



# CO APCD Advisory Committee

May 11, 2021



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# Agenda

- Opening Announcements
- Compliance
- CO APCD Data Intake, Processing and Analytics
- Operational Updates
- CIVHC Perception Survey
- Public Reporting
- Committee Chair/Vice Chair Update
- Public Comment





# Compliance

Jennifer Carpenter

CIVHC Data Privacy and Compliance Manager



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# Data Privacy and Compliance

- CIVHC's dedicated data privacy and compliance department has been focusing on enhancement of our compliance program and validation of our internal and external controls.
- Most recently CIVHC completed an organizational risk assessment.
- The risk assessment was completed according to the Office of Inspector General's guidance for Measuring Compliance Program Effectiveness, which included 401 individual measurements and an organizational wide survey.



# Current Initiatives

- CIVHC has initiated many policies, processes, and projects that help to mitigate organizational risk, advance the triple aim, and serve our stakeholders and community.
- New employees receive a comprehensive orientation that includes CIVHC operations, human resources, analytics, communications and marketing, public reporting, data management, privacy and security, and other areas.
- Compliance is becoming increasingly integrated into each aspect of CIVHC's operations and culture.



# Exciting Things To Come

Even with CIVHC's strong foundation, there is room for growth. That is why CIVHC will be focusing on several data privacy and compliance initiatives over the next two years. Some of these initiatives are:

- Promoting data privacy and compliance awareness through public facing blogs and other communication
- Formalizing a comprehensive data privacy and compliance program
- Auditing of internal and external data privacy and security controls
- Updating and memorializing organizational policies



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# Intake, Processing, and Analytics

Kristin Paulson, JD, MPH

CIVHC Chief Operations Officer

Ann Jones, PhD

CIVHC Manager of Data Quality



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# SUD Claims Collection

- Uses of SUD data expanded in CARES Act
  - Allows for increased research use of SUD data, not as broad as other PHI and claims data
- Working on project plan to begin collecting SUD data
  - Defining SUD data for purposes of data release requirements
  - Establishing business rules for IDing and partitioning SUD data
  - Requesting Medicare SUD file to supplement Medicare FFS data
  - Will be reaching out to Medicaid to work through submission process and ensure alignment of definitions.
- Once established, will reach out to private plans to work through submission requirements

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# Data Submission Guide 12

- Began receiving test files on 5/3/2021
- Focus on demographic information
  - Improved race and ethnicity field options
  - Federal Poverty Level Indicator
- NEW Value Based Payment Contracts (Pharma)
  - Working with payers to establish definitions
  - Some challenges around the mechanism of data collection and concerns about appropriate use.
  - Possibly changing data fields for collection in DSG 13
  - Partnering with CAHP, HCPF, and payers to resolve



# Data Quality Team

## Team Structure

- Ann Jones, PhD – Manager of Data Quality (start date 1.4.2021)
- Lindsay Schoettinger, MS – Senior Data Quality Analyst
- Chris Dalton – Systems and Quality Analyst
- Amanda Restad – Data Quality Analyst (start date 3.22.2021)
- Lindsay Wilkins, MPH – Data Quality Analyst (start date 3.22.2021)

