

CO APCD Advisory Committee

September 12, 2023



Agenda

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

Welcome New Committee Members!

- Cecilia Saffold
 - Chief Executive Officer, HealthTeamWorks
- Ryan Wallace
 - Director of Underwriting and Business Analytics, Delta Dental of Colorado



Open Committee Positions

- Pharmacy benefit manager
- An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity





Operational Updates

Kristin Paulson, JD, MPH CEO and President

Pete Sheehan
VP of Client Solutions & State Initiatives







Increase Access and Use of Data and Analytics

CO APCD Scholarship	Streamlined access helped 22 data requests benefit from the Scholarship Program.
Change Agent	Fifteen Change Agents published research using CO APCD data
Publications	in peer-reviewed journals.
Shop for Care	CIVHC released Spanish and mobile-friendly versions of the
Accessibility	Shop for Care tool.
Health Equity	For the first time, CIVHC combined CO APCD and Census data
Analysis	to create the <u>Health Equity Analysis.</u>
Data to Drive	The <u>Data to Drive Decisions</u> webinars that feature diverse uses
Decisions	of CO APCD data had a 50% increase in attendees.
Local and National	CIVHC promoted CO APCD data and capabilities with more
Presence	than a dozen presentations across Colorado and the nation.
CO APCD 10 th	Events celebrating the 10th Anniversary of the CO APCD
Anniversary	highlighted 10 years of challenges, triumphs, and innovation.
CO APCD Annual	A reimagined CO APCD Annual Report helped simplify the role
Report	and capabilities of the CO APCD for Coloradans.

State/Government/Legislative Support

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Mental Health	CIVHC added mental health to the Telehealth Services Analysis
Analyses	and updated ED Use for Mental Health and Potential Self-Harm.
<u> </u>	
Provider Payment	CIVHC developed and launched the unique Provider Payment
Tool	Tool in response to <u>Senate Bill 22-068</u> .
Behavioral Health	The Behavioral Health Administration and CIVHC partnered to
Access	create the first Behavioral Health Access to Care report.
Telehealth Parity,	CIVHC evaluated in-person and telehealth payment parity, and
Denied Claims	telehealth denied claims for the Office of e-Health Innovation.
DDAD	CIVHC delivered the first data sets to support the Prescription
PDAB	Drug Affordability Board (PDAB) (SB 21-175).
Data Mant	Added new data sets, new users, and new use cases to the Data
Data Mart	Mart for DOI and HCPF.
High Value Care,	CIVHC updated the High Value Care at End-of-Life study with
End of Life	COVID-19 and additional palliative care measures.
Healthy Aging Data	CIVHC and the Governor's office collaborated on a Healthy
Profile	Aging Data Profile inspired by work in Massachusetts.
	5 5

Infrastructure, Data Quality, DEI, and Client Experience

Claim Volume

Health Equity Data

SUD Claims

Data Submission
Guide 14

Info for Data Users

Improved Client Journey

Phase Gate

JEDI Committee The CO APCD officially reached one billion claims.

CIVHC refreshed the geocoding of the CO APCD to support alignment with the <u>American Community Survey.</u>

A new CO APCD substance use disorder (SUD) filter segregates those claims at intake, ensuring the data is protected for appropriate use.

In March 2023, the <u>Data Submission Guide v14</u> went into effect, improving the completeness of the CO APCD.

CIVHC created new resources (Tips & Tricks, New Release Notes) to support CO APCD data users.

The Customer Experience team added communication check points and new documentation to improve client satisfaction.

CIVHC developed a new "Phase Gate" process to help standardize data operations and deliverables (rollout FY23-24).

The Justice, Equity, Diversity, and Inclusion (JEDI) committee developed core data equity principles and initiatives to ensure that our actions and communications are grounded in equity.

