



CO APCD Advisory Committee

February 7, 2023

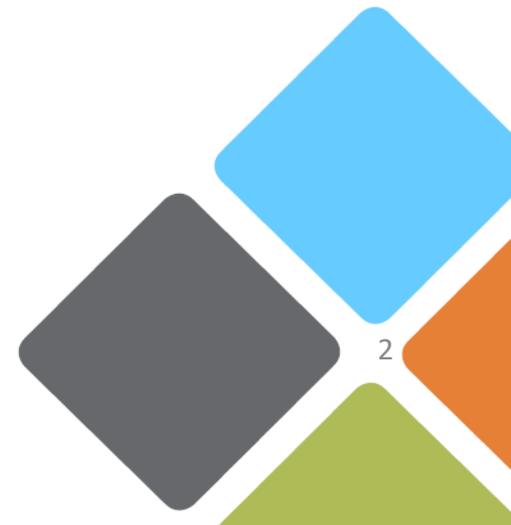


CENTER FOR IMPROVING
VALUE IN HEALTH CARE



Agenda

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



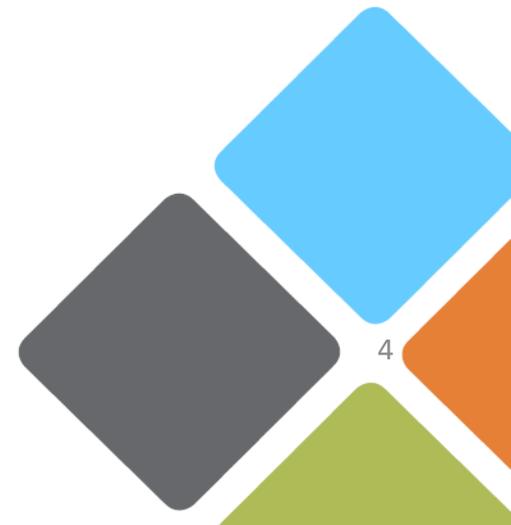
Welcome New Committee Members!

- Molly Hirshik, Strategy & Ops Manager, Peak Health Alliance
- Chris McDowell, Executive Director, Valley Health Alliance
- Aida Zygas, Project Manager, Inspire Nurse Leaders
- Kate Davidson, Insurance Data Science Manager, Division of Insurance



Open Committee Positions

- Large employer that purchase health insurance for employees
- Pharmacy benefit managers
- An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity





Operational Updates

Kristin Paulson, JD, MPH
CIVHC CEO and President

Pete Sheehan
CIVHC VP of Client Solutions & State Initiatives



Federal APCD Funding No Surprises Act §115

- HHS Grant Program

- Federal funding was initially cut to 20 one time awards of up to \$1M in the President's Budget.
- Line item was cut from the final budget.
- Still Federal interest in APCD's – CIVHC is working with our member organizations and others to keep an eye on what develops at the national level.

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 Fully Approved**
 - **13** projects have been approved totaling **\$248,761** or **49.7%** of the \$500,000 total available.
- **Pending Projects**
 - Currently there are **6** projects in review totaling **\$157,588**
 - Counting pending projects, **\$406,349** has been applied for
 - There are 2 additional projects are in various stages of feasibility and scoping

If all pending projects are approved, it would leave **\$93,651** or **18.7%** of the funds available for this fiscal year