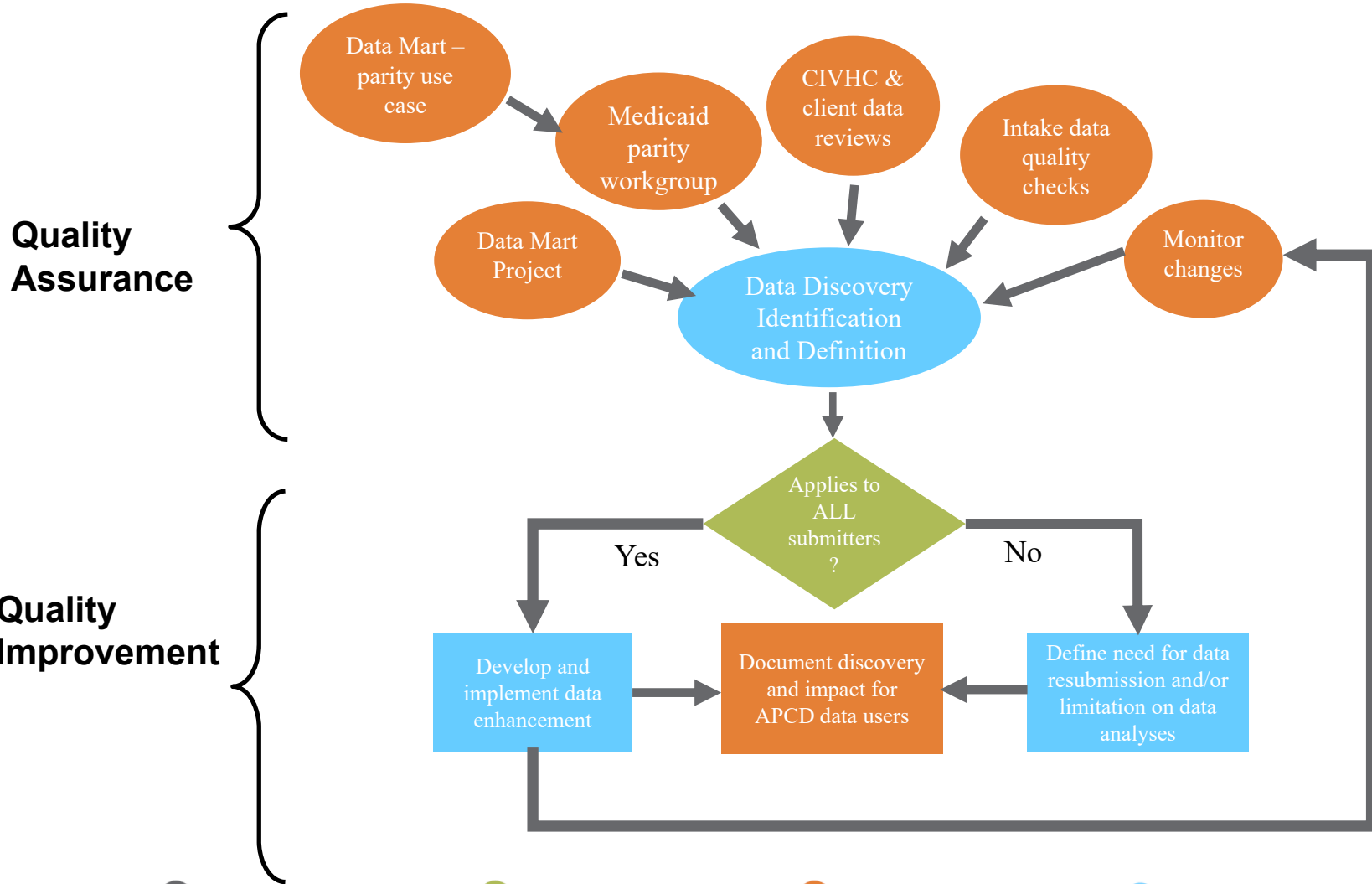


# Data Quality Team- Workload

- Data Intake
  - New Submitter onboarding
  - Monthly data submissions/resubmissions
  - Submitter relations/compliance
- Data Quality Assurance
  - Perform data intake quality checks
  - Examine APCD fields for accuracy and alignment
  - Monitor implemented changes to the APCD
- Data Quality Improvement
  - Define and conduct continuous quality projects
  - Oversee post processing enhancements
  - Communicate data quality findings and impacts to stakeholders



# Overall Data Quality Flow



# Data Quality Team- Current Projects

- Data Intake
  - Testing DSG 12 files
  - Onboarding 2 submitters
  - Compliance – notified 3 submitters
- Data Quality Assurance
  - Claim type assignment examination and alignment
  - Facility naming alignment
- Data Quality Improvement
  - Data Discovery Log (DDL) redesign
  - Submitter Profiles and Quality Index



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# Operational Updates

Peter Sheehan

CIVHC VP of Client Solutions & State Initiatives



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# CO APCD Sustainability – State Funding Sources FY2020-2021