Multi-State Data

- CIVHC participating in a pilot Multi-State Data Initiative
 - Partnering with Maine Health Data Organization (MHDO) and Virginia Health Information (VHI)
- Purpose: Serve as a proof of concept for functionality and use of state-led collective database, demonstrate value of multi-state benchmarking
- Goals:
 - 1) Advance data uniformity and reduce policy and operational barriers for health care claims collection efforts
 - 2) Streamline multi-state data access for users through creation of an aligned data set
- Timeline: Planning phase 6 months

FY22-23 Scholarship: Year-End Summary

FY23 Applications Approved

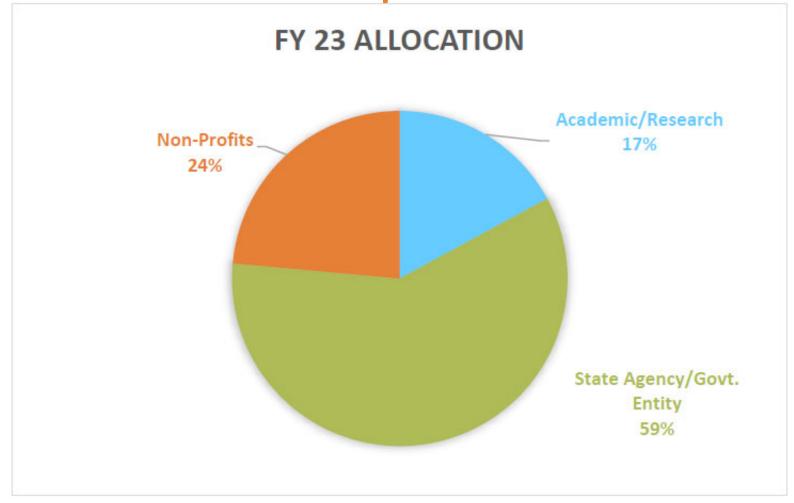
• 22 projects were approved totaling \$427,633 of the \$500,000 total available, 86% of the annual funds

FY23 Dollar Allocation

- 59% of funds allocated to government entity requests
- 24% of funds allocated to non-profit requests
- 17% of funds allocated to academic/research requests
- \$38,864 allocated to out-of-state projects
- \$43,992 allocated to legislative projects

Full Scholarship FY 2022-2023 summary information is available in meeting packets

FY22-23 Scholarship: Year-End Summary



TOTALS							
Scholarship Amount	Requestor Amount	Project Total Costs					
\$427,633	\$104,179	\$531,812					

FY 23 Scholarship: Use Cases

So Colorado Kids Can Move

- HB 23-1136
 - Multi-State Analysis of Fiscal and Social Impact of Commercial Insurance Coverage for Recreational Prothesis in the United States
 - CO APCD data informed policy discussions in support of insurance coverage for prosthetic devices needed for people to engage in certain types of physical activities, e.g. running & biking
- Bill passed by Colorado General Assembly and signed into law May 2023.

FY 23 Scholarship: Use Cases

ED Visits for Mental Health and Self-Harm

- Requested by Representative Judy Amabile
- Data Analysis published February 2023

"I am working on policies to bring greater mental health resources forward so people can get the treatment they need before they end up in crisis. Being able to reference real data when trying to address these situations is critical."

- Colorado State Representative Amabile

FY 23 Scholarship: Use Cases

Peak Health Alliance

- CO APCD Scholarship Program funded 3 projects in FY22-23:
 - 3 data sets used to inform PHA's strategy to better to serve rural Colorado with lower cost health care

"Peak Health Alliance uses all the data we receive from the CO APCD to inform and guide our negotiations with providers to build an affordable and robust local network to the communities we serve ... Because of the valuable data we receive from the CO APCD, our negotiation efforts are significantly more informed and intentional"

- Anne Ladd, CEO Peak Health Alliance

FY 24 Scholarship: New This Year

- Cap on Funding for Out of-State Projects
 - \$50,000 annual cap for all projects requested by eligible organizations based outside of Colorado
- Legislative Set Aside
 - 10% of annual funds set aside for legislative requests
- Utilization of year-end non-allocated funds
 - HCPF and the Scholarship Subcommittee will determine if there are eligible projects that could benefit from funding if all program funds are not attached to specific projects by April 1st of each year.
 - HCPF will make final decisions, and projects must align with the intent of the CO APCD Scholarship program