FY 23 Scholarship – YTD Summary

SFY 23 Scholarship Requests Submitted YTD

Data Requestor Organization	Project	Scholarship Amount	Requestor Amount	Data/Project Total Cost
Academic/Research Requests				
University of Colorado Denver	23.22 Linking CO APCD data to Cancer Center Registr	\$14,811	\$7,974	\$22,785
CU Pharmacy Program	22.32 Utilization of Rx Meds during Pandemic	\$19,311	\$4,827	\$24,138
University of Wisconsin	23.20 Improving Access & Affordability of Care	\$10,136	\$10,136	\$20,272
University of Colorado Anschutz	23.07 Core Opiod Treatment Measures	\$50,000	\$45,172	\$95,172
University of Wisconsin	23.25 Provider Networks & Hospsital Practices - Regs	\$19,062	\$4,766	\$23,828
TX A&M, Univ of SC, Univ of MI	23.38 Insulin Spending after CO Out of Pocket Cap	\$10,640	\$10,640	\$21,280
UC Berkeley Sky Deck Program	23.28 High Cost Utilization Predictors	\$11,256	\$11,256	\$22,512
	Sub-total	\$135,216	\$94,771	\$229,987
State Agency/Govt. Entity Requests				
CO Chronic Kidney Disease Task Force	22.89 CKD Early Stage Screening for Kidney Disease	\$13,388	\$2,362	\$15,750
Denver Health	23.14 Rocky Mtn Network for Oral Health	\$22,467	\$28,084	\$5,617
State Legislator	23.106.20 Behavioral Health ED Visits	\$23,100	\$6,160	\$29,260
Gunnison Valley Health	23.29 Increasing Access to Local Specialty Care	\$25,155	\$6,289	\$31,444
Weld County Dept of Health	23.156 Weld County Market Assessment	\$15,200	\$3,800	\$19,000
CDPHE	23.107.10 State Rational Service Areas	\$19,130	\$4,782	\$23,912
Governor's Office	23.106.25 Community Profile Aging Project	\$43,613	\$10,903	\$54,516
CO Behavioral Health Administrtation	23.106.50 Provider Network Assessment	\$49,650	\$12,412	\$62,062
	Sub-total	\$211,703	\$74,792	\$241,561
Non-Profit Requests				
Peak Health Alliance	23.03 Expanding PHA's Ability to Serve Rural Colorad	\$14,000	\$3,500	\$17,500
Colorado Cancer Coalition	23.44 Lung Cancer Screening Environmental Scan	\$14,450	\$2,550	\$17,000
Peak Health Alliance	23.17 Expanding PHA's Rural Colorado - Refresh	\$14,000	\$3,500	\$17,500
Reach Out & Read Colorado	23.37 Identifying Health Outcomes of ROAR Program	\$16,980	\$4,300	\$21,280
	Sub-total	\$59,430	\$13,850	\$73,280
Approved				
In Review - Pending				
	Totals	\$406,349	\$183,413	\$544,828

FY 23 Scholarship – Updates

- **Data Byte Scholarships**

- New Process to allow for Data Bytes requiring over 20 hours of analysis
- Response to recent Data Byte on visits to the ED for primary diagnoses of mental health and self-harm

- **Legislative Requests**

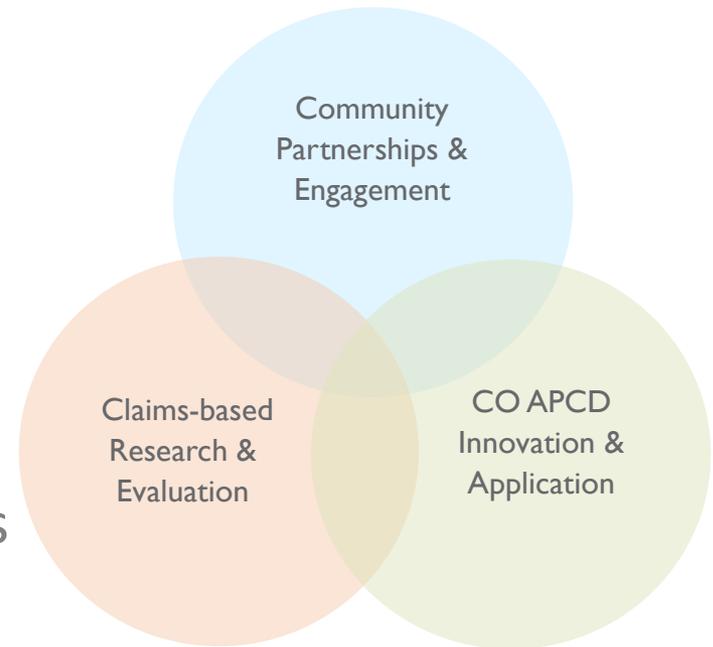
- HCPF and the Scholarship Subcommittee are considering a set aside pool of dollars for Legislative Requests

- **Colorado First vs First Come, First Served**

- To best serve local organizations, new out of state requests are on hold to ensure anticipated in-state applications can be reviewed

New Department at CIVHC

- Department of Research, Partnerships, and Innovation
 - Brings together Research, Program Eval, Community Engagement, Programs, multi-state collaboration to better innovate and support our communities.
 - Partial funding from TCHF for launch and support of communities
 - Specific focus on providing support and value to low-income, BIPOC, and marginalized or underserved communities

