



CO APCD Advisory Committee

May 3, 2022



CENTER FOR IMPROVING
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Agenda

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





Operational Updates

Kristin Paulson, JD, MPH

CIVHC Chief Operating Officer and General Counsel

Pete Sheehan

CIVHC VP of Client Solutions and State Initiatives



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State Funding – Long Bill

- Restoration of full Scholarship Fund
 - \$500k Scholarship
 - FY20 - \$637k Total funding including requestor portion
- Restoration of FY 2020-21 25% decrease in General Fund State budget line item
 - FY23 Total State GF funding \$3.536M
 - FY21/22 Total \$2.962

New CIVHC Staff

- Tonia Cliff – Reporting Analyst
- Mohammad Dakkak - Health Care Data Analyst
- Valerie Garrison, MES – Evaluation Analyst
- Benjamin Hauschild, MPH – Evaluation Program Manager
- Martha Meyer, PhD, MPH – Data Research and Client Solutions Analyst
- LaDios Muhammad – Executive Assistant/Board Administrator
- Matthew Nam, MS – Data Intake Analyst

CO APCD Scholarship Program

Administration:

- The CO Dept of Health Care Policy & Financing Administers the CO APCD Scholarship Funds
- The funds are used to help 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.



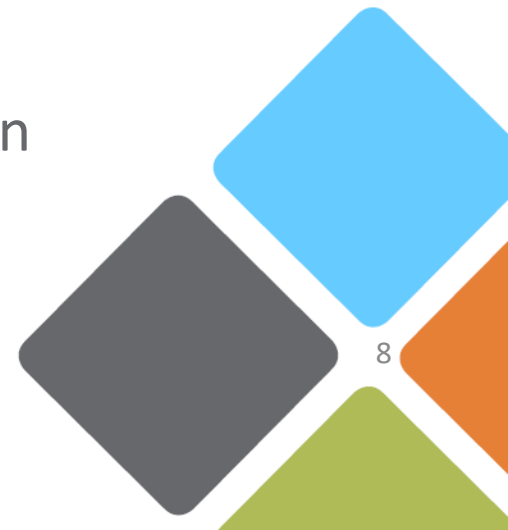
CO APCD Scholarship Funding Restoration

CO APCD Advisory Committee Role Outlined in HB18-1327:

- Consult with HCPF to develop the application form
- Accept applications from eligible entities which include non-profits and governmental entities, including state funded institutions of higher education
- Determine which applications to approve and the amount of funding

CO APCD Scholarship Application Process

- Contact CIVHC and go through normal data request application process
 - ColoradoAPCD@CIVHC.org
- Request funding through the CO APCD Scholarship program if you are an eligible organization:
 - Non-profit with annual revenue less than \$10 Million
 - Governmental entities
 - Researcher at a publicly supported institution of higher education



CO APCD Scholarship Application Process

- Program documents have been updated and will be made available on the CIVHC web site:
 - FY 2023 Application Information
 - HCPF CIVHC Scholarship Application
 - CO APCD Scholarship Grant Process

CO APCD HCPF Scholarship Application



Date Submitted to HCPF: _____

FINAL DECISION FROM HCPF: _____ Date of Decision: _____

Approved: _____ Disapproved: _____ Reason for Disapproval _____

Project Information	
Project Number and Title:	
Date of Request:	
Organization Requesting Data:	
Contact Person:	
Title:	
E-mail:	
Phone Number:	
Person Responsible for the Project (if different than above):	
Title:	
E-mail:	
Phone Number:	

Colorado Based Organization:

Yes: No:

Scholarship Eligibility:

- Non-profit, less than \$10M (include recent 990),
- Research organization, less than \$10M (include budget document)
- State agency

Data Release Review Committee (DRRC) Approval:

DRRC and HCPF Scholarship Subcommittee feedback:

Project Purpose:

Research Questions to be Addressed:

Type of Data Requested:

Total: \$

Scholarship Request: \$

Data Requestor Portion: \$

CO APCD Scholarship Application Process

CO APCD Advisory Committee Scholarship Subcommittee

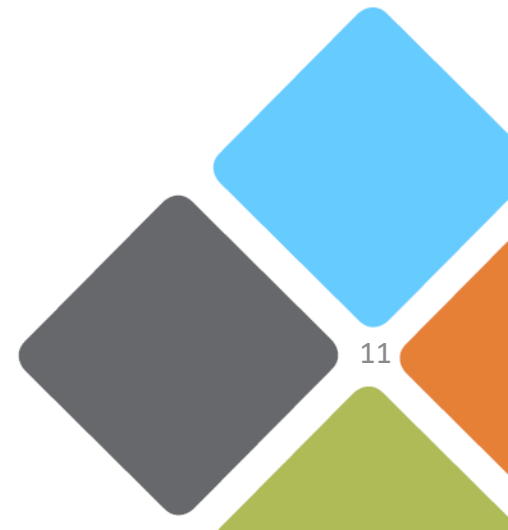
Members:

- Chris Underwood, CO Dept of Health Care Policy & Financing
- David Keller, University of Colorado, School of Medicine
- Kyle Brown, Colorado Division of Insurance
- Sarah Hassell, Paramount Professional Services

The Subcommittee members

- review the applications
- asks questions
- share feedback

If approved, the application is forwarded to HCPF as administrator of the funds for final review and approval



CO APCD Data to Support Legislation '22

SB22-068 Provider Tool To View APCD Data (Rodriguez)

- Provides data about:
 - Avg reimbursement by County, DOI region, Specialty.
 - Gives 25th, 50th, 60th, and 75th reimbursement percentiles by CPT.
 - Includes Medicare, Medicaid, and commercial rates.
- In line with other CIVHC reporting for the state

HB22-1325 Primary Care Alternative Payment Models (Kennedy)

- Requires DOI, HCPF, others to develop rules for alternative payment models for primary care in the commercial market.
- CIVHC will collaborate with DOI to develop and report on quality measures starting in 2024.