FY 24 YTD Scholarship

FY 24 Scholarship Requests Submitted YTD								
Data Requestor Organization		Scholarship	Requestor	Data/Project				
Academic/Research Requests	Project	Amount	Amount	Total Cost				
	Sub-total	\$0	\$0	\$0				
State Agency/Govt. Entity Requests								
23.106.75 CO State Governors Office	OSPMHC Long COVID Surveillance	\$19,062	\$4,766	\$23,828				
	Sub-total	\$19,062	\$4,766	\$23,828				
Non-Profit Requests								
23.56 DARTNet Institute	Healthcare Services Needs and Availability among CO Rural I	\$20,129	\$3,552	\$23,681				
	Sub-total	\$20,129	\$3,552	\$23,681				
Approved	Totals	\$19,062	\$4,766	\$23,828				
Pending	Totals	\$20,129	\$3,552	\$23,681				
		Scholarship	Requestor	Data/Project				
		Amount	Amount	Total Cost				
	Total FY23 Scholarship Dollars Requested	\$39,191	\$8,318	\$47,509				
	Remaining Funds Available	\$460,809						

Agenda

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- Operating Updates
- CO APCD Data Quality and Analytics
- Public Reporting
- Public Comment and Member Open Discussion



CO APCD Quality & Analytics

Lindsay Wilkins, MPH
Data Quality Analyst

Alice Aguirre
Data Quality Manager

Paul Timmerman, MBA Manager of Reporting and Analytics

Jennifer Carpenter

Data Privacy and Compliance

Manager



CENTER FOR IMPROVING **VALUE** IN HEALTH CARE

Background

- Substance Use Disorder (SUD) data is federally regulated by the Code of Federal Regulations, Title 42, Chapter 1, Part 2 (42 CFR Part 2).
 - Historically has different, more restrictive requirements for data release than HIPAA.
- Under Coronavirus Aid, Relief, and Economic Security Act (CARES Act) SAMHSA expanded use of SUD data.
- In December 2022, HHS proposed further rule changes to 42 CFR Part 2 by HHS to better align data governance and patient protections between HIPAA and 42 CFR Part 2.
 - Currently under review

At CIVHC

- In 2021, CIVHC examined SUD claims in the CO APCD.
- No Federal standard for defining an SUD claim.
- Investigated SUD codes from RESDAC (CMS) and IBM (HCPF) code-sets.
 - Around 1470 codes between the two sources.
- De-duplicated code sets and eliminated codes that were too broad and not SUD specific.
 - Final code set was 979 codes.
- Created a flag with data partner HSRI to eliminate SUD claims from analyses.
 - This flag went into effect in the July 2022 Data Warehouse Release.

SUD Flag (July 2022 – January 2023)

- SUD claims were identified in the following code sets: Diagnosis, Procedure, CPT4, CPT4 Mod 1, MSDRG, APRDRG, ICD Primary Procedure Codes, and Revenue Codes.
- The SUD flag: 'SA_FL' is a true/false filter field. Analysts can use the flag in their analysis as noted below:
 - 1) True = The record is identified as a SUD-related claim.
 - 2) False = The record is not considered a SUD-related claim.

New SUD Claims Exclusion

- September 2022: CIVHC and HSRI reviewed a process to sequester SUD claims into separate tables.
 - Decreases compliance burden and lessens the potential for inappropriate release.
- January 2023: SUD claims removed from Medical Claims tables and put into their own tables. We now have tables WITH SUD and WITHOUT SUD
- Payer submission of SUD claims is currently not mandatory, possible legislative fix.
 - Without mandatory submissions, we have incomplete data for SUD.