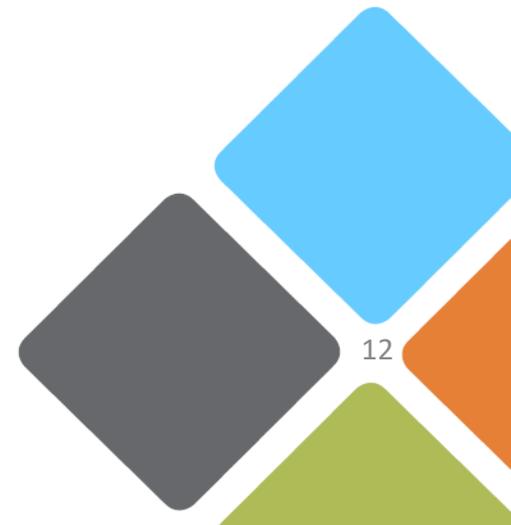


Research, Partnerships, and Innovation

- Positions supported:
 - Vice President of RPI
 - Senior Research Analyst
 - Research Analyst
 - Community Engagement and Outreach Coordinator
 - Program Assistant for RPI and Data Operations
 - Partial support for additional Program Evaluation staff
- Existing Health Care Programs, Multi-state collaboration, Program Evaluation, and Research staff will move into this department.
- Positions will be added incrementally across 2023 as the strategic goals of the Department are formalized.

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- Public Comment





CO APCD Data Quality & Analytics

Kristin Paulson, JD, MPH

CIVHC Chief Operating Officer and General Counsel

Amanda Kim

CIVHC Director of Colorado State Initiatives



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Data Submission Guide 14 Update

Rule hearing held **December 2022**

Takes Effect **March 2023**

Highlighted changes include the following:

- Regional Accountability Entity (RAE) Indicator
 - Added to Membership Eligibility (ME), Alternative Payment Model (AM) and APM Control Total (CT) files
- Health Insurance Oversight System (HIOS) Plan ID
 - Added to Membership Eligibility files
- Payer Code Field
 - Added to ME Files
- Additional language clarifying data submission and formatting process

Preview of DSG 15

Upcoming Enhancements

- Collection of Vision data
- Look into collecting Provider Health System Affiliation
- Plan for DSG alignment to the National Association of Health Data Organization (NAHDO) Common Data Layout v3

CO APCD in 2023 Legislation

- CIVHC is being included in discussions around several pieces of potential legislation for this session.
- Currently, none of the introduced bills involve CIVHC or the CO APCD.

We want to extend our appreciation for everyone that is including us in early conversations so we can make sure we can serve the needs of potential bills.

CO APCD Supporting Policy – Primary Care & Out of Network

HB19-1233 Primary Care

- CIVHC submitted the Primary Care Report with Alternative Payment Model information in November 2022
 - To be included in the Primary Care and Payment Reform Collaborative's fourth annual recommendations report (publicly available February 15)

HB19-1174 Out Of Network

- CIVHC completed the 2023 Professional and Emergency Fee Schedules using 2021 claims
 - Posted on the DOI website

CO APCD Supporting Policy '22

Implementation of 2022 legislation:

SB21-175 Prescription Drug Affordability Board (PDAB)

- Requires new reporting file to be added to the CO APCD.
- Data set including the new fields as well as data created by CIVHC analysts delivered to DOI in early February 2023.

CO APCD Supporting Policy '22

Implementation of 2022 legislation:

SB22-040 Actuarial Reviews Health Insurance Mandate

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 named as a source for the data for the reviews
- Data set was delivered in October

CO APCD Supporting Policy '22

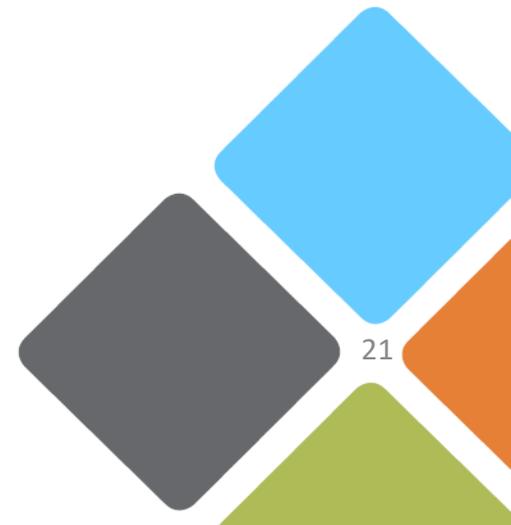
Implementation of 2022 legislation:

SB22-068 Provider Tool To View All-Payer Claims Database

- Public report that displays payments made to Colorado health care providers.
- More information on this report in Public Reporting update

Agenda

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- **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

- Telehealth Services Analysis Version 5
- Shop For Care (Spanish Translation and Mobile Improvements)
- Payment Provider Tool
- Emergency Department Use for Mental Health and Self-Harm Analysis
- Data Bytes:
 - Vasectomies and Contraception (Utilization/Cost)
 - Long COVID-19 In Colorado

Public Reporting Impact

Gender Affirming Care

- **Media:** *Report Finds Colorado a Leader in Access to Gender Affirming Health Care*
 - Denver Health's LGBTQ+ Health Services included in reporting
 - One Colorado outreach
 - Number of additional media outlets that picked up the story: **46**
- **Total reach:** 660k+

Telehealth Services Analysis Version 5

civhc.org > Get Data > Public Data > Focus Areas > Telehealth Services Analysis

TELEHEALTH IN COLORADO

TABLE OF CONTENTS

Telehealth in Colorado Overview

Why, where and who is providing telehealth services over time by payer type, telehealth type, and county.

