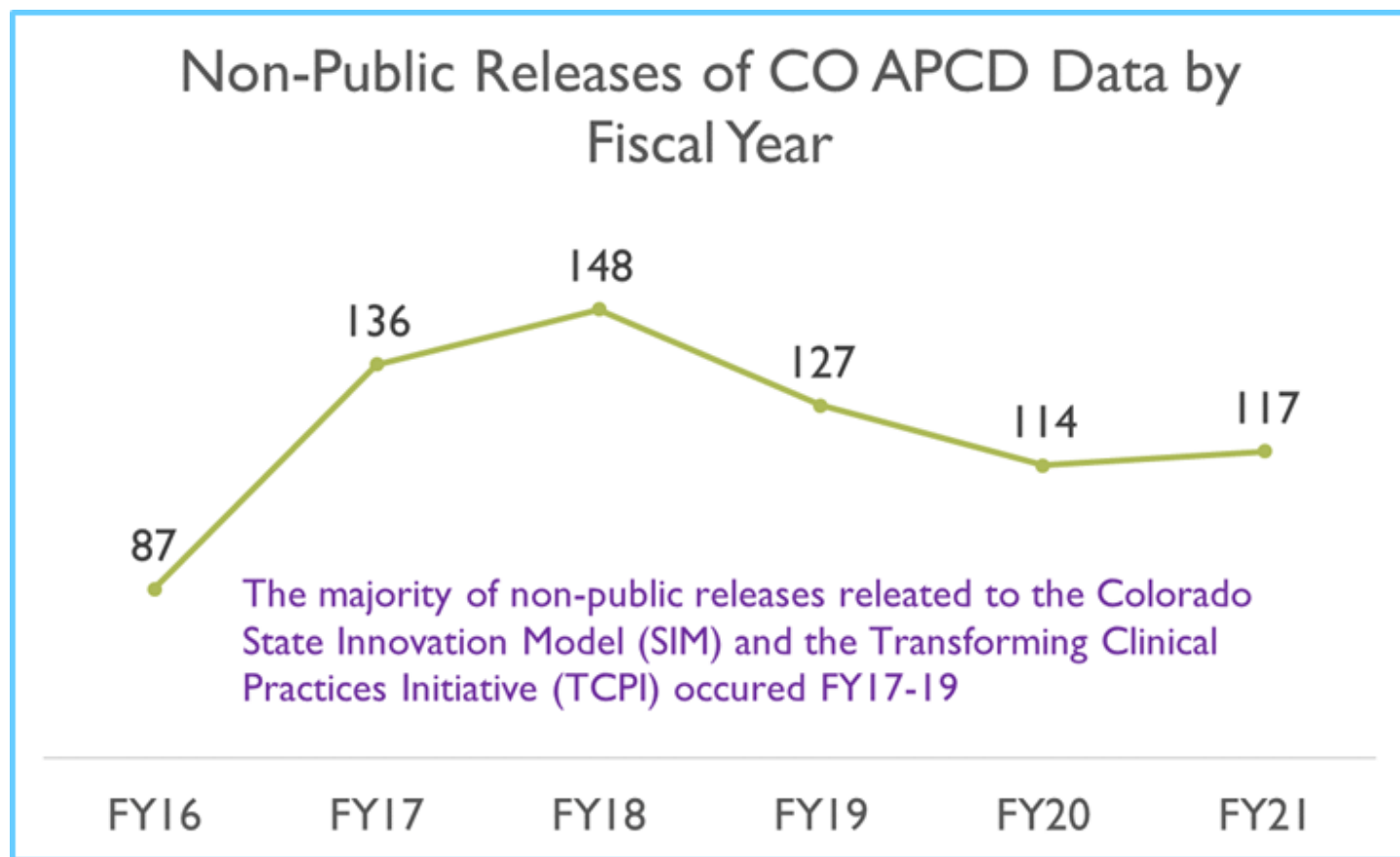CIVHC Chief Operating Officer and General Council

Pete Sheehan

CIVHC VP of Client Solutions and State Initiatives

CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

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

148

136

127

114   117

87

The majority of non-public releases releated to the Colorado State Innovation Model (SIM) and the Transforming Clinical Practices Initiative (TCPI) occured FY17-19

FY16   FY17   FY18   FY19   FY20   FY21

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

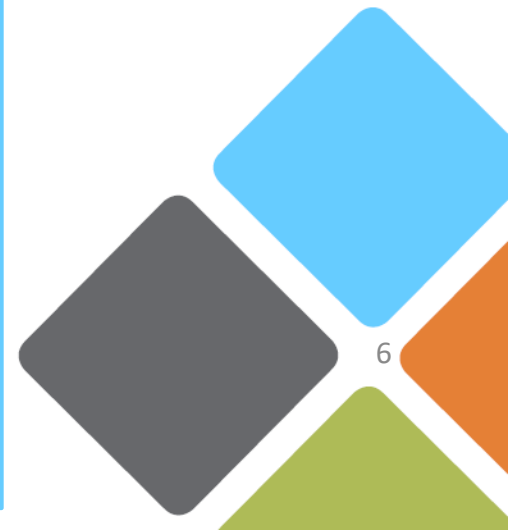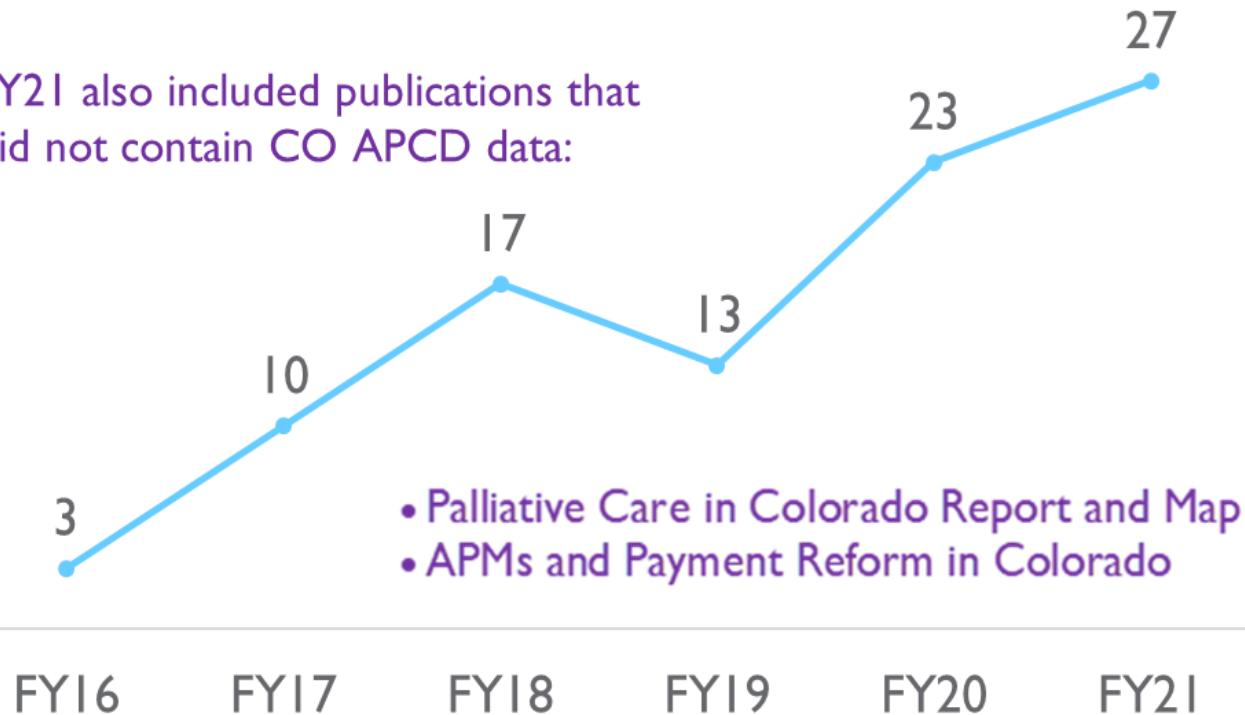Stakeholders Who Received Non-Public CO APCD Data By Year
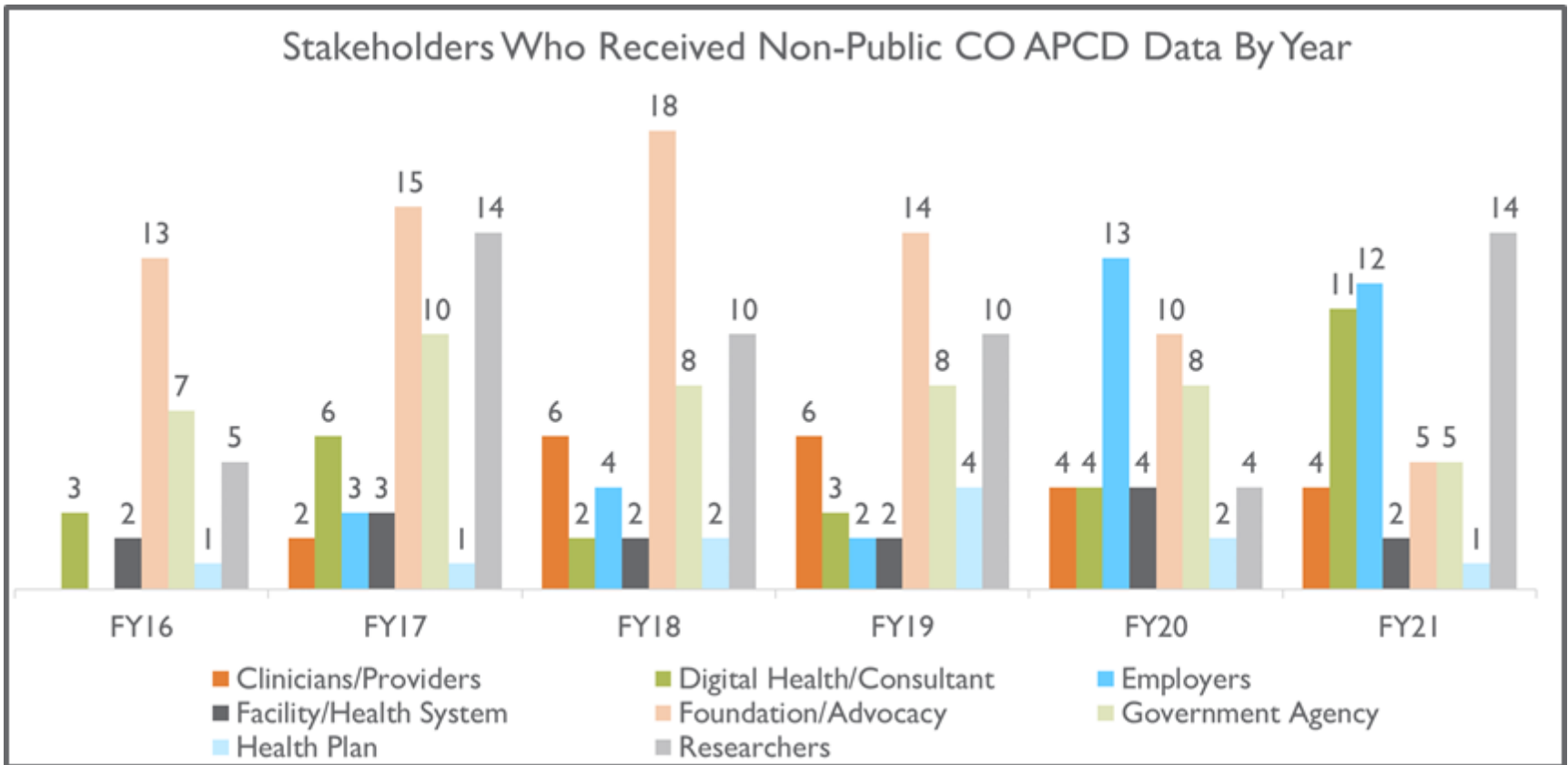
CO APCD as a Vital Resource