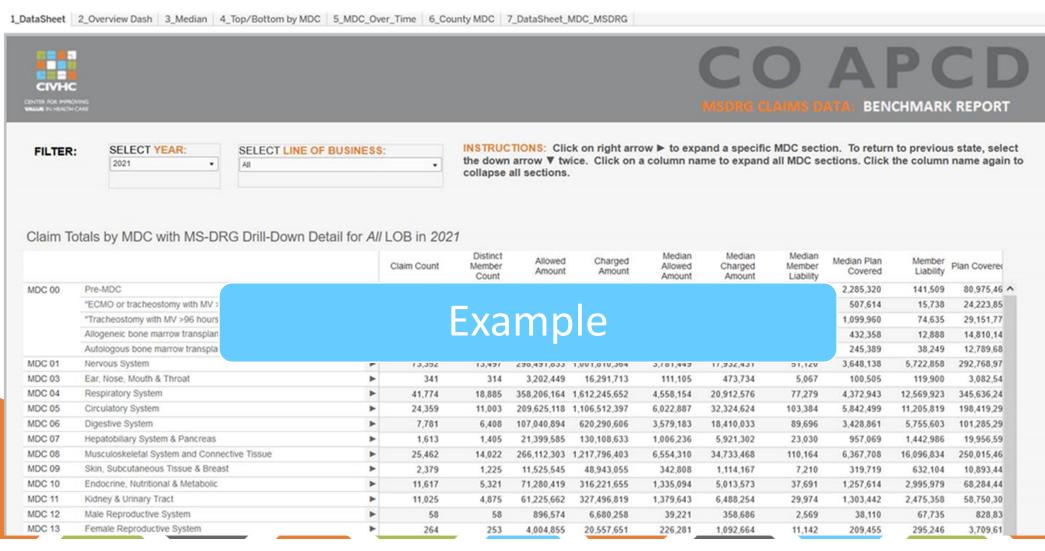
New: Foundational Reports

- Intended to act as internal benchmark report for comparison or as a reference point during the creation of new reports:
 - Does the data make sense for a specific project?
 - Is the data within the parameters of what we should expect?
- Can create use cases for future projects.
- Can create efficiencies for current projects.
- Will help to build an index of methodologies for all projects.

Foundational Reports

MS-DRG Benchmark Dashboard

- Provides comparison data when new reports are created using Medicare Severity Diagnosis Related Group (MS-DRG) data
- · Dashboard is created and under internal review.



Foundational Reports

Internal Membership Report

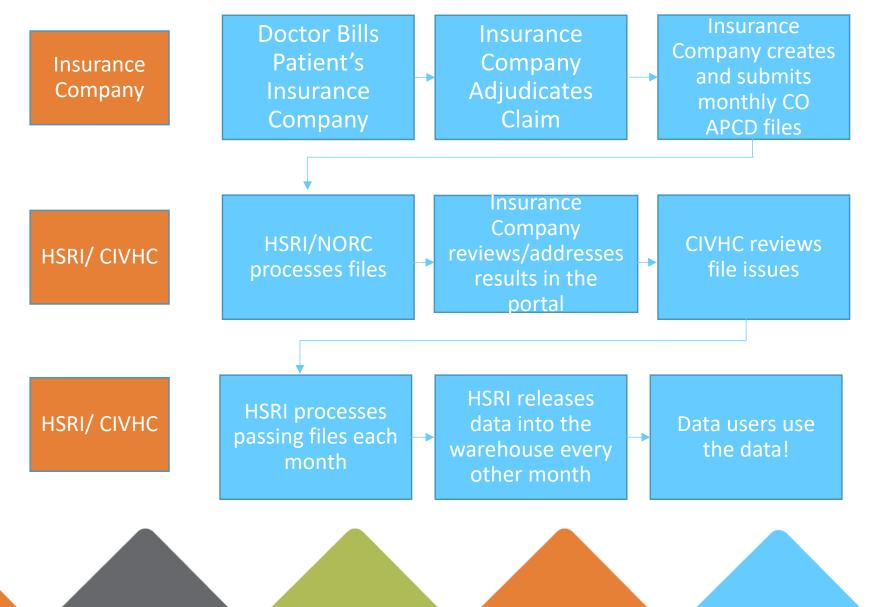
- Provides benchmark data for CO APCD membership going back to 2012.
- Report on Commercial members completed in March 2023
- CMS report under development.

Part D Claims & Commercial Submissions

- Confirmation of whether Part D claims come through commercial data submissions and the significance of the volume.
- Project kicked off in July and development is underway.