Telehealth Services Detail

Top 10 services, diagnoses, and providers of telehealth by payer type, telehealth type, and Division of Insurance Region (DIR).

Telehealth Demographics Focus

Utilization of telehealth services by age, race/ethnicity, and sex.

Telehealth Trends

Telehealth use by payer type, telehealth type, provider type, and county over time.

TABLE OF CONTENTS

OVERVIEW

SERVICES DETAIL

DEMOGRAPHICS FOCUS

TELEHEALTH TRENDS

TELEHEALTH IN COLORADO OVERVIEW



SELECT A TIME PERIOD:
January 2019 January 2022

SELECT A PAYER TYPE:
All Payer Types

SELECT A TELEHEALTH TYPE:
Telemedicine & Telehealth

SELECT COST OR UTILIZATION:
Utilization

9,496,515

Total Services

\$1,067,520,812

Total Spending

927

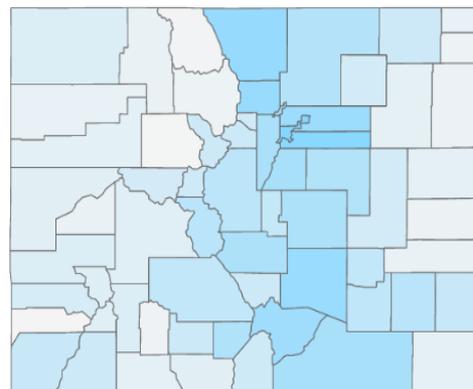
Services per 1,000 People

\$180

Spending per Person per Year

Where are patients receiving telehealth live?

Click on any county to filter by geography.



© OpenStreetMap

Services per 1,000 persons

351

1,165

Why are patients accessing telehealth?

Top Diagnosis Categories by Utilization

Mental Health Conditions	52%
Endocrine/Nutritional Conditions	6%
Musculoskeletal Conditions	5%
Nervous System Conditions	5%

What services are being provided?

Top Service Categories by Utilization

Office or Other Outpatient E&M Services - Established Patient	31%
Psychiatry Services and Procedures	30%
Other	10%
Telephone Services	9%

Who is providing telehealth?

Top Service Provider Types by Utilization

Behavioral Health	39%
Other	23%
Primary Care	23%
Internal Medicine Subspecialty	5%

Insights and Findings 2019-2021: Utilization

Number of telehealth visits increased post pandemic and still remain high


2000% increase from 2019 to 2020
 
-11% decrease from 2020 to 2021

2021 | 1 visit per person | **4.4M TOTAL**

2020 | 1 visit per person | **4.9M TOTAL**

2019 | 1 visit per 10 people | **260K TOTAL**

Telehealth Medicaid visits increased the most across all payers from 2019- 2020

Commercial



Medicaid



***Medicare**



Medicare Advantage



Insights and Findings 2019-2021: Diagnoses

Mental health is the top telehealth diagnosis category for all years and increased in both 2020 and 2021