- 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

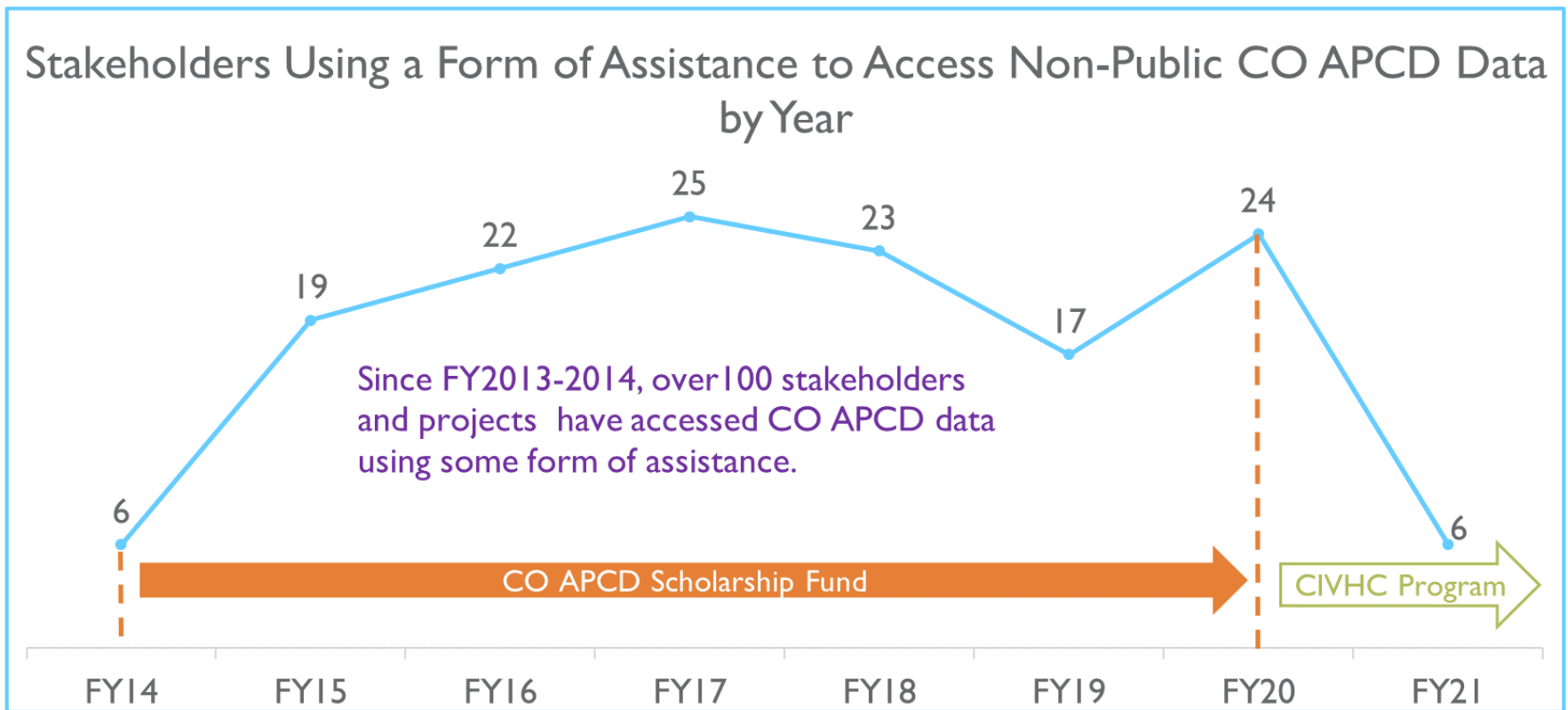| FY16	FY17	FY18	FY19	FY20	FY21
3	10	17	13	23	27

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-apcds/**

  "**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.

6 — FY14
19 — FY15
22 — FY16
25 — FY17
23 — FY18
17 — FY19
24 — FY20
6 — FY21

CO APCD Scholarship Fund

CIVHC Program

Scholarship Funding Restoration

Department of Health Care Policy & Financing

FY 2022-23 Funding Request

November 1, 2021

Jared Polis
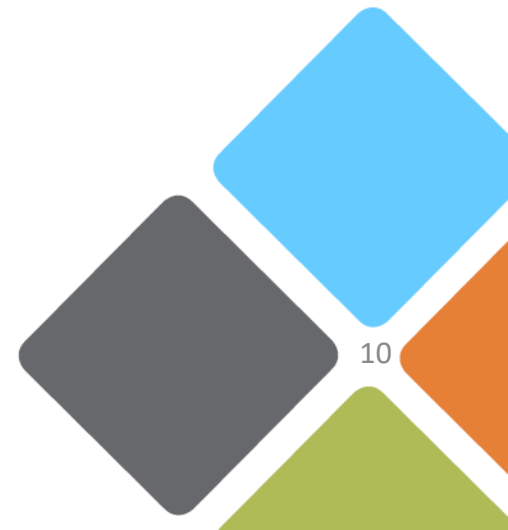Governor

Kim Bimestefer
Executive Director

Department Priority: R-15
Request Detail: Restore APCD Scholarship Funds

Summary of Funding Change for FY 2022-23			
		Incremental Change	
	FY 2021-22 Appropriation	**FY 2022-23 Request**	**FY 2023-24 Request**
Total Funds	$3,795,498	$200,000	$200,000
FTE	0.0	0.0	0.0
General Fund	$2,962,231	$200,000	$200,000
Cash Funds	$0	$0	$0
Reappropriated Funds	$0	$0	$0
Federal Funds	$833,267	$0	$0