CO APCD Data to Support Legislation '22

SB22-040 Actuarial Reviews Health Insurance Mandate (Smallwood)

- Requires DOI to hire a contractor to perform actuarial reviews of proposed legislation that may impose a new health benefit mandate on health benefit plans.
- CO APCD is a named data source for the reviews.

SB22-1278 Behavioral Health Administration (Young)

- CIVHC and CO APCD role TBD.

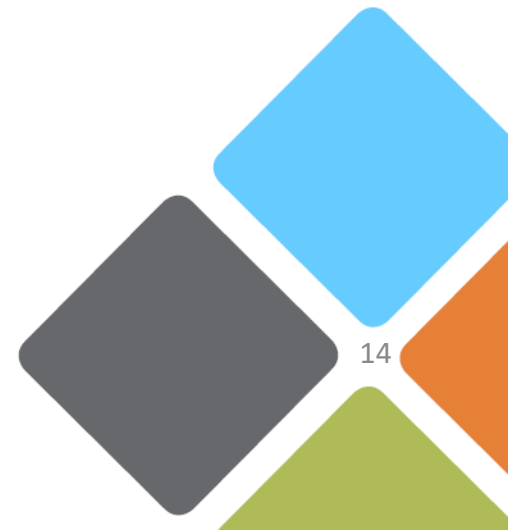
SB22-1370 Coverage Requirements for Health Care Products (Jodeh)

- CIVHC to provide expanded public Drug Rebate reporting by May.

CO APCD Data to Inform Decisions

Committee Discussion

- Developing a framework to reinforce CIVHC's role as neutral administrator regarding releases of CO APCD data.
- Establishment of confidentiality/embargo requirements for CAAC public report reviews until they are promoted.



Discussion Framework for Consideration

- Enabling statute requires every data release to benefit Colorado and address the Triple Aim. Also requires the CO APCD administrator to support diverse stakeholders.
- Current guidance is insufficient to ensure that CIVHC is seen as a neutral provider of data and information.
- How do we create a “neutrality guardrail” to avoid perceptions of bias?
- How do we deal with bad actors or those who are trying to use the data counter to established evidence?
- Any review by external entities or committee members is to remain confidential until promotion

Discussion Framework for Consideration

- Certain public data releases have political implications or sensitivities that impact the timing of the release.
- Enabling statute requires the Advisory Committee to review public reports before dissemination.
- To avoid complications related to the review and release of politically sensitive reports, any review by external entities or committee members is to remain confidential until promotion.

Agenda

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





CO APCD Data Quality & Analytics

Kristin Paulson, JD, MPH

CIVHC Chief Operating Officer and General Counsel



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Data Submission Guide 13 Update

Rule hearing was held on **February 4**

Updated Rule and DSG 13 went into effect **March 1**

Test files for the new annual files are due **July 1**

Current concerns are mostly focused on drug rebate and Prescription Drug Affordability Board files:

- Therapeutic Class reporting (Tier 1, AHFS classification)
- Questions about how to group or not group NDCs for the purposes of the PDAB reporting
- Confusion about how to report premium impact of drugs

Additional confusion about the Market Options field.

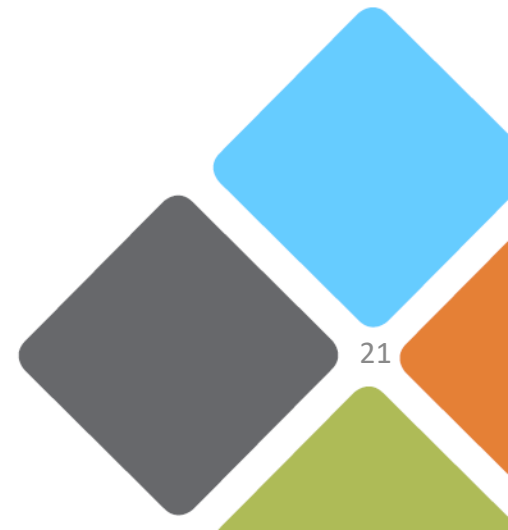
Preview DSG 14

Trying to minimize changes in DSG 14

- Race and ethnicity reporting in line with state and federal standards
- Disability insurance flag
- Vision claims
- Refinements to PDAB submissions
- Clarification to capitation reporting
- Revisiting ERISA language
- Exploring: workers comp claims, LGBTQ flag, VA reporting

Agenda

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





Public Reporting

Cari Frank, MBA

CIVHC VP of Communication and Marketing

Clare Leather, MPH

CIVHC Public Reporting Program Manager



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Public Reporting

- Recent Releases

- New Data Bytes
 - Social Needs Codes in the CO APCD
 - OB ED Claims
- Affordability Dashboard
 - Cost of Care
 - Low Value Care
 - Drug Rebates

New Data Bytes

- Obstetrics Emergency Department Claims, CO (APCD 2016-2020)

Year	Total # of Normal Deliveries (Commercial and Medicaid)	Total # of Normal Deliveries with ED Claim (Commercial and Medicaid)	% Deliveries with ED claim (Commercial and Medicaid)	% of Normal Deliveries with ED Claim (Commercial)	% of Normal Deliveries with ED claim (Medicaid)
2016	21,897	311	1.42%	1.04%	1.71%
2017	24,236	467	1.93%	1.53%	2.18%
2018	21,990	589	2.68%	1.97%	3.11%
2019	19,307	613	3.18%	2.56%	3.54%
2020	17,530	577	3.29%	1.95%	4.11%

New Data Bytes

- Social Needs Codes in the CO APCD

Percentage of Eligible Members with Documented Social Needs* by Payer Type and Year (CO APCD, 2016-2020)

Payer Type	2016	2017	2018	2019	2020
Commercial	0.6%	0.7%	0.7%	0.7%	0.7%
Medicaid	1.7%	1.6%	1.9%	2.3%	2.4%
Medicare FFS	1.1%	1.2%	1.3%	1.4%	1.3%
Medicare Advantage	1.0%	1.3%	1.4%	1.4%	1.8%
Total	1.2%	1.2%	1.4%	1.5%	1.6%

* Documented health-related social needs defined as at least one Z code (Z55- Z65) recorded in a claim.