2019



31%

Mental Health

2020



47%

Mental Health

2021

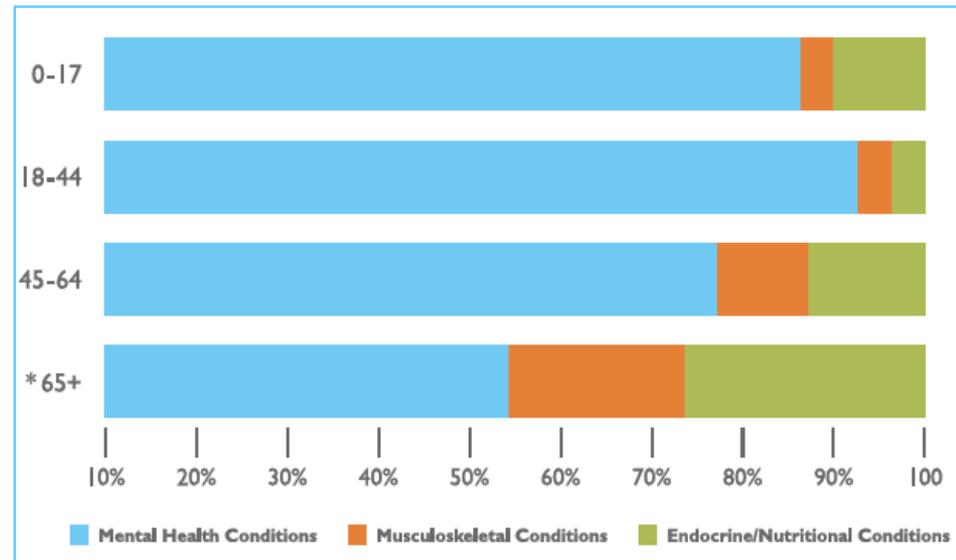


59%

Mental Health

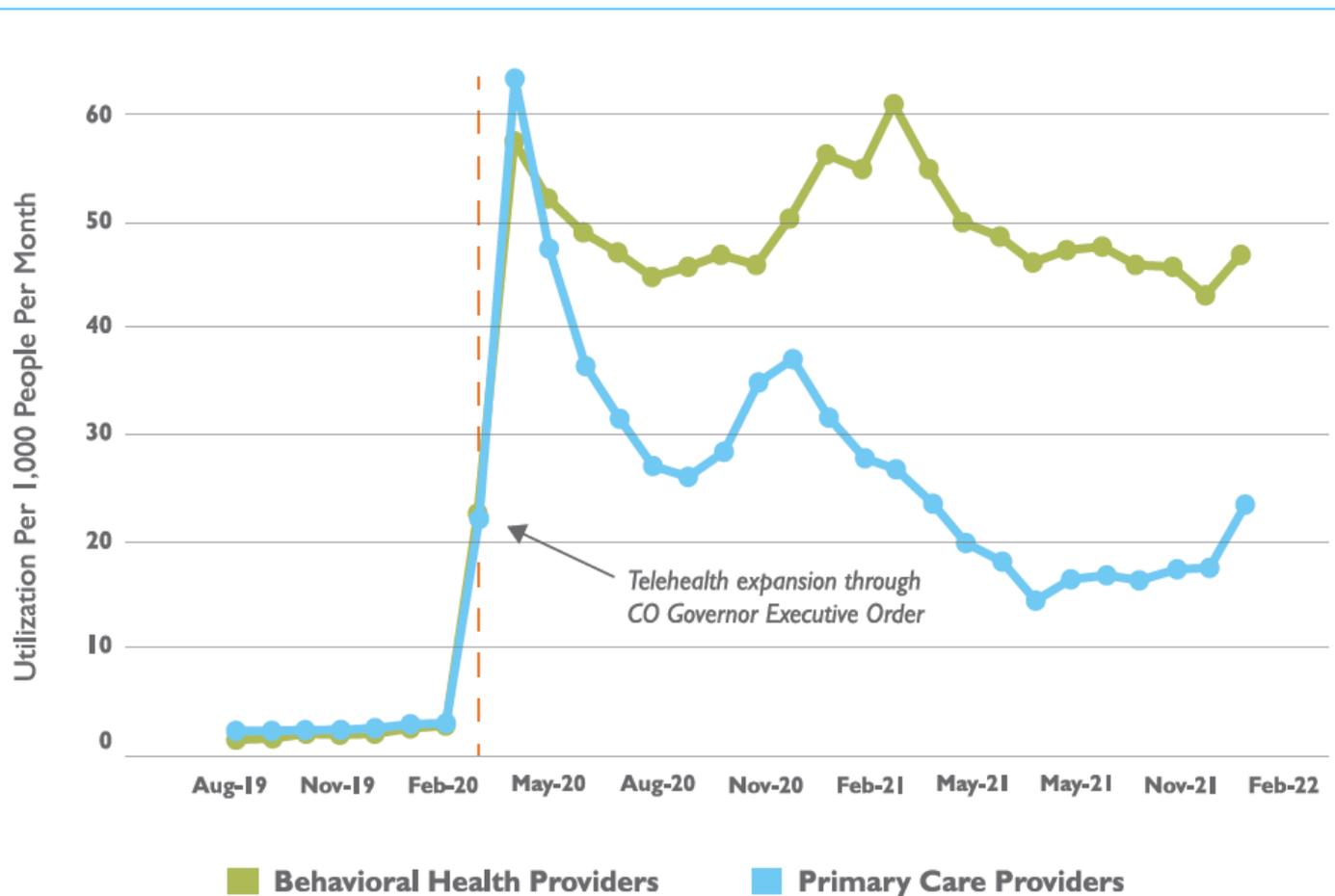
Mental health conditions include
Depression, Anxiety Disorders, Schizophrenia, etc.