			<b>FY 21 End of Year</b>
	<b>FY 20*</b>	<b>FY 21 Plan**</b>	<b>Forecast***</b>
<b>CMS 50/50 Federal Portion</b>	\$1,122,746	908,100	\$1,008,233
<b>CMS 50/50 State Portion</b>	\$1,122,746	908,100	\$1,008,233
<b>CMS 90/10 - NEW Fed &amp; State</b>			\$799,935
<b>State General Fund</b>	\$2,526,847	\$1,895,598	\$1,874,005
<b>Total State Gen Fund</b>	\$3,649,593	\$2,803,698	\$2,962,232
<b>Scholarship Fund</b>	\$500,000	\$0	\$0
<b>HCPF Direct Analytics</b>	\$263,200	\$223,720	\$263,200
<b>Other State Agencies</b>	\$177,919	\$52,074	\$45,519
<b>Total State Contracts</b>	\$5,713,458	\$3,987,592	\$4,999,125
<b>Change from FY 20</b>		<b>(\$1,725,866)</b>	<b>(\$714,333)</b>
<b>Change from FY 20 %</b>		<b>-30%</b>	<b>-13%</b>
*FY 20 CMS 50/50 payments included catch-up funds from FY 2018 and 2019			
** FY 21 Plan is defined as CIVHC Budget which was created before all FY 2020 - 2021 State Budget numbers were finalized			
***Based on projects under contract with expected delivery by June 30			

# State Contracts – FY2020-2021

- CMS 50/50
  - Medicaid enrollment expanded due to the pandemic, constituting a larger percentage of the data held within the CO APCD.
- State Medicaid Analytics Contract
  - \$263k annual Recurring Contract
  - Data and services to assist HCPF in managing the Medicaid population costs
- CO APCD State Operating Contract
  - 25% reduction in State General Fund allocation
  - Includes select Public Reporting, Out-of-Network data set, employer standard reports, costs at the end of life project, and quality work



# State Contracts – FY2020-2021

- CMS 90/10
  - Year 1 funded in FY 21 at just under \$800k
  - Year 2 funding is approved at \$1.6M. Supplemental request may increase funding to \$2.7M (pending CMS approval)
  - Main projects include:
    - A Data Mart for HCPF and DOI
    - An episode-based centers of excellence project
    - Enhancements to the CO APCD data including Geocoding and data to assist with Social Determinants of Health analysis



# General Fund Contract

✓	Deliverable	Due Date	Delivery Date	Notes
✓	Out of Network Services	12/18/2020	12/18/2020	Delivered on time in December. Working on COVID update.
✓	Reference Based Pricing	3/31/2021	3/31/2021	Interactive Reference-Based Price Report was released publicly on March 31.
	Alternative Payment Models	4/30/2021	5/14/2021	Draft submitted on-time. Finalizing report after receiving feedback from stakeholders.
	Drug Rebates	5/30/2021	5/30/2021	On track to be released at the end of May.
	Spending Trends and Cost Drivers Report 1.0	6/30/2021	6/30/2021	Phase 1 scoping, development of methodology, and project plan (swapped in to this FY in lieu of Shop for Care/Community Dashboard now due in the fall)
	Employer Reports	6/30/2021	6/30/2021	Six of seven planned reports are currently available.
	Community Dashboard & Shop for Care	Fall 2021	Fall 2021	Releases are being shifted to the fall of 2021 for inclusion of the full 2020 calendar year of data.
	Public Reporting: Spot Analyses, Data Bytes, Infographics	Variable due dates		6 Data Bytes, 5 Infographics, 1 interactive report; Telehealth Services Analysis updates, Medicare Reference Based Price Analysis



# 90/10 Contract

✓	Deliverable	Due Date	Delivery Date	Notes
	Data Mart	3/31/2021	Est. 4/15/21	The Phase I de-identified data set has been loaded into the Data Mart on time. Access to the Data Mart was delayed by DUA signatures. Initial Draft User Guide delivered.
✓	CC2Q Project Plan	1/8/2021	1/4/2021	Project Plan delivered on time.
	CC2Q Information Foundations	4/1/2021	TBD	Episodes of Care work is ongoing.
✓	CC2Q Phase I	4/15/2021	4/14/2021	Test with Very Small Scope. Project report summarizing initial tests and findings submitted.
	CC2Q Phase II	6/15/2021	6/15/2021	The initial proposed approach for episode processing with customized risk adjustment and measure development proved too resource intensive and would delay production and program implementation. The State and CIVHC decided to pursue a vendor-based solution. Initiation of Phase II is dependent on identification of an appropriate technical solution.