Scholarship Funding Restoration
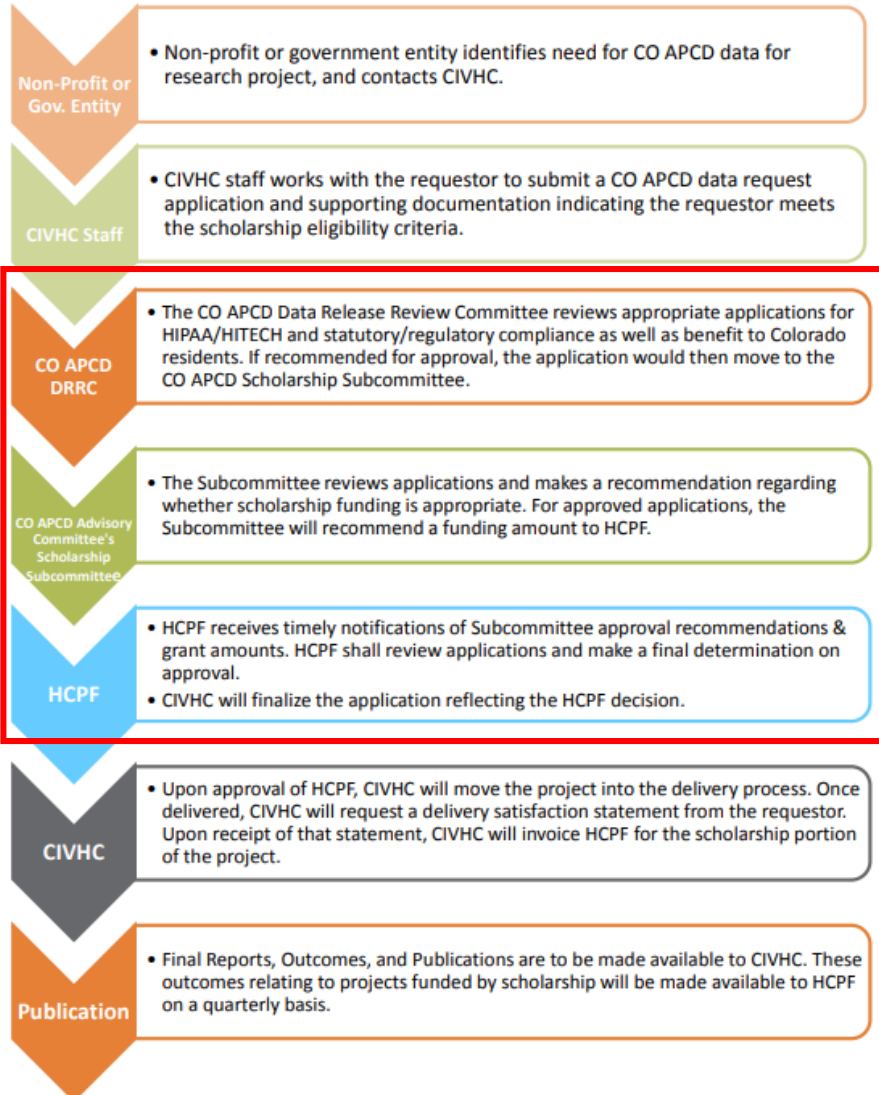
Administration of CO APCD Scholarship:

- 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 Gov. Entity
- Non-profit or government entity identifies need for CO APCD data for research project, and contacts CIVHC.

CIVHC Staff
- 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.

CO APCD DRRC
- 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.

CO APCD Advisory Committee's 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
- 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.

CIVHC
- 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.

Publication
- 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.

Licensing Fees and Applicant Responsibility

Estimated Pricing by Product Type:

	Range of Price*
Standard Reports	$500-$7000
Custom Reports	$1,500 - $20,000
Standard De-Identified Data Sets	$15,000-$25,000
Custom De-Identified Data Sets	$15,000-$30,000
Custom Limited Data Sets	$20,000-$40,000
Custom Fully Identified Data Sets	$30,000-$50,000

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

**Project Cost Responsibility of Requesting Organizations:**

	Portion of Project Cost Requestor is Responsible for*	Portion Scholarship May Cover*
Corporations & for-profit entities	100%	0%
Federal and Out-of-State Governmental Entities	75%	25%
Colorado-Based Governmental Entities	20%	80%
Non-Profit Entities with Revenues equal to or greater than $10M	30%	70%
Non-Profit Entities with Revenues between $5M- $10M	20%	80%
Non-Profit Entities with Revenues less than $5M	15%	85%
State-Supported Institutions of Higher Education	15%	85%
Colorado-Based Researchers	15%	85%
Out of State Researchers	50%	50%

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
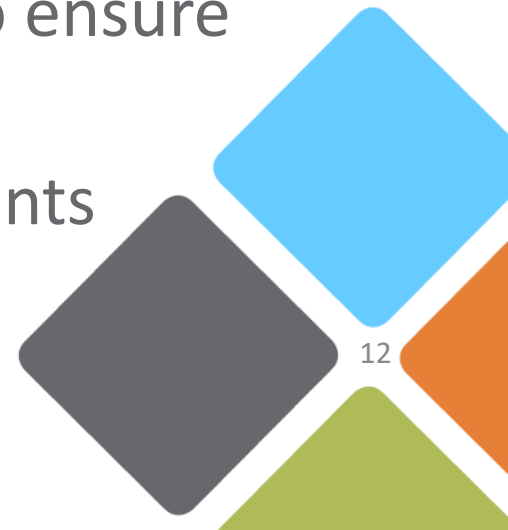
CO APCD Data to Support Legislation

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
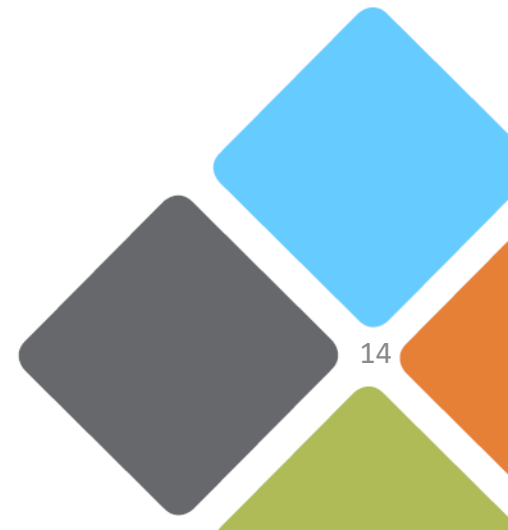
14

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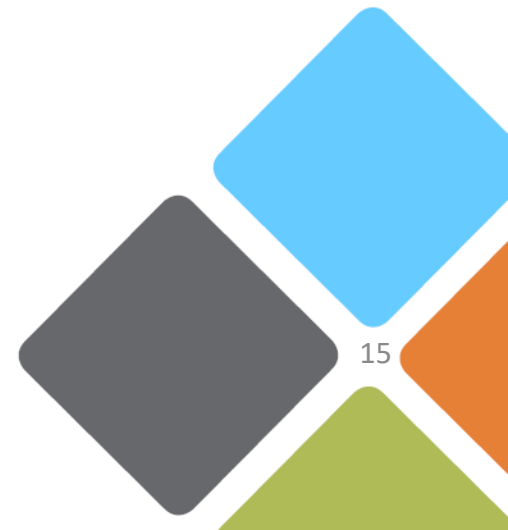
CO APCD Data Quality and Analytics

Kristin Paulson, JD, MPH

CIVHC Chief Operating Officer and General Council

Julia Tremaroli

CIVHC Intake Quality and Policy Analyst

CIVHC

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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

17

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

Data Submission Guide 13

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

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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

DRAFT – MAY CHANGE IN FINAL RELEASE

worse -------- better

Neutral

UTILIZATION & ACCESS

ACCESS TO CARE

Adults

↑ +4%

Children & Adolescents

+/- 0%

HEALTH CARE USE

Healthy Users per 1,000

↓ -29%

higher is better

Non - Users per 1,000

↑ +1%

lower is better

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 Vists

↓ -31%

30-Day All-Cause Hospital Readmissions

↓ -25%

Community Dashboard - Trends

DRAFT – MAY CHANGE IN FINAL RELEASE

Telehealth Services Analyses

https://www.civhc.org/covid-19

Who is accessing telehealth?