New Data Bytes

- Social Needs Codes in the CO APCD

Social Needs Categories by Payer Type, (CO APCD, 2016-2020)

Social Needs Code Category	Commercial	Medicaid	Medicare FFS	Medicare Advantage
<i>Number of Unique Members with Documented Social Needs (at least one Z code recorded)</i>	n=16,575	n=43,516	n=10,735	n=8,658
Education and Literacy (Z55)	6.4%	5.9%	0.8%	0.6%
Employment (Z56)	8.0%	3.3%	3.0%	2.1%
Occupational Exposure (Z57)	1.5%	0.5%	2.3%	1.4%
Housing and Economic Insecurity (Z59)	10.7%	30.9%	31.9%	27.7%
Social environment (Z60)	8.0%	10.6%	18.8%	28.4%
Upbringing (Z62)	18.7%	18.8%	6.0%	4.5%
Primary Support Group/Family (Z63)	49.3%	28.3%	35.3%	35.4%
Psychosocial (Z64)	1.0%	1.0%	0.2%	0.1%
Legal Circumstances (Z65)	8.7%	14.4%	9.9%	6.9%

*One member can have multiple health related social needs (Z codes), columns totals exceed one hundred percent.

Affordability Dashboard

Launched March 2022

Goal: to share information on health care cost drivers and opportunities to improve the affordability of health care in Colorado.

COST OF CARE

LOW VALUE CARE

PRESCRIPTION DRUG REBATES



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Click image to go to dashboard

CO APCD

AFFORDABILITY DASHBOARD: COST OF CARE

DEFINITIONS & METHODOLOGY

DEFINITIONS

METHODOLOGY

Affordability Dashboard – Cost of Care

COST OF CARE | LOW VALUE CARE | PRESCRIPTION DRUG REBATES

CO APCD
AFFORDABILITY DASHBOARD: COST OF CARE

DEFINITIONS & METHODOLOGY

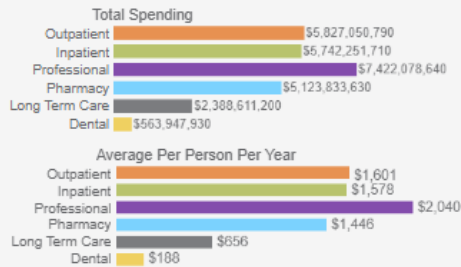
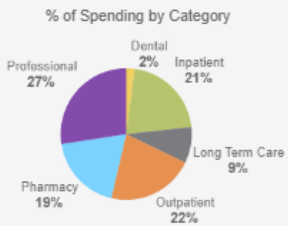
DEFINITIONS

METHODOLOGY

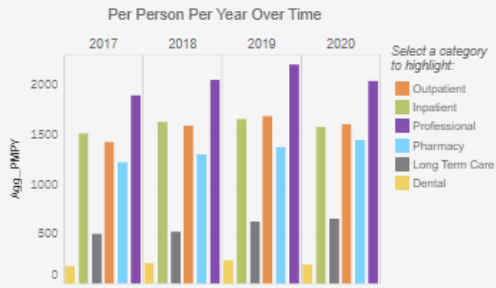
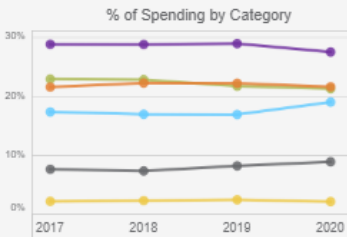
GLOBAL DASHBOARD FILTERS

Select a **PAYER TYPE**: All Payers | Select a **YEAR**: 2020 | Select a **DIVISION OF INSURANCE REGION**: All Regions

COST OF CARE SUMMARY



TRENDS OVER TIME



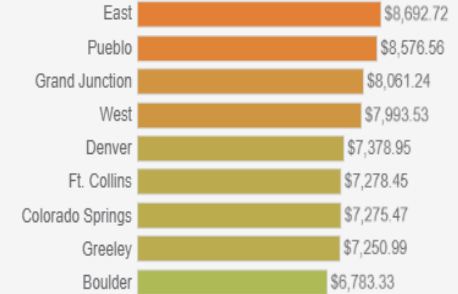
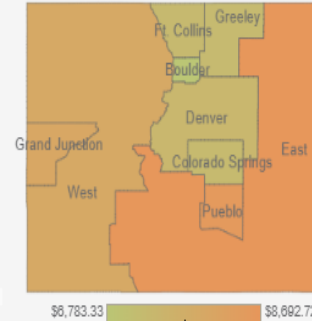
DIVISION OF INSURANCE REGION BREAKDOWN

based on patient residence

Select a **SPENDING CATEGORY**:

All Spending Categories

Average Per Person Per Year Spending



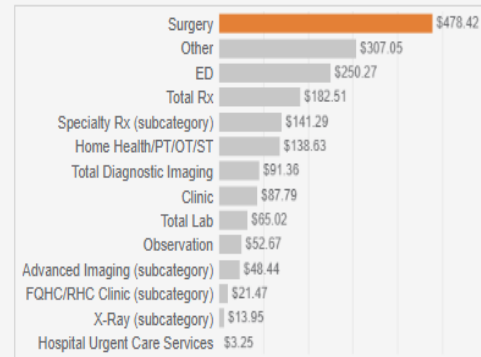
TOP OUTPATIENT SPENDING CATEGORIES

Select a **MEASURE**: Per Person Per Year Spending

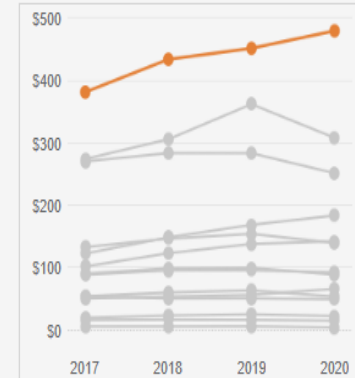
OUTPATIENT SERVICES DEFINITIONS

Per Person Per Year Spending (2020)