Intake & Submission Overview

Claim Journey Overview



Intake and Submission Overview

Data Quality Checks

HSRI Data Quality Checks

- Files submitted through HSRI submission portal undergo initial automated validation process
- Submitters are notified of any quality check issues with their claims
- Additional HSRI quality checks
- Data enters Data Warehouse

CIVHC Quality Checks

Submitter Quality Index (SQI)



Data Privacy and Compliance Updates

- Data Release Documents
 - Applications
 - Data Element Selections
- Data Release Review Committee
 - Process changes
- Procedural Enhancement Workgroup
 - Organizational wide efforts



Data Release Documents

- Four new data release applications released in July:
 - Standard De-identified Datasets
 - Custom De-identified Datasets
 - Limited and Identifiable Datasets
 - Custom Reports

	Standard De-Identified	Custom De-Identified	Limited and Identifiable	Custom Report
Addition of data linkage questions: Will the CO APCD data be linked to another data source? What is (are) the other data source(s)? Who will perform the data linkage? What identifying data elements will be used to perform the data linkage? What non-CO APCD data elements will appear in the new linked file?				✓
Addition of 2023 option in Year(s) of Data section with footnote: "This year's data is incomplete. Consult with your CIVHC Contact to find out what data is available at the time of your request."		~	✓	
Addition of <i>Financial Detail by Line Item</i> section with options to select Charged Amount, Allowed Amount, Plan Paid Amount, Plan Pre-Paid Amount, Member Copay, Member Deductible, Member Coinsurance, and Total Member Liability				

Data Release Documents

• Data Element Dictionary is now the Data Element Selection Form

5551							CD Extract		age				
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Other Considerations			Date of Ser				Member Address					Recurring, Elements Added	
☐ Finder File			Eligibility D				Date of Birth					Recurring, Elements Removed	
☐ Medicare F	ee for Serv	/ice	County				Geocoded Address					Recurring, Filters Changed	
included			City				SSN					Repull	
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	Version		Description	o. c.iu.igc(s)						(Full Name, Full Title)			
	V.01												
,	V.02												
	V.03												

Data Release Review Committee

- Exciting changes to the Data Release Review Committee:
 - Committee members from 5 to 10
 - Updated documents
 - Timeline for Review

Presentation Time:	10:30	AM						
Opportunity Number:	Number							
Project Title:	Comp	lete project t	itle					
CIVHC Presenter:	Choos	se an item.						
Project Presenter(s):	Preser	nter name(s)	and title(s)					
Extract Type:	Choos	se an item.						
Finder File Included:	Choos	se an item.						
PHI Data Elements								
Available for Limited and Identifiable Extracts:					Available for Identifiable Extracts Only:			
		Requested	Approved			Requested	Approved	
Member 5-Digit Zip Code				Member Name				
Member Census Tract					Member Date of Birth (if			
Member County					requesting more than year			
Member City					only)			
Member Eligibility Date					Member Street Address			
Employer Tax ID					Member Geocoded Address			
Member Dates of Service								

Procedural Enhancement Workgroup

- Organizational Wide Process Improvement Efforts
 - Prioritizing standardization of work
 - Templates
 - Operational library
 - Cross-departmental collaboration and feedback
 - Ongoing process work

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Public Reporting

Cari Frank, MBA

VP of Communication and Marketing



Public Reporting

NAHDO Innovation in Data Dissemination Award



- Awarded for the release of the Health Equity Analysis
- Recognized for demonstrating "outstanding excellence in effectively releasing innovative data positively impacting health care"
- Marks CIVHC's second time in 10 years receiving this prestigious award!

Community Dashboard & CMS

- Community Dashboard is currently down as CIVHC works through new Medicare FFS QECP approval process with CMS.
- We will make the dashboard live as soon as possible.
- In the meantime, please direct any questions to cfrank@civhc.org
- Once live will send out email blast and launch promotional efforts including infographic series.