Patient Gender		Patient Age	
Female	60%	0-17	27%
		18-44	34%
Male	40%	45-64	21%
		65+	17%

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 - Establis..	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%

Where do patients receiving telehealth services live?

Click on any county to filter dashboard by geography.

© OpenStreetMap

Utilization
518.7   2,055.5
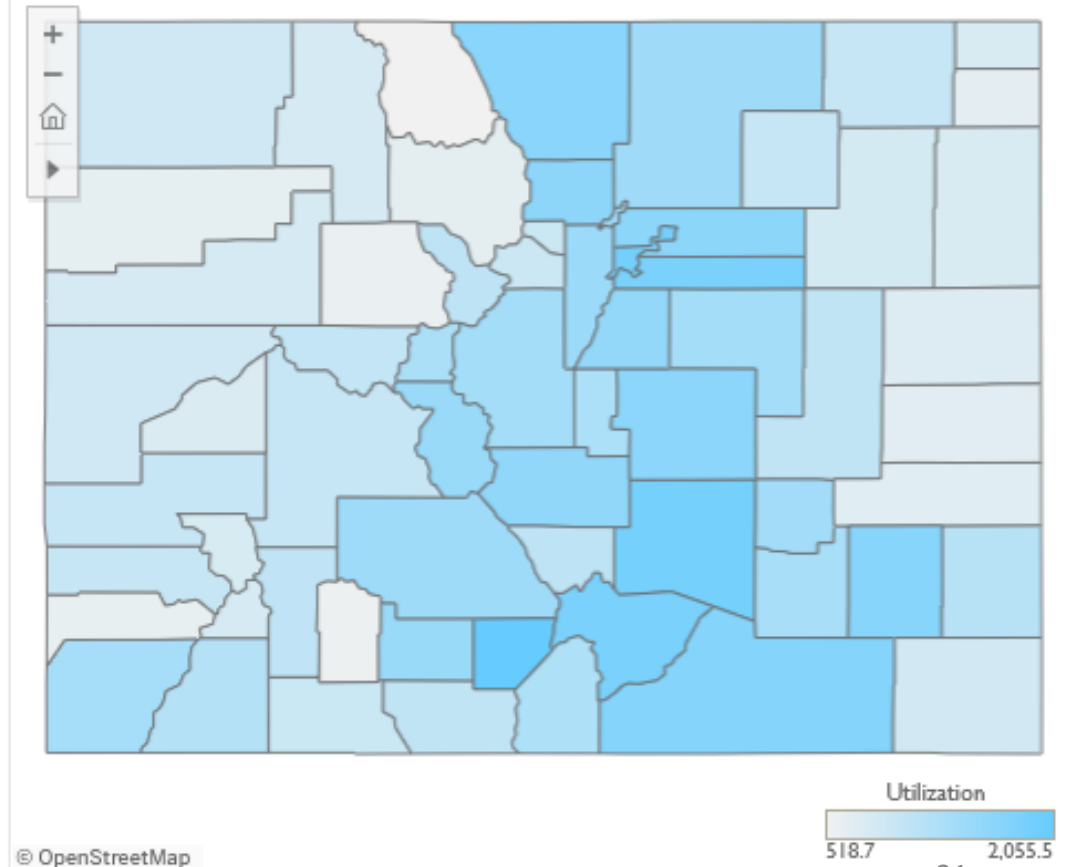
Source: Colorado All Payer Claims Database (CO APCD), 2021
* "All" payers does NOT include Medicare Fee-For-Service after June 30, 2020

Increase in Telehealth 2019 vs. 2020

Telehealth Trends in Colorado

Choose a **TIME PERIOD:**
January 2019 — January 2021

Choose a **MEASURE:**
Utilization Per 1,000 Peopl...

Choose a **PAYER 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 1 2020 - Telehealth expansion through CO Governor Executive order

Total Visits
2019 vs. 2020

5.3M

2,660%

192K
All Payers

3M

4,984%

Medicaid **59K** **1.3M**

1,680%

Commercial **73K** **616K**

1,611%

Medicare Advantage **36K** **347K***

1,288%

Medicare FFS **25K**
Only thru June 2020

December 2018   April 2019   August 2019   December 2019   April 2020   August 2020   December 2020
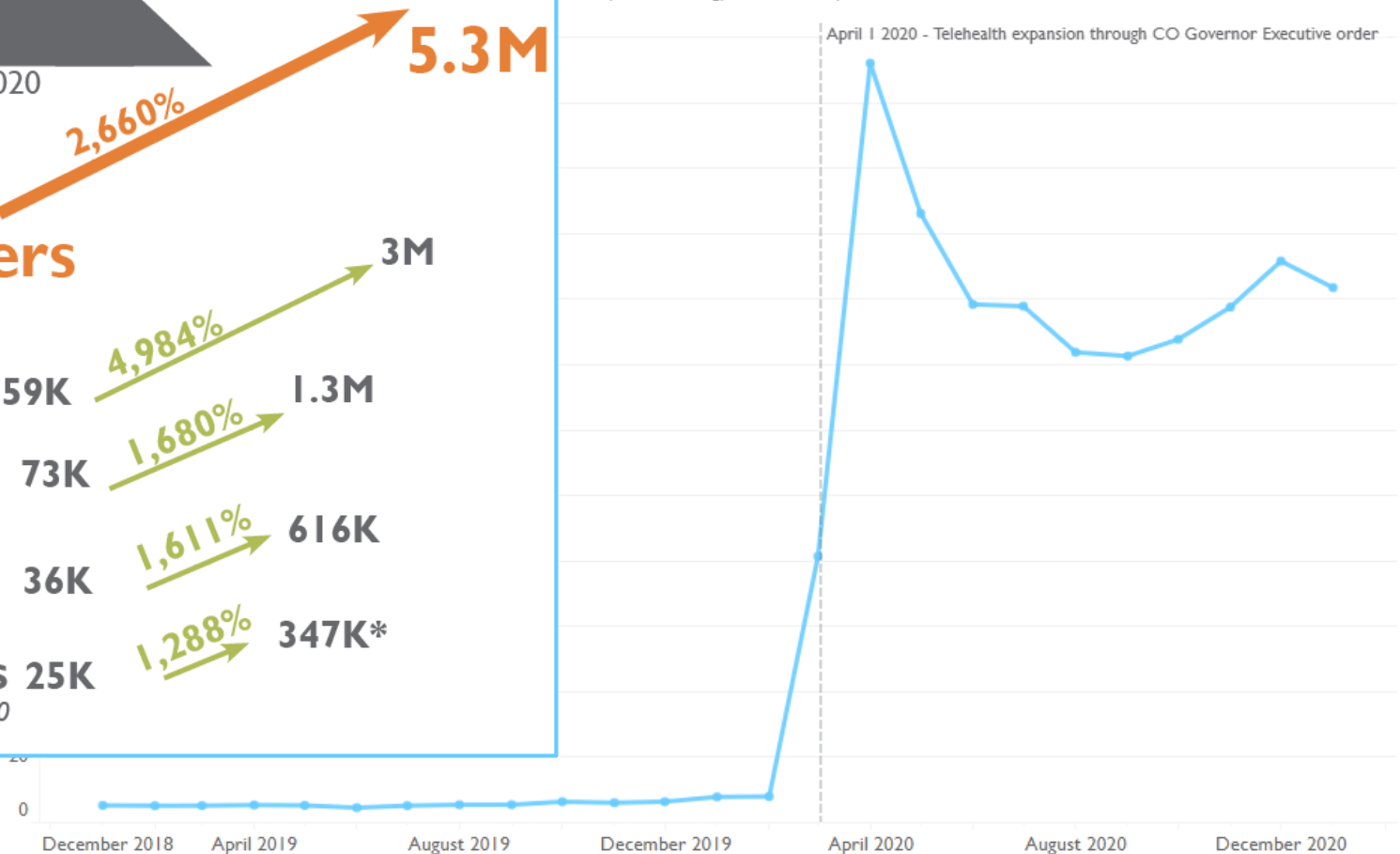
Telehealth Use Pre vs. Post-COVID Onset