For all age groups
except people over
65+, 75% of all
telehealth visits were
for MH



Insights and Findings 2019-2021: Trends

Telehealth visits with BH providers have remained high while visits with PCPs have dropped more



Public Reporting Impact

Telehealth Services Analysis

- **Media:** *Post-Pandemic Telehealth Visits Remain High for Mental Health*
 - Lt. Governor quoted
 - Number of additional media outlets that picked up the story: **54**
- **Total Reach:** 800k+
- **Use Cases**
 - Number of organizations requested data: **30**
 - **Example organizations:** Columbia University, UC Davis, Yale University, Colorado Community Health Alliance, CO Association Family Medicine Residencies
 - **Example Use Cases:**
 - Contribute to a quality of life indicators report for El Paso and Teller county.
 - To inform our upcoming community health assessment.
 - Conduct analysis on how telehealth and telemedicine can curve social disparities in health care access.
- **Educational Outreach FY23**
 - Colorado Rural Health Center Conference
 - CIVHC's Data to Drive Decision Webinar
 - How-To-Use Video created

Shop For Care: Spanish Version and Mobile-Friendly Update

civhc.org > Shop for Care > Comprar servicios de salud

Ver procedimientos de imagen
Ver otros procedimientos

Seleccione el Servicio:

Seleccione su Còdigo Postal:

Ordenar la Lista por:

Fuente: Base de datos de reclamaciones de todos los pagadores de Colorado (CO APCD), 2020.
 * Las calificaciones no están disponibles para los centros de diagnóstico por imagen o los centros de cirugía ambulatoria, o para los hospitales que no están obligados a informar al Centro de Servicios de Medicare y Medicaid debido al bajo volumen de Medicare.

Nombre del Establecimiento	Distancia (Millas)	Estimación de Precios		Calidad	
		Precio Medio	Gama de Precios	Experiencia de los Pacientes	Calidad General del Hospital
Arkansas Valley Regional Medical Center	154.2	 \$270	\$260–\$280	★	★
Aspen Valley Hospital	101.8	 \$220	\$180–\$220	★	★
Associates in Family Medicine	57.6	 \$40	\$30–\$40	★	★
Banner Health Clinic Greeley	47.0	 \$40	\$40–\$40	★	★
Banner Health Mckee Medical Center	43.2	 \$100	\$90–\$100	★★★★★	★★★★★
Banner Health North Colorado Medical Center	47.0	 \$90	\$90–\$100	★★★★★	★★★★★

Public Reporting Impact

Spanish Language version of Shop for Care

- **Media:**

- *Removing Healthcare Language Barriers for Spanish-Speaking Coloradans*
- *Plataforma tiene como objetivo eliminar barreras del idioma en la salud*
- Number of additional media outlets that picked up the story: **131**

- **Total reach: 1.7 million+**

New Provider Payment Tool: Background

- Based on Senate Bill 22-068 “Provider Tool to View the CO APCD”
- Requests CIVHC to display payments to CO providers based for procedures and services
- Based on CPT (Current Procedural Terminology) and HCPCS (Healthcare Common Procedure Coding System) codes for Medical, Surgical and Diagnostic Services
- What’s included?
 - **Years:** (2018, 2019, 2020, and 2021)
 - **Payer Type:** (Commercial, Medicaid, Medicare Advantage, and Medicare Fee-for-Service)
 - **Payments:** Total allowed amounts (payer and patient payments combined) at the 25th, 50th, 60th, and 75th percentile, and averages
 - **Provider Type/Setting**
 - **Anesthesiology:** Payment calculator



Provider Payment Tool

civhc.org > Get Data > Public Data > Focus Areas > Provider Payment Tool



Instructions

Procedure Prices (Non-Anesthesia)




Select YEAR:

Select PAYER TYPE:

Select PLACE OF SERVICE:

Select GEOGRAPHY TYPE:

Select GEOGRAPHY:

Select PROVIDER TYPE or SETTING: ⓘ

ⓘ Type in CPT/HCPCS Code

* Indicates Statewide Values are displayed due to low volume.
 ^ Indicates DOI Values are displayed due to low volume.