# Direct Analytics Contract

✓	Deliverable	Due Date	Delivery Date	Notes
✓	Access to Care	3/15/2021	3/15/2021	Complete
✓	APR DRG Case Mix Analysis	1/22/2021	1/22/2021	Complete. Project findings have been incorporated into a CIVHC data quality work plan
	Prometheus Reporting	4/30/2021	6/15/2021	Cost and quality episode-based bubble chart analysis. Options reviewed and direction selected 5/4.
	DOI/Hospital Report	6/5/2021	6/5/2021	On track for June release.
✓	Opioid Utilization by Provider	12/28/2020	12/23/2020	The Opioid Prescribing Practices by Specialty analysis was submitted In December.
✓	DOI - Legislative	Due Date	Delivery Date	Notes
✓	Primary Care	11/16/2020	11/16/2020	Report was delivered to the Collaborative on 11/16/20. Working with the Collaborative to improve APM submissions, refine and enhance the next report.

# State Contracts – FY2021-2022

- Statements of Work for FY22 have been agreed upon for the following contracts, pending Long Bill approval by the legislature, and CMS approval for the 90/10 work
  - CO APCD Operating/General Fund
  - HCPF Direct Analytics Contract
  - CMS 90/10
- DOI and CIVHC are discussing SOW updates for:
  - Primary Care Analysis





# Federal APCD Funding No Surprises Act – Sct 115

- HHS Grant Program
  - \$2.5 million over 3 years for state APCD efforts:
    - \$1M each first 2 years
    - \$500k in third year
  - The earliest funds could be available is Oct. 1, 2021.
    - CIVHC anticipates funds to be available in 2022
- General Timeline
  - March '21 – Advisory Committee Members Appointed
  - June '21 – Advisory Committee recommendations on voluntary & standard format expected
  - Oct '21 – Expected grant appropriations under FY 22 budget
  - Dec '21 – Regulations expected on formats



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# CIVHC Perception Survey & Public Reporting

Cari Frank, MBA

CIVHC VP of Communication and Marketing



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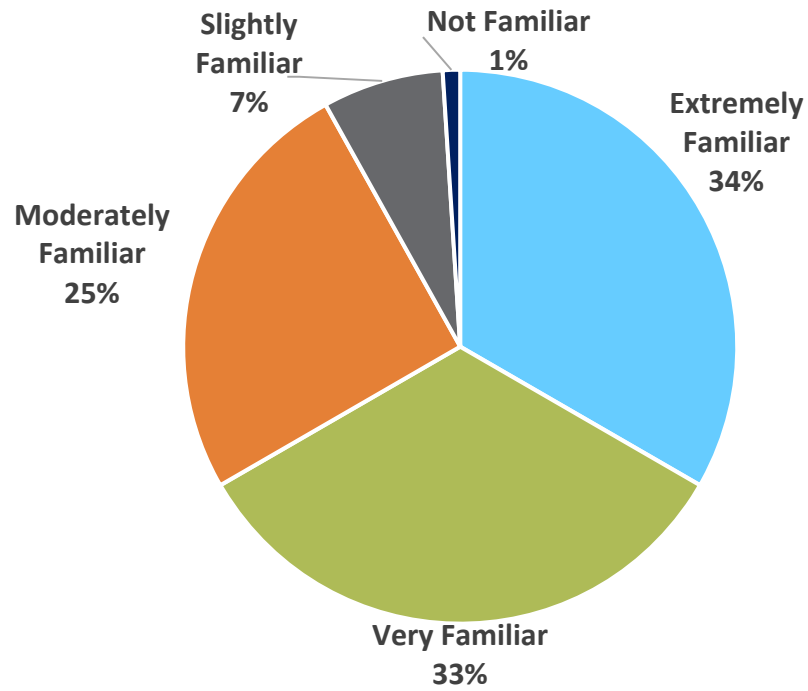
# Overview

- In February 2021 JJC distributed a survey to a diverse group of stakeholders, policymakers and community members to get a better understanding of how these audiences perceive CIVHC.
- The results were largely consistent with those of the 2018 survey, with additional insights related to COVID 19.
- There was a substantial decline in participation, but not surprising given COVID and other priorities.