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

2020

x2

7 visits per **100** people

Average **2 visits** per person
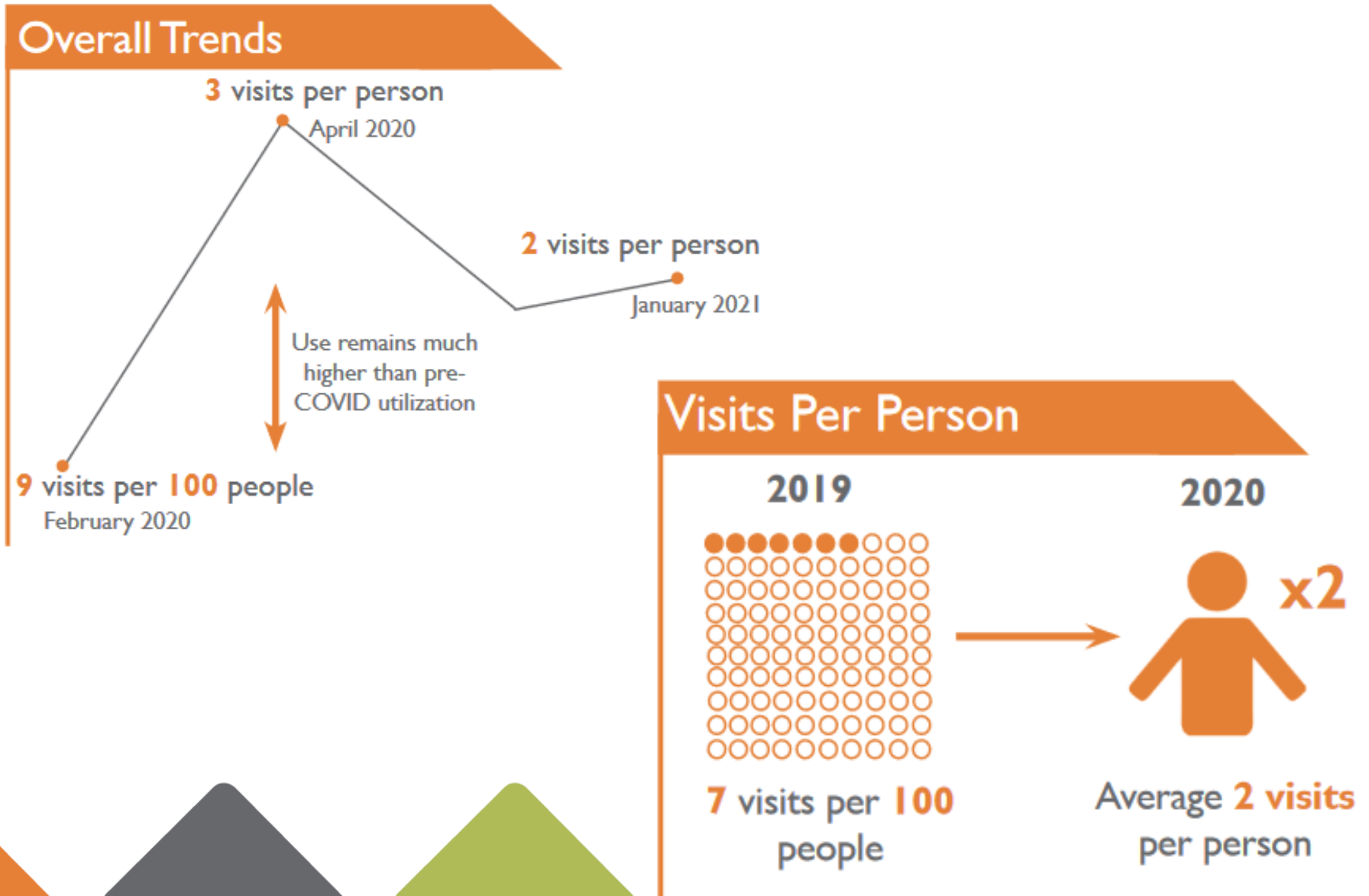
Behavioral Health Visits Increased Significantly Across all Payers

Behavioral Health Trends

Visits to behavioral health providers

9 visits per **10** people
January 2021

8 visits per **10** people
April 2020

Visits to behavioral health providers continue to rise

4 visits per **100** people
February 2020

Top Reasons for Visits

% of total visits, 2019 vs. 2020

Mental Health Conditions

37% → 53%

Commercially Insured Behavioral Health Visits Continue to rise

Telehealth Trends in Colorado

Choose a TIME PERIOD:
January 2020 — January 2021

Choose a MEASURE: [▼]

Choose a PAYER TYPE*: Commercial [▼]

Choose a TELEHEALTH SERVICE CATEGORY: (All) [▼]

Choose a PROVIDER TYPE: Behavioral Health [▼]

INSTRUCTIONS: Click on any point to view telehealth procedure details. Lasso (click and drag) to view multiple months at a time.

April 1 2020 - Telehealth expansion through CO Governor Executive order

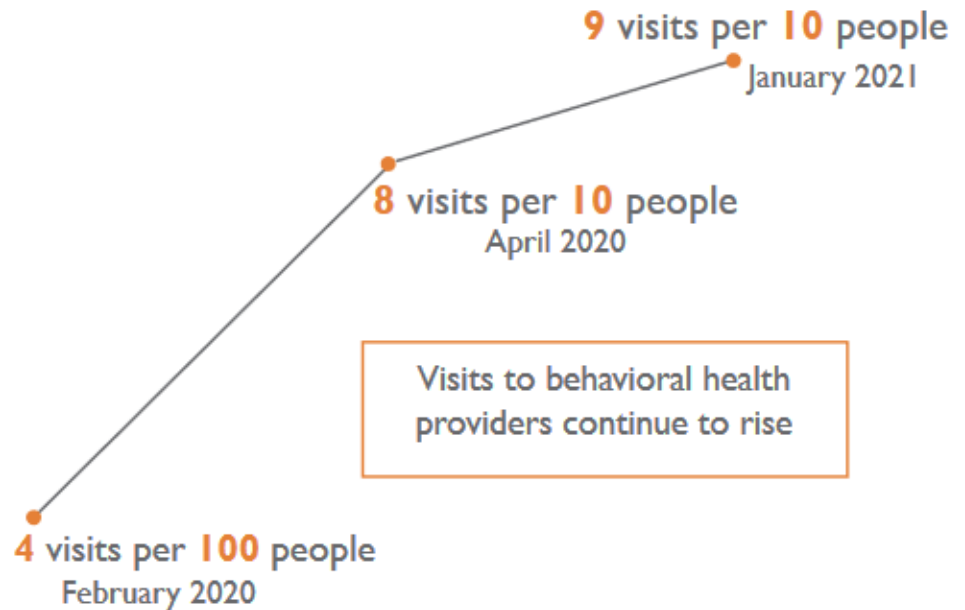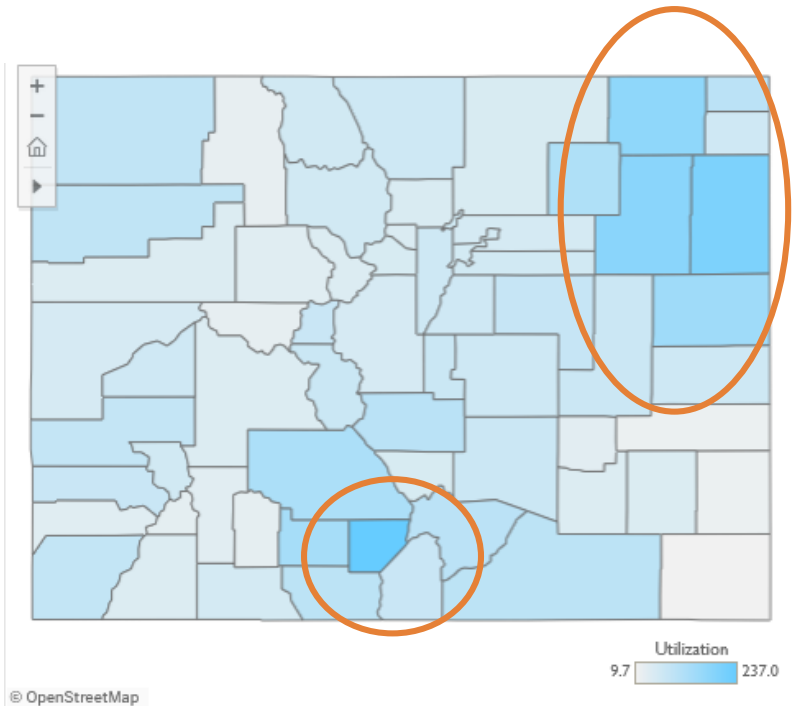For commercially insured, visits with **behavioral health providers increased 2600%** from February 2020-January 2021