CPT/HCPCS Code and Description	ⓘ Payment Type	ⓘ Average Payment	25th Percentile Payment	50th Percentile Payment	60th Percentile Payment	75th Percentile Payment
0001A - 59: Intramuscular administration of single ..	Flat Fee	\$42	\$40	\$40	\$40	\$40
0001A: Intramuscular administration of single seve..	Flat Fee	\$32	\$19	\$40	\$40	\$40
0002A: Intramuscular administration of single seve..	Flat Fee	\$39	\$35	\$40	\$40	\$41
0003A: ADM SARSCOV2 30MCG/0.3ML 3RD	Flat Fee	\$43	\$40	\$40	\$41	\$42
0004A: ADM SARSCOV2 30MCG/0.3ML BST	Flat Fee	\$39	\$40	\$40	\$40	\$41
0202U: Test for detection of respiratory disease-ca..	Flat Fee	\$289	\$174	\$255	\$255	\$417
0240U: Respiratory infectious agent detection by ..	Flat Fee	\$130	\$143	\$143	\$143	\$143
0241U - 26: Respiratory infectious agent detection ..	Flat Fee	\$28	\$24	\$30	\$30	\$30
0241U: Respiratory infectious agent detection by ..	Flat Fee	\$133	\$140	\$143	\$143	\$143
0376T: INSERT ANT SEGMENT DRAIN INT	Flat Fee	\$281	\$86	\$340	\$358	\$421
0402T: Collagen cross-linking treatment of disease..	Flat Fee	\$1,835	\$1,233	\$1,457	\$1,596	\$2,518
0502F: SUBSEQUENT PRENATAL CARE	Flat Fee	\$0	\$0	\$0	\$0	\$0
0504T: Analysis of data from CT study of heart blo..	Flat Fee	\$146	\$105	\$120	\$125	\$230

Codes with less than 30 claims statewide are not available.

Provider Payment Tool Potential Uses

- **Employers:**

- **Self-insured:** understand your payments vs. statewide, county and DOI payments
- **Fully-insured:** point employees to the tool if there are questions on bills or “reasonable” costs up front

- **Payers and Providers:** Benchmark how their payments compare to their peers

- **Policy Makers:** Identify variation in payments for procedures across the state

- **Consumers:** Use the tool to understand “common/reasonable” prices for provider bills

Emergency Department Use for Mental Health and Self-Harm Analysis

civhc.org > Get Data > Public Data > Publication Library

- Update to previous analysis
- What's new?
 - Self Harm codes
 - Urban vs. Rural
 - Data through 2016-2021
 - Race/ethnicity data

MENTAL HEALTH: ED Visits that Resulted in a Hospital Admission				
Year	Total Mental Health Primary Diagnosis ED Visits That Resulted in an Admission	Percent Admissions for ED Mental Health Visits	Total Allowed Amounts**	Median Allowed Amount/Visit**
2016	1,895	12%	\$15,262,181	\$6,374
2017	1,648	11%	\$13,667,431	\$6,681
2018	1,739	10%	\$14,611,795	\$6,764
2019	1,617	8%	\$13,622,673	\$7,053
2020	1,587	9%	\$15,390,071	\$7,547
2021	1,464	7%	\$14,029,045	\$7,670

SELF-HARM: ED Visits that Resulted in a Hospital Admission				
Year	Total Self-Harm Primary Diagnosis ED Visits That Resulted in an Admission	Percent Admissions for ED Self-Harm Visits	Total Allowed Amounts**	Median Allowed Amount/visit**
2016	424	29%	\$5,216,759	\$7,956
2017	680	21%	\$6,370,962	\$6,437
2018	646	19%	\$6,890,913	\$7,235
2019	604	19%	\$7,280,003	\$8,126
2020	587	18%	\$7,933,932	\$8,734
2021	541	16%	\$5,876,605	\$8,942

AGE GROUP: ED Visits with Mental Health or Self-Harm Primary Diagnosis				
Payer	All Payers			
	% of Total MH/SH ED Visits (All Payers)			
Year	Ages 17≤	Ages 18-34	Ages 35-64	Ages 65+
2016	11%	22%	44%	23%
2017	17%	26%	37%	20%
2018	16%	28%	38%	18%
2019	17%	30%	37%	16%
2020	17%	31%	37%	15%
2021	20%	30%	35%	15%

ED visits for MH/SH that turn into an admission cost approximately \$21M Annually



New Data Byte: Vasectomies and Contraception (cost and utilization)

civhc.org > Get Data > Public Data > Publication Library

- Requestor: state agency

- Parameters:

- Project Overview:** Snapshot of utilization, cost, and trends for vasectomies and the top ten used oral and non-oral contraception in CO.
- Years/Time Period:** 2018-2021
- Payer Types:** Commercial, Medicaid
- Geography:** Statewide