Recent Release: Insights Dashboard

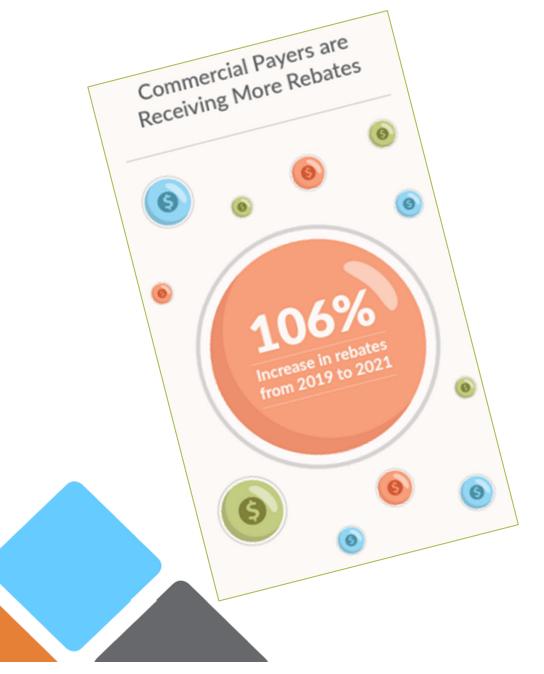
civhc.org > Get Data> CO APCD Info > What's in the CO APCD?

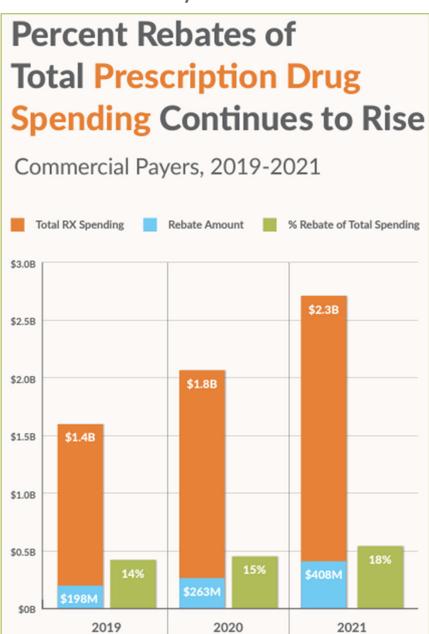


There are now over ONE BILLION claims in the CO APCD!

Recent Release: Drug Rebates

civhc.org > Get Data> Public Data> Focus Areas > Affordability Dashboard

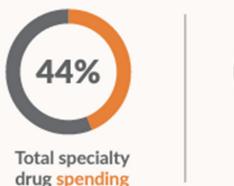




Recent Release: Drug Rebates

civhc.org > Get Data> Public Data> Focus Areas > Affordability Dashboard

Specialty drugs accounted for almost half of total prescription drug spending among commercial payers in 2021, but represented just 1% of total volume.















civhc.org > Get Data> Public Data> Focus Areas > Affordability Dashboard

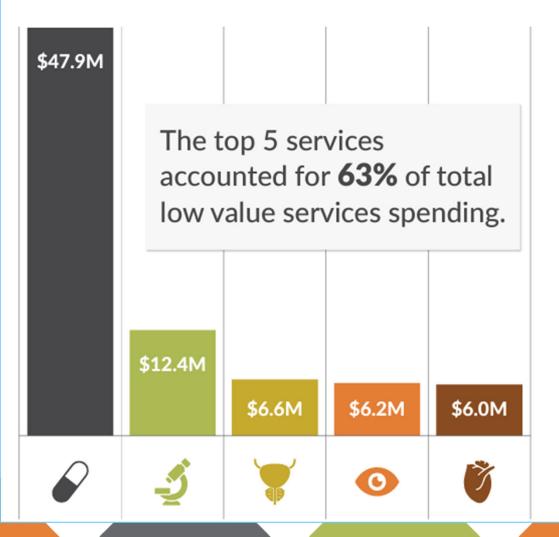
- What is "Low Value Care?"
 - Care where the potential harm or cost is greater than the benefit to a patient
 - Defined by Choosing Wisely guidelines, developed by American Board of Internal Medicine Foundation
- Barriers to addressing low value care:
 - Fear of malpractice
 - Perception that patients want or expect tests or medications
 - Lack of decision-making tools to support providers
 - Financial incentives of fee-for-service reimbursement