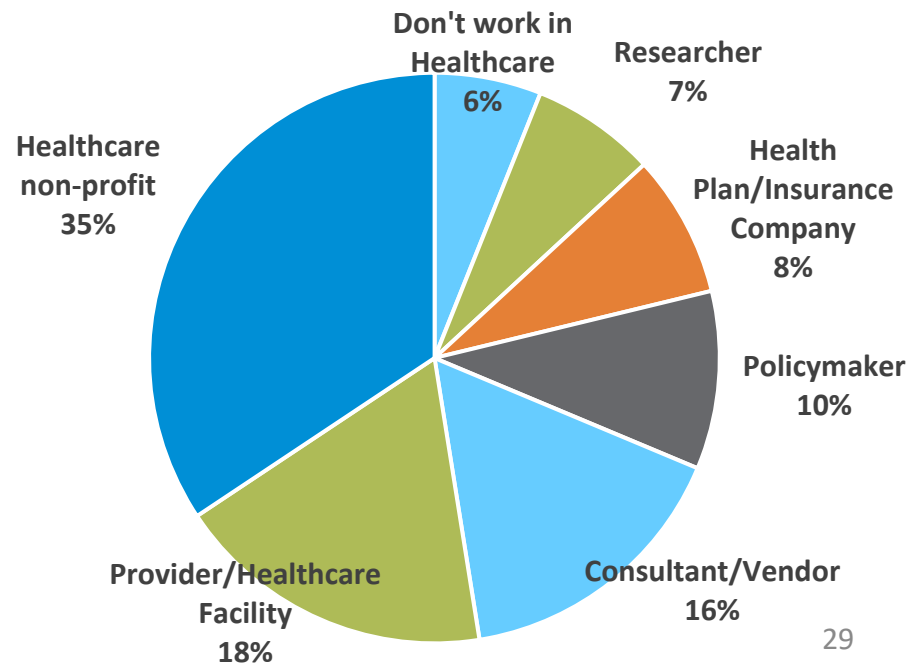
- 87 Total Responses
- 95% of respondents from CO
- ↓ 39% (143) responses from last FY