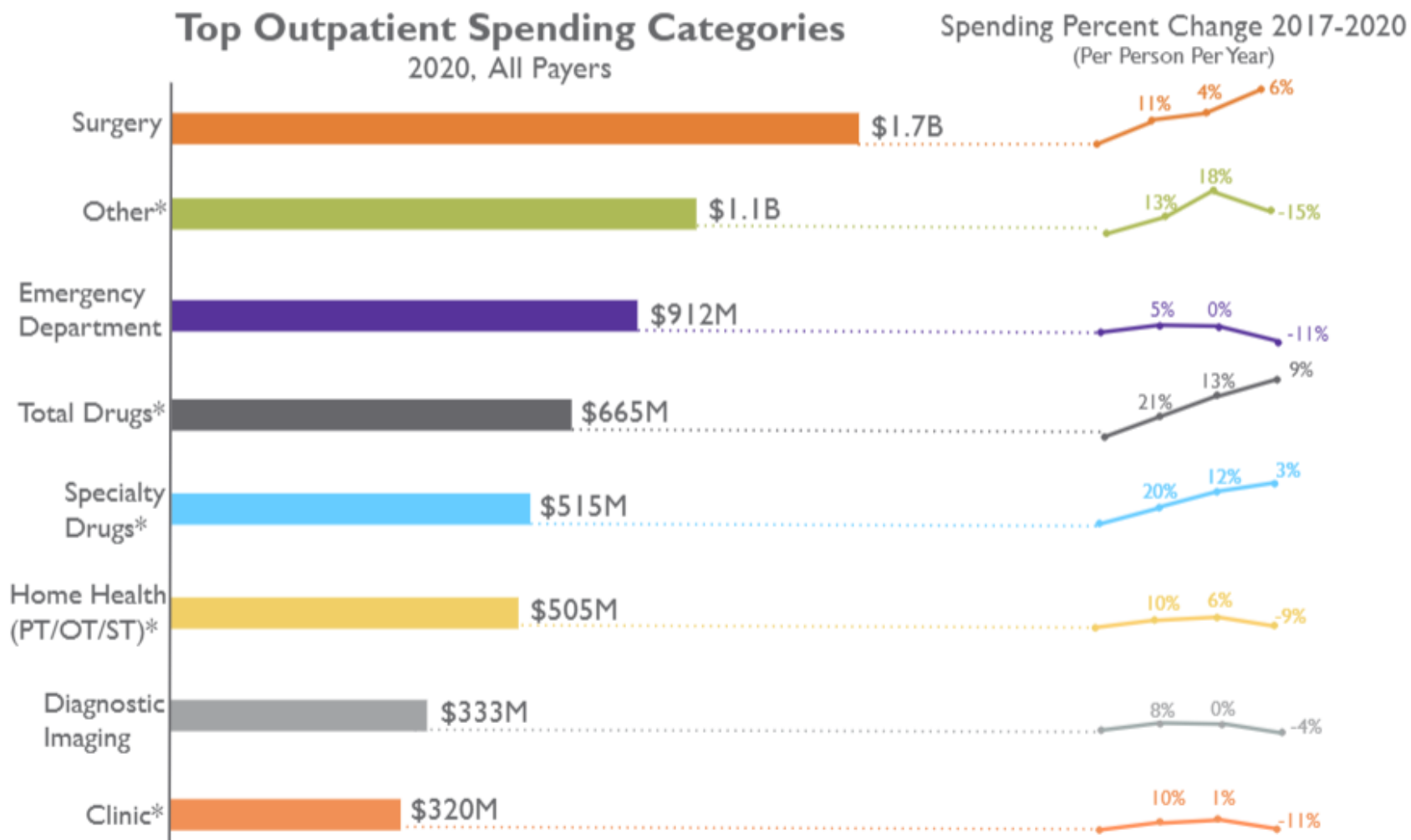
Select a service in the bar chart to highlight in the line chart



Per Person Per Year Spending Over Time



Affordability Dashboard - Cost of Care Infographic



Affordability Dashboard – Low Value Care

- What is “Low Value Care”?
 - Care where the potential harm or cost is greater than the benefit to a patient
 - Report developed using Milliman's Medical Waste Calculator
 - Based on the Choosing Wisely guidelines, developed by American Board of Internal Medicine Foundation

Affordability Dashboard – Low Value Care

COST OF CARE | **LOW VALUE CARE** | PRESCRIPTION DRUG REBATES

CO APCD
AFFORDABILITY DASHBOARD: **LOW VALUE CARE**

DEFINITIONS & METHODOLOGY

DEFINITIONS | METHODOLOGY

GLOBAL DASHBOARD FILTERS

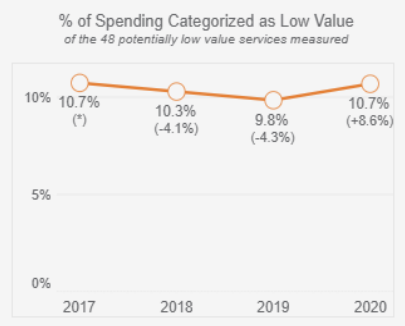
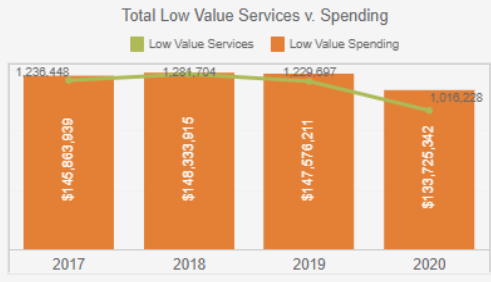
Select a PAYER TYPE: Select a YEAR: Select a DOI REGION:

**All* payers does NOT include Medicare-Fee-For-Service after June 30, 2020

LOW VALUE CARE SUMMARY

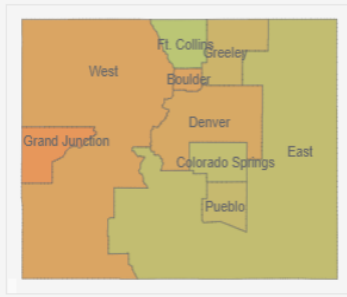
Total Low Value Services ⁱ	Total Low Value Costs ⁱ	Avg Cost per Service ⁱ
1,016,228	\$133,725,342	\$131.59

TRENDS OVER TIME

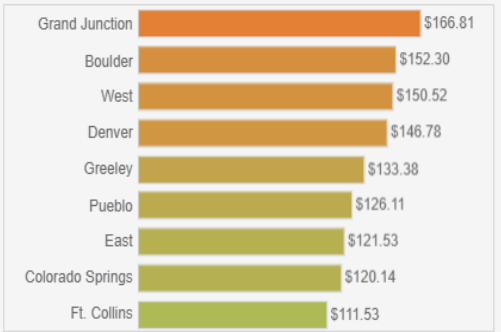


DOI REGION BREAKDOWN

based on provider or service location



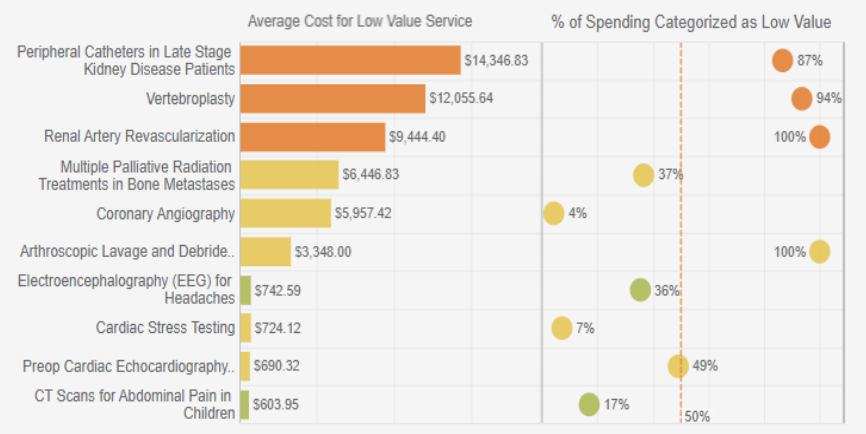
Average Cost per Low Value Service



TOP LOW VALUE SERVICES

RISK OF HARM: High (Red), Medium (Yellow), Low (Green)

Select a MEASURE:



Affordability Dashboard – Low Value Care Infographic

Statewide Results, across all payers

In 2020 there were:

Over

1 Million Low Value Care Services*

Resulting in

\$134M

in spending. Or...

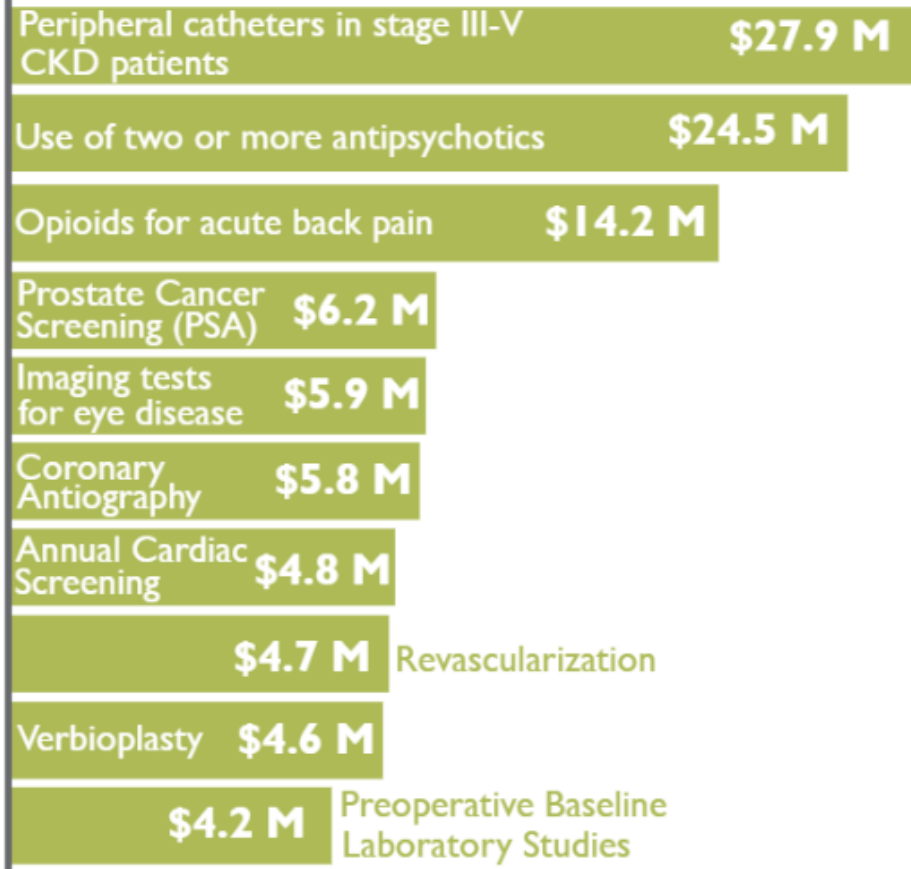
11% of total spending was categorized
as **low value care.**

*Low value care services are those categorized as either Wasteful or Likely Wasteful

Affordability Dashboard – Low Value Care Infographic

Top 10 services with the highest LVC spending

The **top 10** services accounted for **77%** of total low value service **spending**.