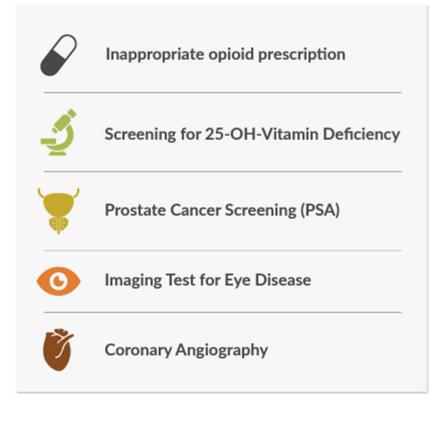
civhc.org > Get Data> Public Data> Focus Areas > Affordability Dashboard

Statewide Insights

In 2021:

1.9M Low Value Services, resulting in \$134M in spending.*





*All Payer data only includes 6 months of data for Medicare FFS for 2021

\$97

\$0

\$65

civhc.org > Get Data> Public Data> Focus Areas > Affordability Dashboard

Statewide Division of Insurance Spending Variation Regional Variation (Avg. Cost per Low Value Care Service) All Payers, 2021 \$65 Denver **Pueblo** \$68 Collins **Colorado Springs** \$70 West Boulder Boulder \$75 Denver Greeley \$76 Grand Junction **Springs** Ft. Collins \$76 **Pueblo Grand Junction** \$79 East East \$97 West

\$20

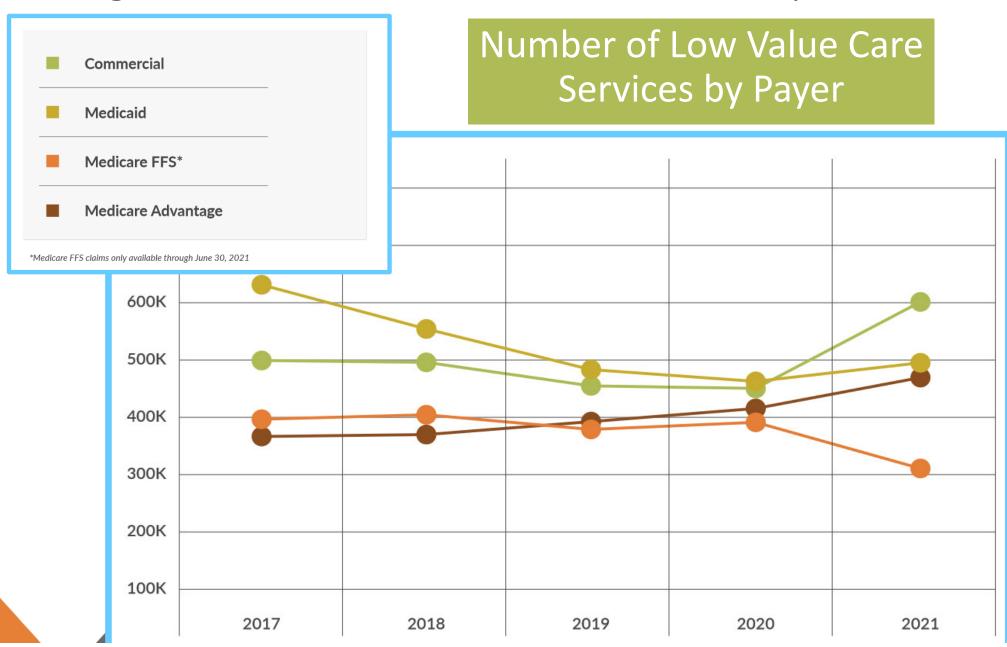
\$40

\$60

\$100

\$80

civhc.org > Get Data> Public Data> Focus Areas > Affordability Dashboard



Upcoming Public Reports

- Affordability Dashboard Breakout
- Telehealth Equity Analysis (new!)
 - Update October 2023
 - Collaborative effort with OeHI
- Provider Payment Tool
 - Update January 2023

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Member Open Discussion



Member Discussion Suggested Topics

- Topic: AI & ChatGPT
 - Do any Member organizations currently or plan to use AI, ChatGPT, or something similar? How?
 - How should CIVHC be adjusting and looking toward anticipated impacts from AI technologies such as ChatGPT?



Public Comment



2023-2024 Meeting Schedule

- 2023
 - December 12
- 2024
 - March 12
 - June 11
- 2pm-4pm
- Virtual until otherwise noted