Y-axis: Utilization Per 1,000 People Per Month

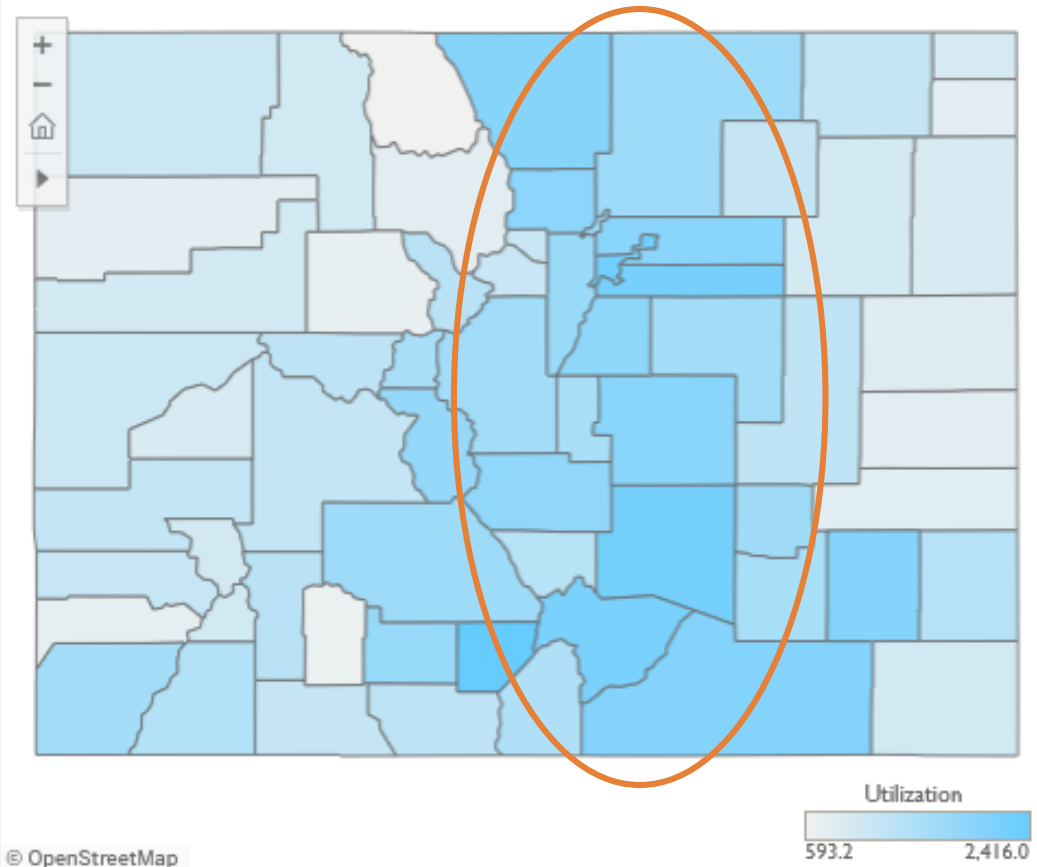*X-axis: February 2020, April 2020, June 2020, August 2020, October 2020, December 2020*