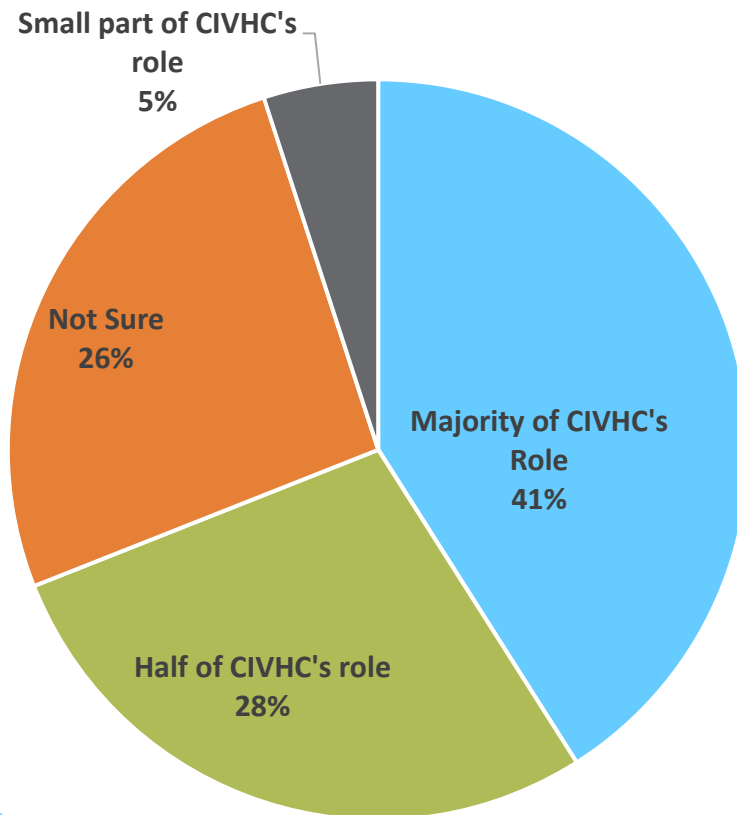
## Familiarity with CIVHC



## Stakeholder Category



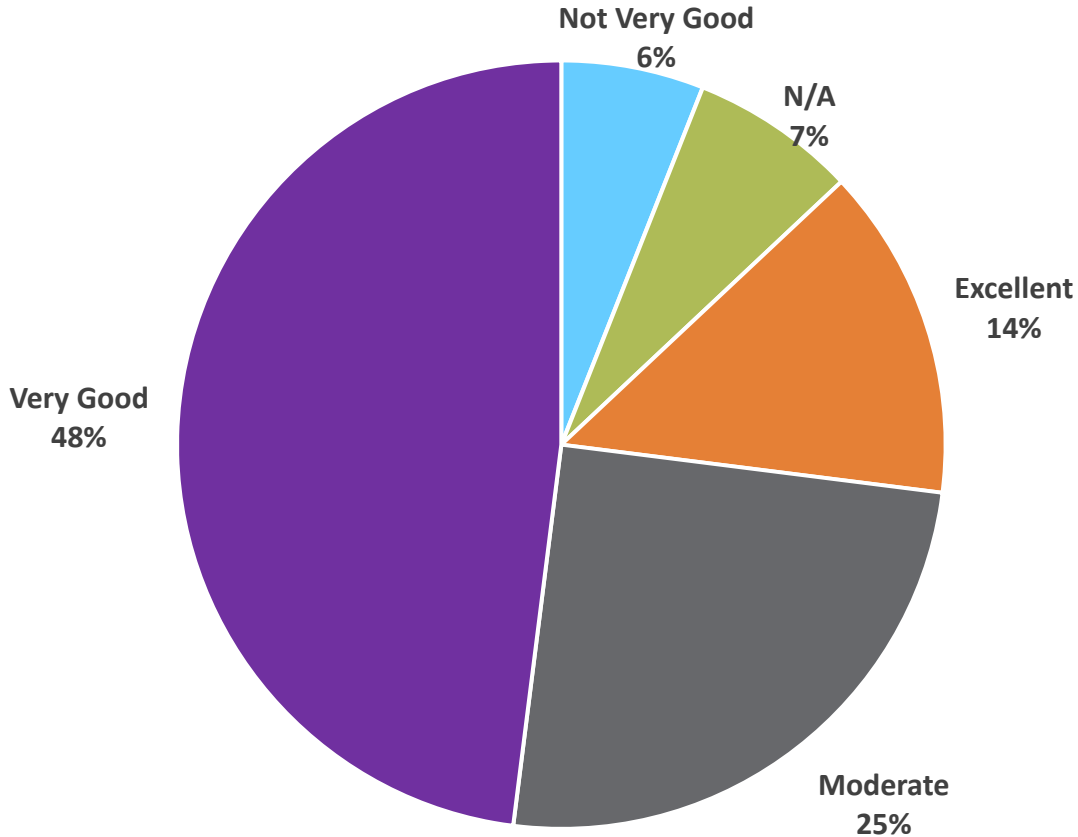
# Perception of CIVHC's Work with the CO APCD



## Other areas CIVHC is engaged (multiple responses allowed)

- 72% - Payment reform
- 48% - Palliative care and advanced care planning
- 39% - Care transitions
- 54% - Social determinants of health
- 10% - Other

# Perception of CIVHC Achieving Mission



# Additional Highlights

- The vast majority of respondents (90%) feel CIVHC's mission and services support their work or interests.
- The vast majority of respondents (91%) feel that CIVHC's contributions to CO health care improvement are somewhat to very important.
- A clear majority of respondents (83%) feel that CIVHC's contributions to national health care improvement are somewhat to very important.
- Majority (75%) perceive CIVHC to be a neutral, non-partisan entity.
- On a scale of 1-5 with 5 being very credible, 65% rated CO APCD data 4-5 on credibility.





# Comparisons to Previous Survey

- Despite the decline in total responses, the data is very consistent with the results of 2018.
- In most cases, the differences were slight and could have been affected by the inclusion of “N/A” as an option in the 2021 survey and it was not an option for the same questions in 2018.

**OF NOTE: 73% rated CIVHC’s contributions as important or very important in comparison to 61% in the previous perception survey**



# General Themes for Improvement

- Publicize our work better
- Increase engagement and accessibility to users in a variety of ways
- Lower costs
- Provide more training
- Suggestions for the newsletter



# Recommendations from JJC

- **Training/Documentation**

- Study system analytics (if available) and conduct a survey to determine the most common issues for users
- Address those issues with additional documentation and in-person training or training videos that users can access online

- **Outreach**

- Continue and increase communication efforts to make more people aware of CIVHC and its services
- Consider new audiences for CIVHC's services
- Increase interaction with current and potential customers to assess needs

- **Cost**

- Explore more opportunities to provide some low or no-cost data to customers with limited resources in ways that will not have a significant impact on CIVHC's revenue
- Better communicate CIVHC's value proposition, especially where CIVHC has a competitive advantage relative to other sources of similar data or if no other source for similar data exists - shift the conversation from cost to value