Affordability Dashboard – Drug Rebates

DEFINITIONS & METHODOLOGY

DEFINITIONS

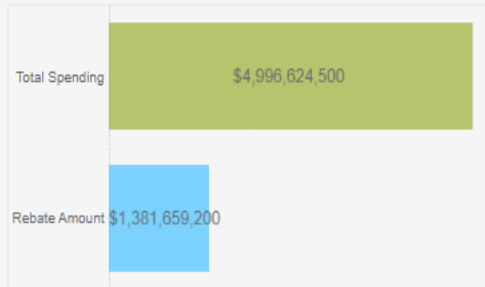
METHODOLOGY

GLOBAL DASHBOARD FILTERS

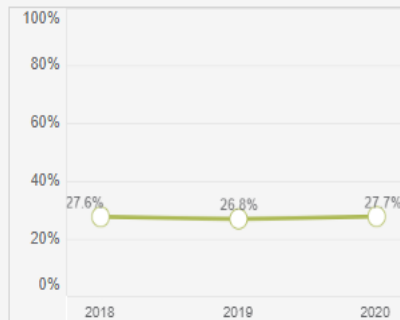
Select a PAYER TYPE: Select a YEAR: Select a DRUG TYPE:

PRESCRIPTION DRUG SPENDING SUMMARY

Total Spending & Rebate Comparison (2020)



% Rebate of Total Spending Over Time



PRESCRIPTION DRUG VOLUME V. SPENDING

This section is affected by the payer and year selection above

Brand Name Combined (Specialty/Non)

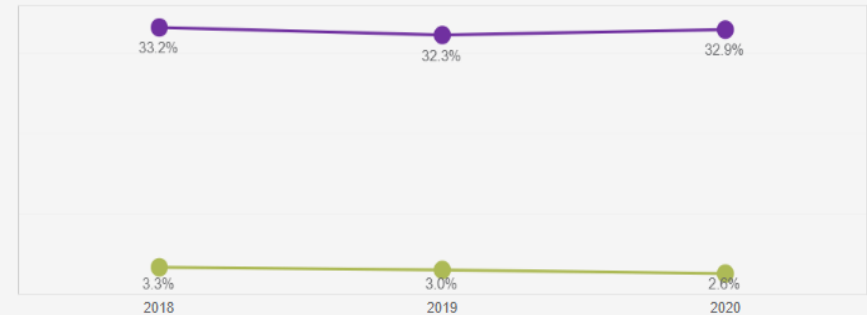
	Generic		All Brand (Specialty/Non)	
	% Volume	% Spending	% Volume	% Spending
	84.3%	16.3%	15.7%	83.7%

DRUG TYPE COMPARISON

Brand Name Combined (Specialty/Non)

This graph is unaffected by the drug type filter selection above

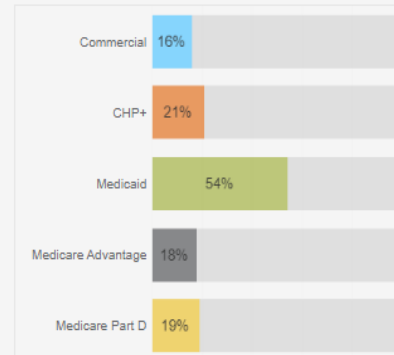
% Rebate of Total Spending



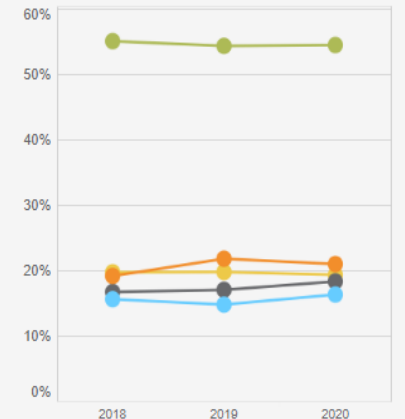
PAYER TYPE COMPARISON

This graph is unaffected by the payer type filter selection above

Percent Rebate of Total Spending (2020)



Percent Rebate of Total Spending Over Time



Affordability Dashboard – Drug Rebates

Results:

- From 2018-2020 total prescription drug spending increased by **16% without rebates.**
 - **When factoring in rebates received, total spending still increased by 16%.**
- From 2018 to 2020, total spending for commercial payers for brand specialty drugs increased by 33% and rebates for brand specialty drugs increased by 54%.
- Brand non-specialty and brand specialty drugs make up approximately **15% of the volume** of drugs dispensed through pharmacies, yet they **represent more than 80% of all pharmacy spending.**
- Across all payers and all drug types, **28% of total pharmacy spending comes back in the form of rebates.**



Public Reporting

- Upcoming Public Releases
 - Affordability Dashboard
 - Medicare Reference Base Pricing
 - Alternative Payment Models
 - Refresh of CO APCD Insights Dashboard with data through 2021



Community Dashboard Impact Summary

Use Cases

- Number of organizations requested data: **27**
- **Example organizations:** University of Washington, Office of Saving People Money on Health Care: State of Colorado, Bell Policy Center, Rocky Mountain Physician Agency, Tri County Health Department, Georgia Institute of Technology

Web traffic

- Total Pageviews **1,200+**

Email Communication

- Distributed to **2,300+ contacts**

Social Media

- Total Impressions **3,600+**



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Community Dashboard
March 31, 2022
Impact Summary

Use Cases

Number of organizations requested data: **27**

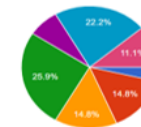
Example organizations: University of Washington, Office of Saving People Money on Health Care: State of Colorado, Bell Policy Center, Rocky Mountain Physician Agency, Tri County Health Department, Georgia Institute of Technology

Example Use Cases:

- Understand how our clinic is doing compared to other clinics and better understand the families we serve.
- Benchmark data for our population health efforts.
- Inform local partnership efforts to improve overall health and wellbeing in our community.
- Better understand cost/utilization in Colorado and to improve quality/reduce cost for CO-based clients.
- Inform the Global Burden of Disease, Injuries and Risk Factors (GBD) study.