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

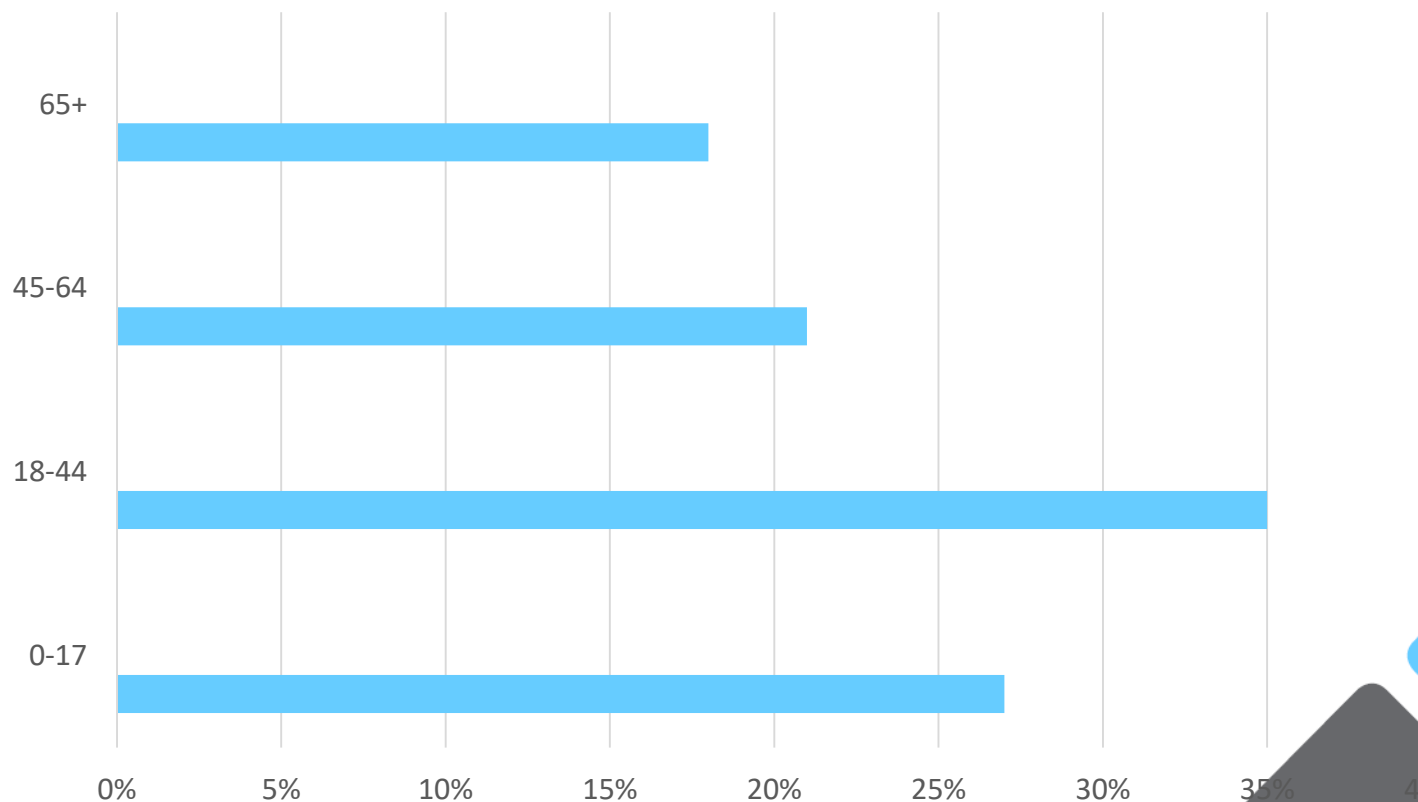**Females - 60%**   **Males - 40%**

*Medicare FFS only included through June 2020
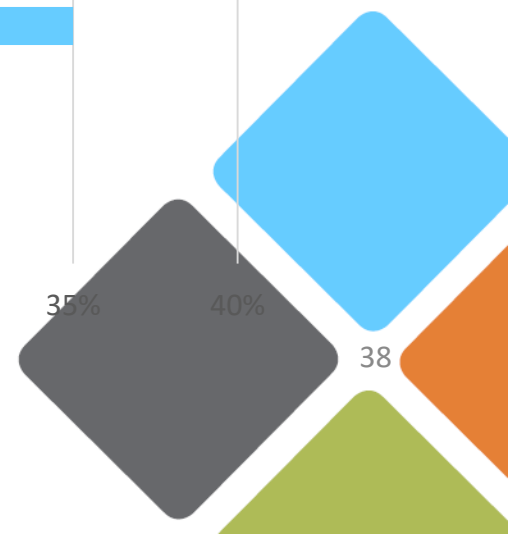
Telehealth Use by Age Group
(All Payers*, March 2020-Jan 2021)
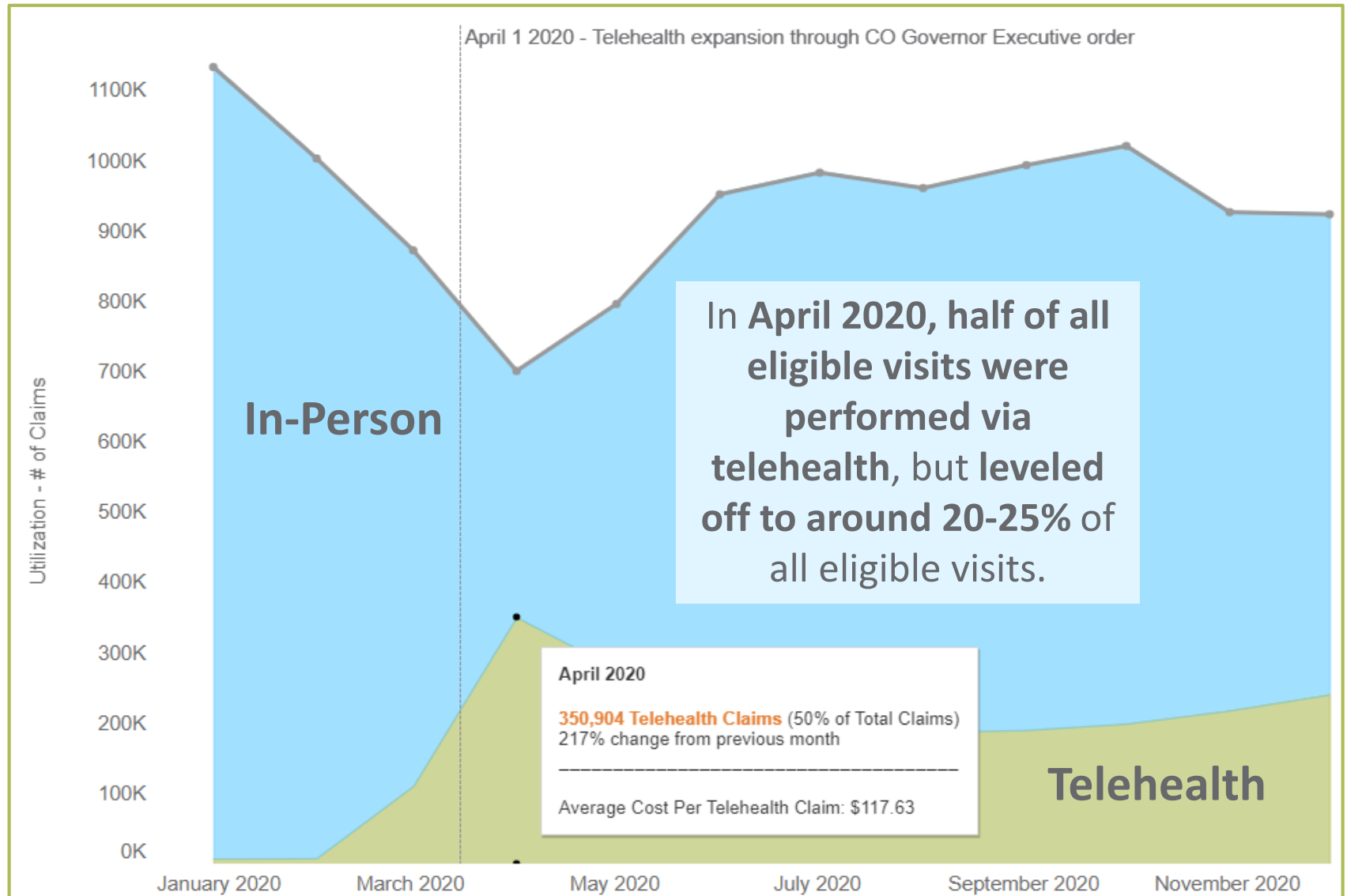
Ages 18-44 Used Telehealth Most Often

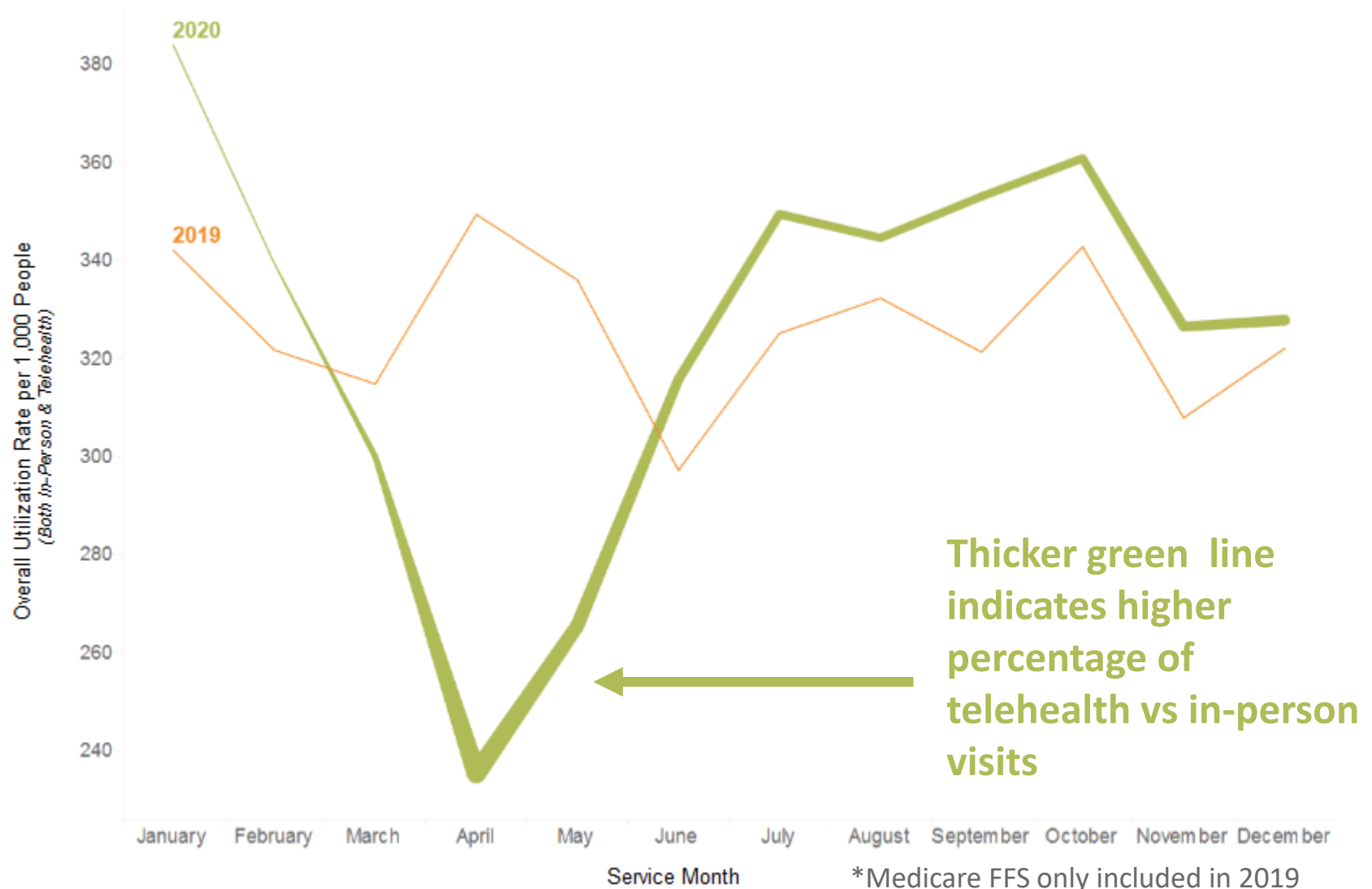*Medicare FFS only included through June 2020

38

Telehealth vs. In-Person Utilization

Did Telehealth help fill the gap for visits in 2020?