Oral Contraceptive Prescriptions 2021								
Drug Name	Strength	Dosage Form	Package Size	Medicaid and Commercial Combined				
				Median Costs			Utilization	
				Allowed Amount	Plan Paid	Patient Liability	Distinct Prescriptions	Rate of Distinct Prescriptions
SPRINTEC	0.25 mg-35 mcg	TABLET	28	\$ 0.75	\$ 0.73	\$ 0.00	53,839	5.15
TRI-SPRINTEC	0.18 mg-35 mcg (7)/0.215 mg-35 mcg	TABLET	28	\$ 0.55	\$ 0.54	\$ 0.00	34,670	3.31
LO LOESTRIN FE	1 mg-10 mcg (24)/10	TABLET	28	\$ 5.64	\$ 5.36	\$ 0.00	27,791	2.66
NORETHINDRONE	0.35 mg	TABLET	28	\$ 0.51	\$ 0.51	\$ 0.00	26,086	2.49
MILI	0.25 mg-35 mcg	TABLET	28	\$ 0.53	\$ 0.53	\$ 0.00	24,250	2.32
APRI	0.15 mg-0.03 mg	TABLET	28	\$ 1.12	\$ 1.04	\$ 0.00	22,181	2.12
JUNEL FE	1 mg-20 mcg (21)/75	TABLET	28	\$ 0.55	\$ 0.55	\$ 0.00	21,465	2.05
PORTIA	0.15 mg-30 mcg	TABLET	28	\$ 0.80	\$ 0.80	\$ 0.00	17,301	1.65
DROSPIRENONE-ETHINYL	0.02 mg-3 mg (28)	TABLET	28	\$ 0.82	\$ 0.62	\$ 0.00	17,291	1.65
ETHINYL ESTRADIOL	1 mg-20 mcg	TABLET	21	\$ 0.86	\$ 0.75	\$ 0.00	16,763	1.60

New Data Byte: Long-Covid in Colorado

civhc.org > Get Data > Public Data > Publication Library

- Requestor: state agency
- Parameters:
 - **Project Overview:** Number of insured Coloradoans with post-infectious condition after COVID-19 (Long COVID). Broken down by age, gender, race/ethnicity
 - **Years/Time Period:** Includes Coloradoans with a Long COVID diagnosis on or after October 1, 2021
 - **Payer Types:** Commercial, Medicaid, Medicare Advantage, Medicare FFS
 - Due to data lag, Medicare FFS claims between 10/1/2021 and 12/31/2021 are included.
 - **Geography:** Statewide

Total Unique Coloradans with a Long COVID Diagnosis, *All Payers, 10/1/2021-8/31/2022
16,072

By Age at time of first diagnosis	
0-9	253
10-20	529
20-29	1,130
30-39	2,184
40-49	2,624
50-59	2,858
60-69	3,110
70-79	2,233
80+	1,150

By Sex	
Female	10,182
Male	5,888

Upcoming Public Reports for FY 2022-23

- Community Dashboard
 - Update February 2023
 - Separate SDOH scatter plot using Census Tract and CDC social determinants data
- Affordability Dashboard: APMs
 - Update February 2023
- Affordability Dashboard: Cost of Care
 - Update March 2023

Public Reporting Calendar for FY 2022-23

- Affordability Dashboard: Low Value Care
 - Release tentative April 2023 (vendor dependent)
- Affordability Dashboard: Drug Rebates
 - Update May 2023
- Affordability Dashboard: Medicare Reference Based Pricing
 - Release tentative June 2023 (vendor dependent)
- CO APCD Insights Dashboard
 - Update June 2023

CO APCD Annual Report Review

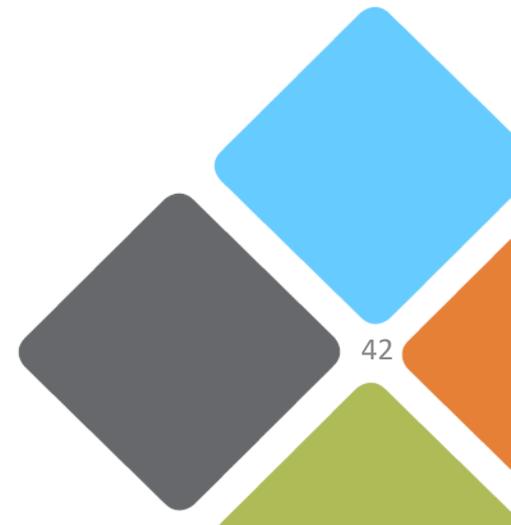
- Per legislation, Annual report due by March 1st of each year, and submitted by CIVHC and the Advisory Committee
- Officially submitted to the governor's office and legislators, and public on our website
- Draft will be sent to Committee today
- Feedback due next **Tuesday, 2.14.23**

New CIVHC.org

- CIVHC is in process of rebuilding our website
- Enabling better search functionality and user experience
- Updating host platform for better performance and reliability
- Seeking Advisory Committee input for those willing to test/review the new site
- Targeting mid-summer for draft release for feedback

Agenda

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- CO APCD Data Quality and Analytics
- **Public Comment**





Public Comment



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Future Meeting Schedule

2023

- May 2nd
- Aug 1st
- Nov 7th
- 2pm-4pm
- Virtual until otherwise noted:
 - Question – What is Committee's thought on in-person option for May's meeting?