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

Amanda Kim
State Initiatives Program Manager
FY 23 Scholarship – YTD Summary

- The CO APCD Scholarship Program is up and running as of July 1
- More information can be found here: https://www.civhc.org/scholarship/

- Applications Approved
  - Two projects have been submitted and approved totaling $27,388, 5.5% of the $500,000 total available.
  - Leaving $472,612 or 94.5% available.

- Pending Projects
  - One other project totaling $14,811 of Scholarship funding is in the review process. If this applications is approved:
    - $457,801 or 91.5%, would be available through the rest of the fiscal year.
## FY 23 Scholarship – YTD Summary

<table>
<thead>
<tr>
<th>Requestor</th>
<th>Project</th>
<th>Scholarship Amount</th>
<th>Requestor Amount</th>
<th>Total Project Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak Health Alliance</td>
<td>Expanding PHA’s ability to server rural CO</td>
<td>$14,000</td>
<td>$3,500</td>
<td>$17,500</td>
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<tr>
<td>CO Chronic Kidney Disease Task Force</td>
<td>CKD early stage screening for kidney disease</td>
<td>$13,888</td>
<td>$1,862</td>
<td>$15,750</td>
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<tr>
<td>University of CO Denver</td>
<td>Linking CO APCD data to the Cancer Center registry</td>
<td>$14,811</td>
<td>$7,974</td>
<td>$22,785</td>
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<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>$42,699</strong></td>
<td><strong>$13,336</strong></td>
<td><strong>$56,035</strong></td>
</tr>
</tbody>
</table>

Green shaded projects have been reviewed and approved
CEO Search

• Ana English retiring December 1, 2022
  • Applications for the President & CEO position are now open and can be submitted at CIVHC_CEO@civhc.org
  • Visit civhc.org, Careers tab for more information

• Timeline
  • **July-August 10 2022**: Applications will be accepted through August 10\(^{\text{th}}\) at 5pm MT
  • **September 2022**: Search committee reviews candidates and selects finalists
  • **October 2022**: Search committee interviews finalists and announces final appointment by end of October
SB22-068 Provider Tool To View CO APCD Data (Rodriguez)

• Provides data about:
  • Avg reimbursement by County, DOI region, Specialty and at 25th, 50th, 60th, and 75th percentiles by CPT.
  • Includes Medicare, Medicaid, and commercial rates.

• Requires CIVHC to produce an online tool allowing review of plan and patient paid amounts submitted to the CO APCD

• The tool is under development for stakeholder review this Fall and publication on the CIVHC website by 1/2023
CO APCD Supporting Policy ‘22

HB22-1325 Primary Care Alternative Payment Models
• CIVHC to work with DOI to develop and report on quality measures starting in 2024.

SB22-040 Actuarial Reviews Health Insurance Mandate
• No update

SB22-1278 Behavioral Health Administration
• Setting up time with new BHA team to start discussions.

SB22-1370 Coverage Requirements for Health Care Products
• In 2023, CIVHC will work with HCPF to produce an annual report analyzing rebates by payer and prescription drug tier
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.

• Per the discussion in the last meeting, a neutrality disclaimer and confidentiality policy statement have been drafted for Committee review and input.
Neutrality Disclaimer & Confidentiality Statement

• CIVHC’s enabling statute requires every data release to benefit Colorado and address the Triple Aim. Also requires the CO APCD administrator to support diverse Change Agents.

• Current guidance needs clarity that CIVHC is a neutral provider of data and information.

• Goal is to clearly place a “neutrality guardrail” to avoid perceptions of bias, or unanticipated use of the public data being attributed to CIVHC

• Any review by external entities or committee members is to remain confidential until promotion
Proposed Public Reporting Disclaimer

Center for Improving Value in Health Care (CIVHC) provides public, HIPAA-compliant analyses and data sets using claims information submitted by payers to the Colorado All Payer Claims Database (CO APCD). **The data is intended as a public service** to advance health care transparency with the ultimate goal of improving health, improving care, and lowering health care costs. The information is **not intended as a substitute for medical, financial, or legal advice**, nor should it be used as such. CIVHC takes reasonable steps to ensure CO APCD data integrity but is **not responsible for the accuracy or completeness of data submissions made by payers** to the CO APCD. CIVHC is **not responsible for information or the results of additional analysis that may be conducted and distributed** using this publicly available data source.
New Data Byte Review Process

• Historically, CIVHC has not conducted a review period with Advisory Committee members prior to releasing Data Bytes
• We propose adding a review period into the Data Byte process for additional perspectives and validation of the data
• Depending on timing of the release, review period may be shorter than more in-depth interactive releases
• As with all reviews, Advisory Committee members agree to keep results confidential until promoted publicly
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CO APCD Data Quality & Analytics

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

Paul McCormick
CIVHC VP of Data Operations

Alice Aguirre
CIVHC Data Quality Manager
APM and Drug Rebate Files Update

Test Files for the annual files were due July 1

Test files received: Ongoing

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.
Developing a Master Patient Index

• **Master Patient Index (MPI)**
  • Unique person identification
  • Improves longitudinal and patient cohort analyses
  • Quality assurance: Member_Composite_ID

• **Data Linking: Enrich Dataset**
  • Dataset for health equity: race/ethnicity, housing, education, income, religion, and language preference
  • Quality assurance: submissions, American Community Survey
Submitter Quality Index

- Use of a Submitter Quality Index (SQI) is being implemented this quarter.
  - Goal is to assess overall submitter quality performance
  - The first version will focus on completeness and validity of ~25 data elements most commonly used in extracts/analytics
  - This will be an ongoing developmental effort as we understand what additional data elements would be of value to assess
  - CIVHC will be able to provide feedback to data submitters on the quality of their data and identify opportunities for improvement
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Public Reporting

Cari Frank, MBA
CIVHC VP of Communication and Marketing

Clare Leather, MPH
CIVHC Public Reporting Program Manager
Public Reporting

• **Recent Releases**
  • **Affordability Dashboard: Alternative Payment Models**
    • Affordability Dashboard:
    • Cost of Care
    • Low Value Care
    • Prescription Drug Rebates
    • APMs
  • **Insights Dashboard**
    • Now includes claims through 2021
  • Data Dives
Affordability Dashboard – APMs

Results:

• Between 2018 to 2020, across all payers, value-based APM payments as a percent of all medical payments, excluding payments by payer-provider systems, dropped from 27% to 21%.