April 1 2020 - Telehealth expansion through CO Governor Executive order

In-Person

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

Telehealth

Utilization - # of Claims

1100K
1000K
900K
800K
700K
600K
500K
400K
300K
200K
100K
0K

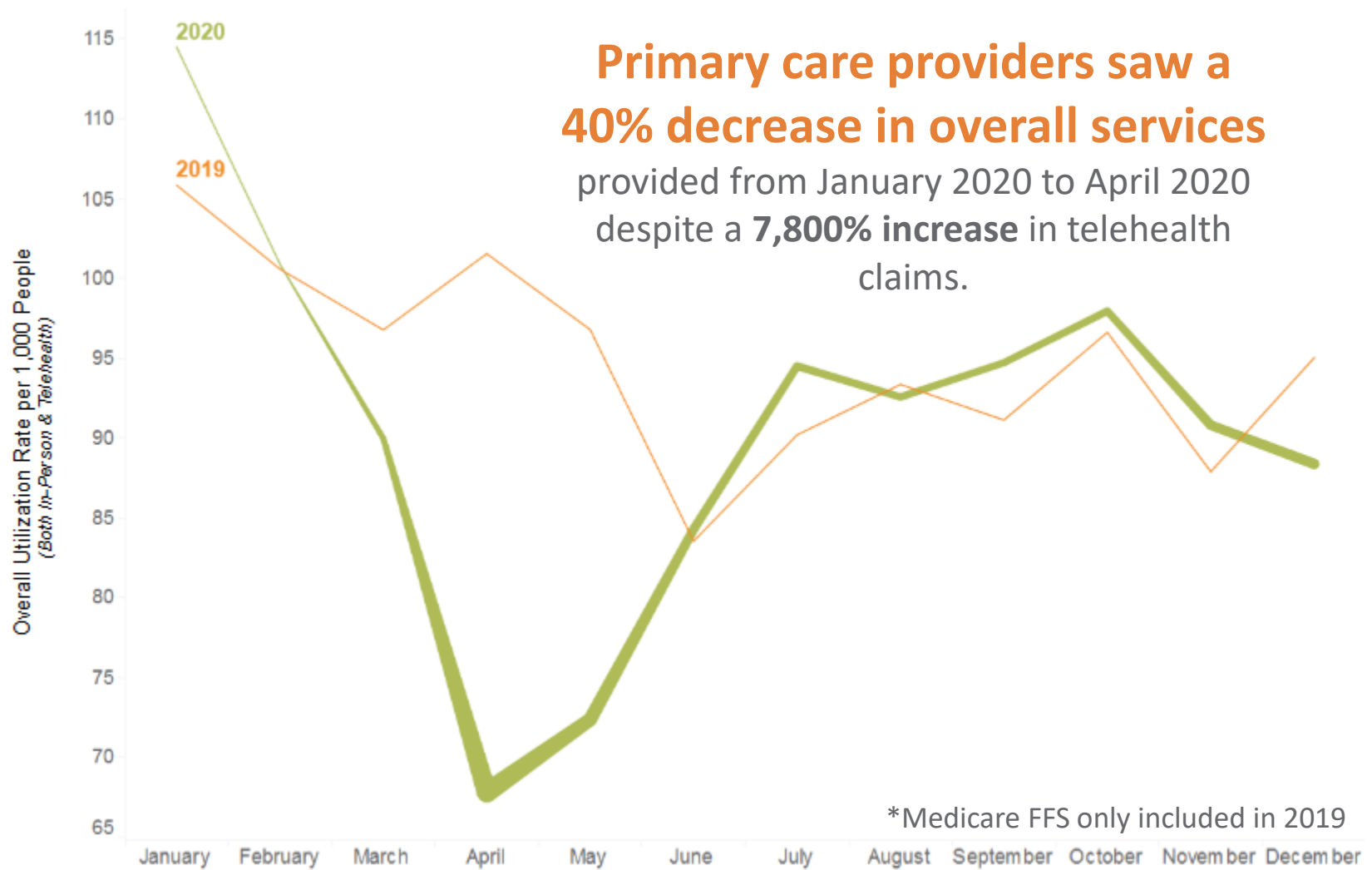January 2020   March 2020   May 2020   July 2020   September 2020   November 2020

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

Telehealth vs. In-Person Utilization – Primary Care

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.**

Overall Utilization Rate per 1,000 People
(Both In-Person & Telehealth)

2020

2019

*Medicare FFS only included in 2019
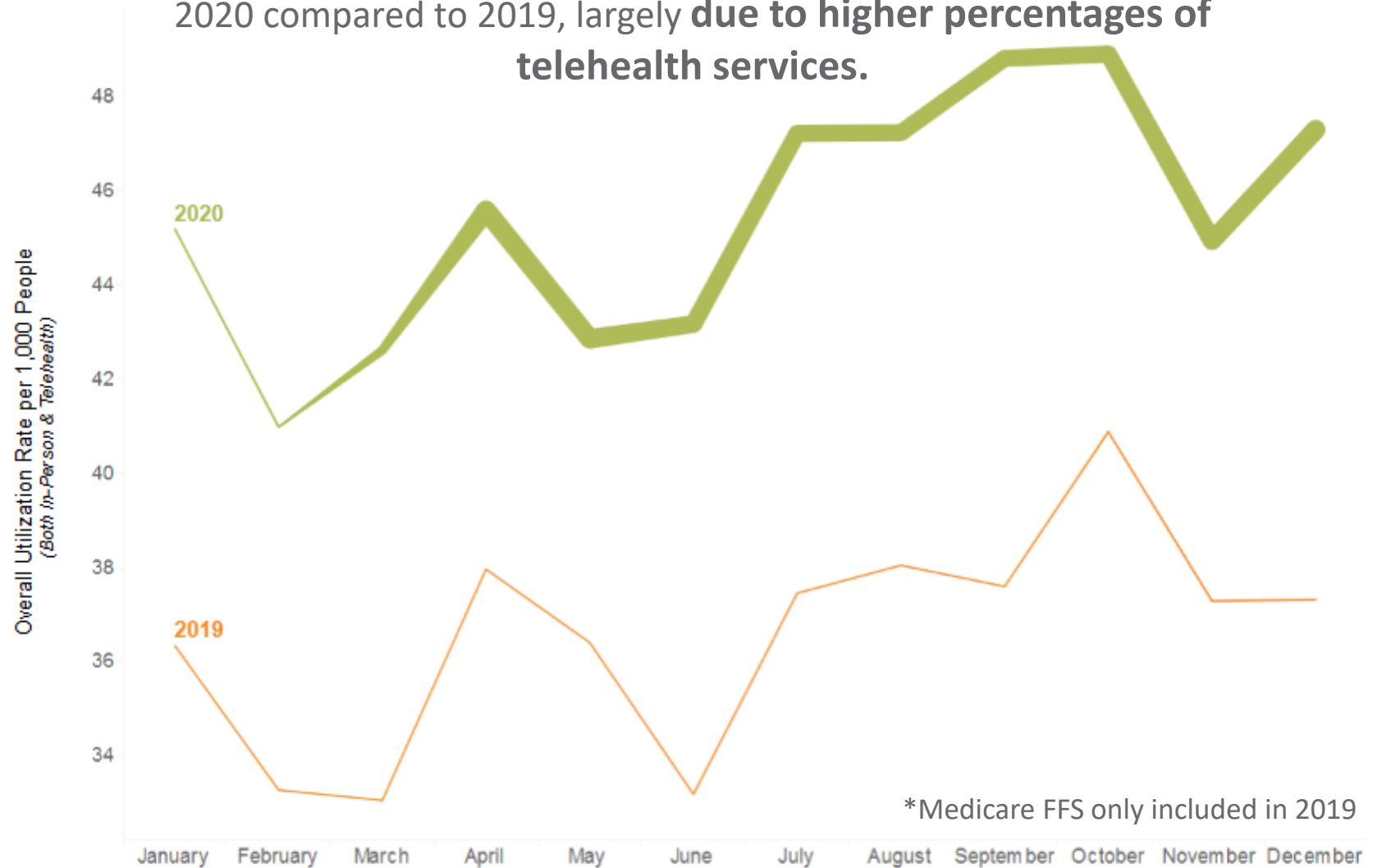
COVID Testing Data Byte

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

Rural Vs. Urban*

Rural $114 Average per test

Urban $84 Average per test

Testing Price Variation*

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

| = Median allowed amount

All Settings
In- and Out-of-Network
$46 $69 $100

Emergency Room

In-Network
$11 $43 $88

Out-Of-Network
$45 $97 $173

Provider Administered

In-Network
$31 $45 $57

Out-Of-Network
$51 $85 $122

Outpatient Facility**

In-Network
$30 $68 $111

Out-Of-Network
$62 $96 $152
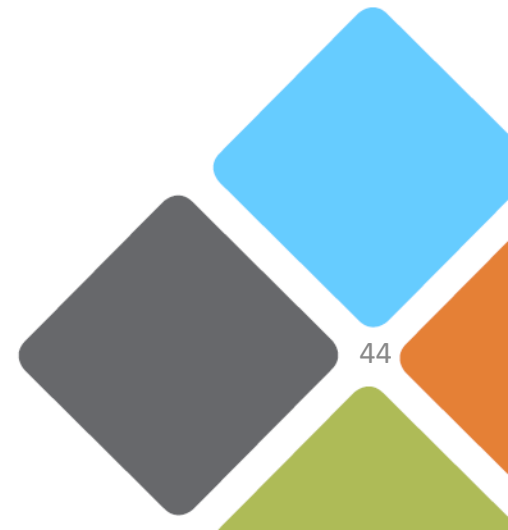
* = PCR tests only

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

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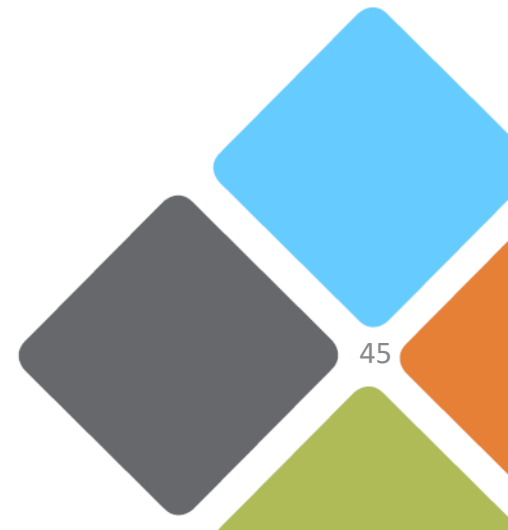
Public Comment

Future Meeting Schedule

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

- 9am-11am

- Virtual until otherwise noted