Check the single category that most describes your relationship to the health care system:

27 responses



- I work for a health plan or insurance company
- I am a provider or work for a provider/health care facility
- I work with a health care non-profit or advocacy organization
- I am a researcher or work for an acad...
- I am a policymaker or work for a gover...
- I am a health care consultant or vendor
- None of the above

Educational Outreach

- Data to Drive Decisions Webinar: Better Through Benchmarking: Local and National Data to Help Communities Improve Health and Lower Costs, Center for Improving Value in Healthcare, Oct. 21, 2021
- CIVHC's Public Health Data, Health Clinical Advisory Board, November 19, 2021
- Health Data Atlas Poster Presentation: Community-Centric Public Data to Reduce Costs and Improve Health, Academy Health's National Health Policy Conference, April 4-5, 2022



Higher Quality. Lower Cost. A Healthier Colorado.

CO APCD Price Transparency Reporting

Committee Discussion

- How can CIVHC streamline price transparency reporting to ensure the most valuable and actionable information is being presented while eliminating duplicative efforts?
 - Shop for Care
 - DOI Hospital Price Report
 - Provider Tool (new in Jan 2023, SB22-068)
 - Hospital and Payer Price Transparency Reporting (federal law)



Shop for Health Care Services

View Imaging Procedures

View Other Procedures

Select Service:

Bariatric Surgery

Select Your ZIP Code:

80001

Sort List By:

Closest Distance

Source: Colorado All Payer Claims Database (CO APCD), 2019.

PRICE BREAKDOWN KEY: ■ Pre ■ During ■ Post

* Ratings not available for Imaging Center or Ambulatory Surgery Centers, OR for hospitals not required to report to the Centers for Medicare & Medicaid Services due to low Medicare volume.

Facility Name	Distance (Miles)	Price Estimate			Quality	
		Average Price	Price Range	Price Breakdown	Patient Experience	Overall Hospital Quality
SCL Lutheran Medical Center Wheat Ridge	2.3	\$32,310	\$23,450–\$37,880	94%	★★★★☆	★★★★☆
SCL St Joseph Hospital	7.8	\$35,290	\$23,000–\$37,500	96%	★★★★☆	★★★★☆
HealthOne Rose Medical Center	9.5	\$35,300	\$31,680–\$39,970	95%	★★★★☆	★★★★☆
Centura Health Avista Adventist Hospital	11.9	\$36,710	\$27,500–\$44,230	92%	★★★★☆	★★★★☆
HealthOne Sky Ridge Medical Center	22.1	\$37,330	\$34,460–\$44,490	88%	★★★☆☆	★★★★☆
Centura Health Parker Adventist Hospital Parker	30.0	\$32,860	\$25,310–\$40,190	92%	★★★★☆	★★★★☆

Pre-Procedure: 0%
 Procedure: 96%
 Post-Procedure: 4%

Inpatient Hospital Stay
Cost & Utilization

Outpatient - No Hospital Stay
Cost & Utilization



COLORADO
Department of
Regulatory Agencies
Division of Insurance

COST OF SELECTED DIAGNOSIS RELATED GROUPS & PROCEDURES IN COLORADO

Select **MS DRG or PROCEDURE**:

Alcohol drug abuse or dependence without rehabil...

Select **COVERAGE TYPE**:

Insurance Provider

Select **YEAR**:

2020

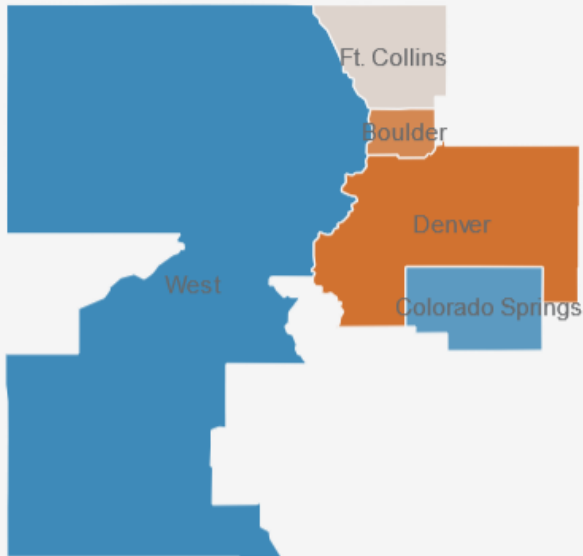
Select **HOSPITAL REGION**:

All

Statewide Information: Average Charged Amount **12,714** Average Allowed Amount **5,864** Total Procedures **2,047**

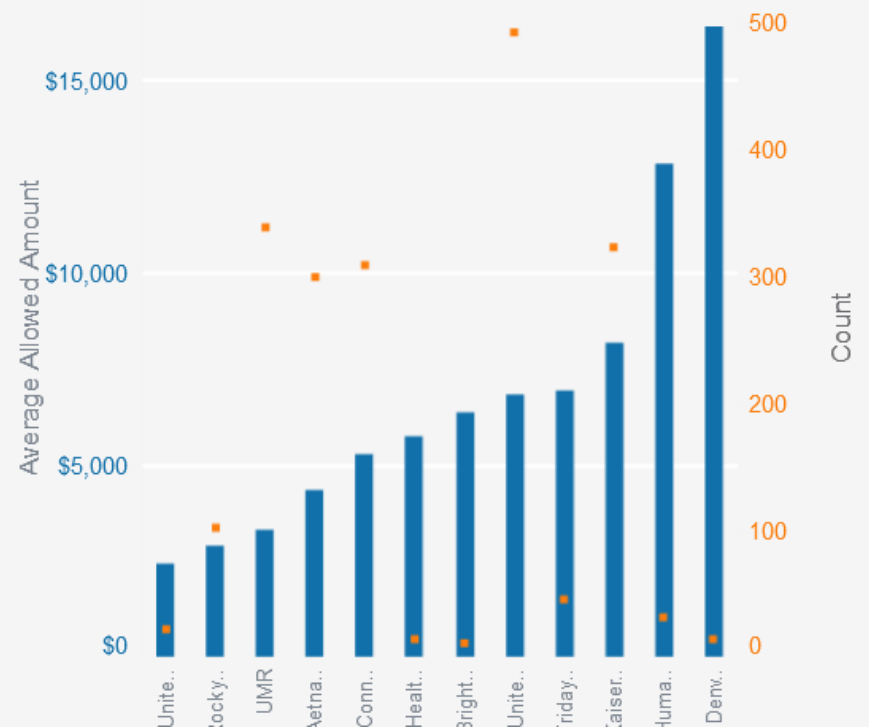
Average Allowed Amount, by Provider Region