# Public Reporting


- Recent Releases
  - CO APCD Annual Report
  - CO Palliative Care Map/Report
  - Telehealth Services Analysis (v3)
  - Medicare Reference-Based Price Report
  - CO APCD Contents
    - Race/Ethnicity Data, Vision Claims, Dental Codes



# CO APCD Annual Report

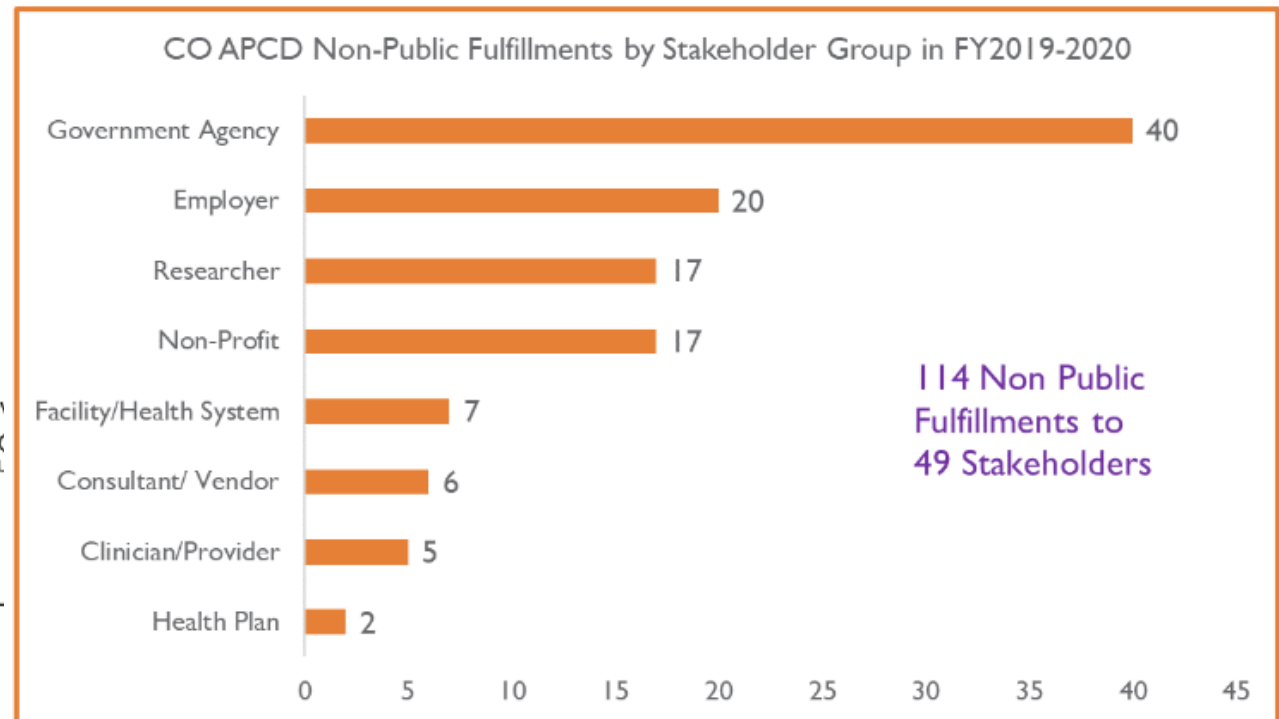
FEBRUARY 2021

2020 COLORADO  
ALL PAYER CLAIMS  
DATABASE ANNUAL  
REPORT



CIVHC

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REPORTING PERIOD: JULY 2019 - JULY 2020