• Value-based APM payments as a percent of all primary care payments, excluding payments by payer-provider systems, remained at 21%.

• For commercial payers, APMs accounted for 18% of all primary care payments.
Alternative Payment Models

APM Payments as a Percent of All Medical Payments, CO APCD (2018-2020), (NOT including integrated systems or non-value based payments)
Alternative Payment Models

- APM Payments as a Percentage of Primary Care Payments, CO APCD 2018-2020

CO APCD All Payer Types, Primary Care Spending
(Excluding Integrated Payers) 2018-2020

- 2018: $328M Total Payments, $743M APM Payments (44% of total payments)
- 2019: $362M Total Payments, $834M APM Payments (43% of total payments)
- 2020: $376M Total Payments, $853M APM Payments (44% of total payments)
## Insights Dashboard Refresh
Released July 2022, Data below from 2013-2021

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<td>Percent Insured People by County (medical only)</td>
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<td>Total People by Year</td>
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<td>Population Over Time</td>
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<table>
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<tr>
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<td>Insured People by Named Payer</td>
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<td>Insured People by Payer by Year</td>
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<td>Employers and Individuals by Group Size</td>
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<td>Payer Volume by Year</td>
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<th>Section: Claim Volume &amp; Type</th>
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<tbody>
<tr>
<td>Claim Volume by Year</td>
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<tr>
<td>Behavioral Health Services</td>
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<tr>
<td>Dental Services</td>
</tr>
</tbody>
</table>
Insights Dashboard Refresh
Released July 2022, Data below from 2013-2021

Total Claims
- Medical: 481,887,200
- Pharmacy: 367,090,390
- Dental: 29,691,050

Number of Payers
- Total: 46

Number of People
- Total: 8,611,010

Coverage Type
- Medical: 6,905,640
- Pharmacy: 6,796,640
- Dental: 6,441,750

Claim Type
- Medical: 5,897,250
- Pharmacy: 5,024,590
- Dental: 3,894,500
Insights Dashboard Refresh

870+ Million Claims (2013-2021)

36 Commercial Payers, + Medicaid & Medicare*

5+ Million Lives*

Nearly 70% of Insured (medical only)*

2013-Present

*Reflects 2021 calendar year only
• Behavioral Health-related claims have risen nearly 160% since 2013
• Follow-up for ED Mental Health visits have continued to increase across the state, including in rural regions
Data Dive: Mental Health Care for Children in Colorado
Published June 2022

- Mental Health ED visits for children is high across Colorado
- Follow-up for ED Mental Health visits among children has improved to over 70% of children receiving follow-up within 30 days
Men tend to utilize health insurance less frequently than women.

Quality of care measures, including HB1Ac testing and follow-up for mental health-related ED visits are improving over time.
Public Reporting Calendar for FY 2022-23

- Affordability Dashboard:
  - Medicare Reference-Based Prices – August
- Data Bytes:
  - Gender Affirming Care – Q1
  - COVID-19 Impact on Preventive Services - TBD
- Shop For Care
  - User experience/Spanish update Fall 2022
- Telehealth Services Analysis Version 5
  - Update Nov 2022 with Race/ethnicity
- Provider Tool
  - Release January 2023
Public Reporting Calendar for FY 2022-23

- Community Dashboard
  - Update February 2023
  - Separate SDOH scatter plot using Census Tract geocoding

- Affordability Dashboard: APMs
  - Update February 2023

- Affordability Dashboard: Cost of Care
  - Update March 2023

- Affordability Dashboard: Low Value Care
  - Release April 2023
Public Reporting Calendar for FY 2022-23

• Affordability Dashboard: Drug Rebates
  • Update May 2023
• CO APCD Insights Dashboard
  • Update June 2023
• Affordability Dashboard: Medicare Reference-Based Pricing
  • Release June 2023
Data Dive Calendar for FY 2022-23

• Cost of Labor and Delivery
• Breast Cancer Screening Rates
• Z-Codes in the CO APCD (SDoH indicator)
• ED Visits for Mental Health Reasons
• Gender Affirming Care
• Insights into the Community Dashboard
  SDOH Scatter Plot
Committee Discussion

• How can CIVHC streamline price transparency reporting to ensure the most valuable and actionable information is being presented while eliminating duplicative efforts? What is of most use and most actionable to you in your network?
  • Shop for Care
  • DOI Hospital Price Report
  • Out of Network Report
  • Provider Tool (new in Jan 2023, SB22-068)
  • Hospital and Payer Price Transparency Reporting (federal law)
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Public Comment
Future Meeting Schedule

• 2022
  • November 1\textsuperscript{st}

• 2023
  • February 7\textsuperscript{th}
  • May 2\textsuperscript{nd}
  • Aug 1\textsuperscript{st}
  • Nov 7\textsuperscript{th}

• 2pm-4pm

• Virtual until otherwise noted