Alcohol drug abuse or dependence without rehabilitation therapy without MCC 897, Insurance Provider, 2020



Average Allowed Cost and Utilization, by Insurance Provider/Government Program

Alcohol drug abuse or dependence without rehabilitation therapy without MCC 897, All Region(s), Insurance Provider, 2020



Provider Tool Example



Select SPECIALTY: Select PAYER: Select PLACE OF SERVICE: Select YEAR: Select COUNTY: Select DOI REGION:

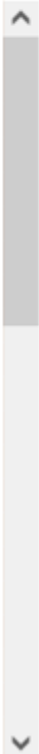
- Selection Options:**
- Commercial
 - Medicare FFS
 - Medicare Advantage
 - Medicaid

- Selection Options:**
- Inpatient
 - Outpatient

- Selection Options:**
- 2020
 - 2019
 - 2018

	Average Cost	25 th Percentile	50 th Percentile	60 th Percentile	75 th Percentile
44970LAPAROSCOPY APPENDECTOMY	\$870	\$870	\$870	\$870	\$1,262
47562LAPAROSCOPIC CHOLECYSTECT..	\$942	\$942	\$942	\$942	\$970
47562LAPAROSCOPIC CHOLECYSTECT..	\$942	\$942	\$942	\$942	\$1,015
36478 ENDOVENOUS LASER 1ST VEIN	\$1,883	\$1,883	\$1,883	\$1,883	\$1,822
99204OFFICE/OUTPATIENT VISIT NEW	\$223	\$223	\$223	\$223	\$220
99203OFFICE/OUTPATIENT VISIT NEW	\$145	\$145	\$145	\$145	\$152
19303 MAST SIMPLE COMPLETE	\$1,226	\$1,226	\$1,226	\$1,226	\$1,272
36475 ENDOVENOUS RF 1ST VEIN	\$2,132	\$2,132	\$2,132	\$2,132	\$1,940
99213OFFICE/OUTPATIENT VISIT EST	\$97	\$97	\$97	\$97	\$96
49650 LAP ING HERNIA REPAIR INIT	\$570	\$570	\$570	\$570	\$581
47563LAPARO CHOLECYSTECTOMY/GR..	\$981	\$981	\$981	\$981	\$996
S2068 BREAST DIEP OR SIEA FLAP	\$16,535	\$16,535	\$16,535	\$16,535	\$36,778
99214OFFICE/OUTPATIENT VISIT EST	\$146	\$146	\$146	\$146	\$145
99232SUBSEQUENT HOSPITAL CARE	\$145	\$145	\$145	\$145	\$197
99291CRITICAL CARE FIRST HOUR	\$504	\$504	\$504	\$504	\$785
47563LAPARO CHOLECYSTECTOMY/GR..	\$1,004	\$1,004	\$1,004	\$1,004	\$1,049
99243OFFICE CONSULTATION	\$175	\$175	\$175	\$175	\$183
19301 PARTIAL MASTECTOMY	\$898	\$898	\$898	\$898	\$854
43775LAP SLEEVE GASTRECTOMY	\$1,585	\$1,585	\$1,585	\$1,585	\$1,189
19357 BREAST RECONSTRUCTION	\$1,965	\$1,965	\$1,965	\$1,965	\$2,350
49505 PRP I/HERN INIT REDUC >5 YR	\$730	\$730	\$730	\$730	\$753
45378DIAGNOSTIC COLONOSCOPY	\$299	\$299	\$299	\$299	\$373

DATA For Example Only



Federal Hospital Price Transparency (45 CFR §180.50)

- **Required starting Jan. 2021**

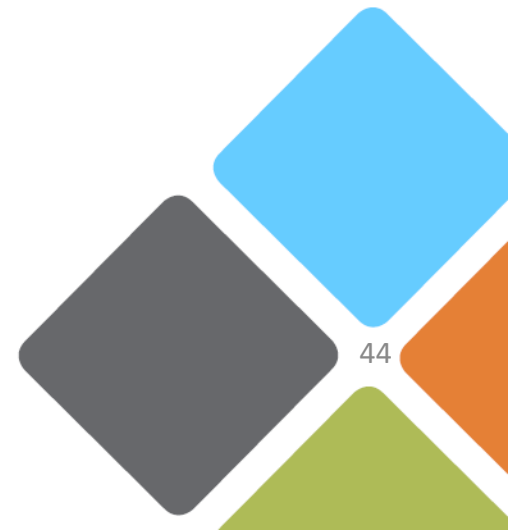
- Machine readable files for standard charges for all items and services provided by the hospital:
 - Gross charges
 - Discounted cash prices
 - Payer-specific negotiated charges
 - De-identified minimum and maximum negotiated charges
- Consumer-friendly display of shoppable services
 - Display of at least 300 or as many as the hospital provides, and all info above except gross charges

Federal Payer Price Transparency ([45 CFR §180.50](#))

- **Required starting July 2022, more in 2023/2024**
 - Machine readable files for costs for items and services
 - In-network rate file: for all covered items and services between plan and in-network provider
 - Out-of-network file: allowed amounts for, and billed charges from, out-of-network providers
 - Internet-based price comparison tool (or disclosed on paper, upon request) allowing patient cost-sharing estimates for specific providers for 500 items and services, and for all items and services

Agenda

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





Public Comment



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VALUE IN HEALTH CARE



Future Meeting Schedule

- 2022
 - August 2nd
 - November 1st
- 2pm-4pm
- Virtual until otherwise noted