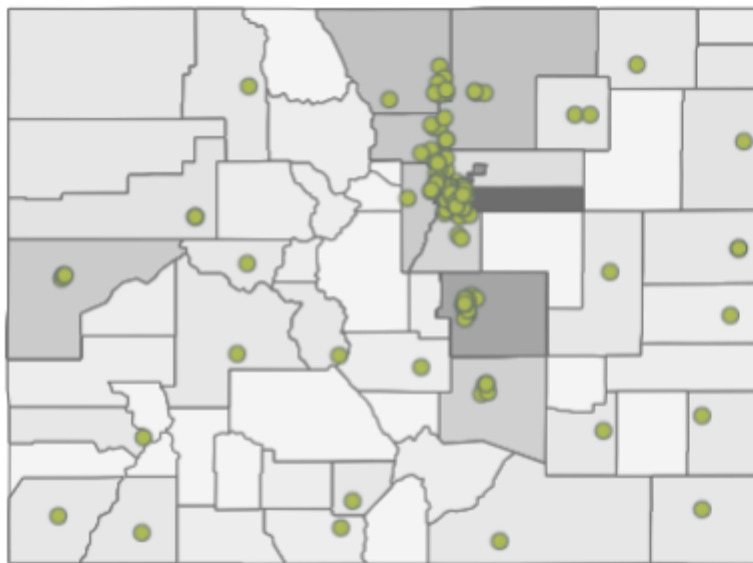
# Palliative Care in Colorado



## COLORADO PALLIATIVE CARE



County:  Available 24/7:  Treats Pediatrics:  Setting:



Select a site to filter the table below

**128** total sites

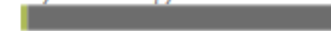
### Discipline Representation

● Yes ● Limited ● No or Unknown

Physician/Medical Director



Physical Therapy



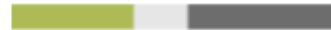
Nursing



Occupational Therapy



Social Work



Chaplin



Hover for contact details:

(Banner) East Morgan County Hospital	2400 Edison St	Brush	80723		
(Banner) McKee Medical Center	2000 N Boise Ave	Loveland	Null		
(Banner) Northern Colorado Medical Center	1801 16th St.	Greeley	80631		
(Banner) Sterling Regional Medical Center	615 Fairhurst St	Sterling	80751		
(Centura) Porter Adventist Hospital	2525 S Downing St	Denver	80210		
(Healthone) Rocky Mountain Hospital for C...	2001 High Street	Denver	Null		
(UCH) University of Colorado Anschutz Hos..	12605 E 16th Avenue	Aurora	80045		
Abode Hospice and Home Health of Colorado	445 UNION BOULEVARD SUITE 223	LAKESWOOD	80228		
	744 HORIZON COURT SUITE 135	GRAND JUNCTION	81506		
	1038 Eagleridge	Pueblo	81008		

# Telehealth In Colorado

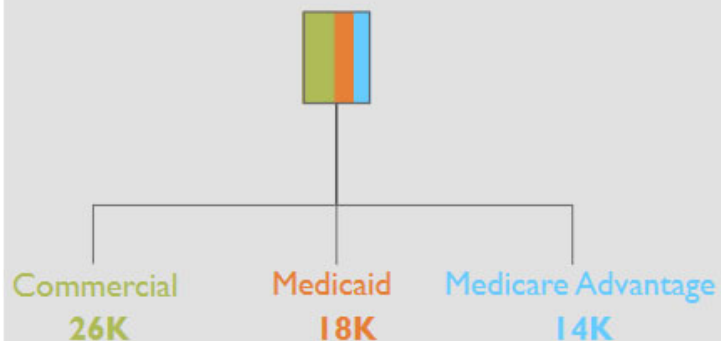
Colorado All Payer Claims Database, 2021



## Telehealth Services March - July 2019 & 2020

2019

**58K** Total Services



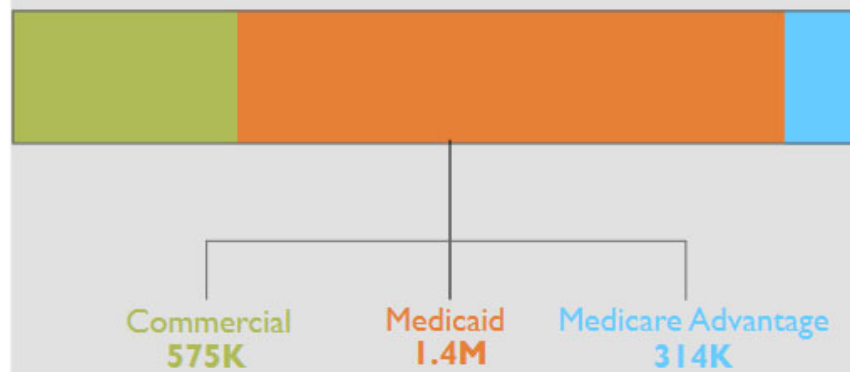
### Top Diagnosis Categories



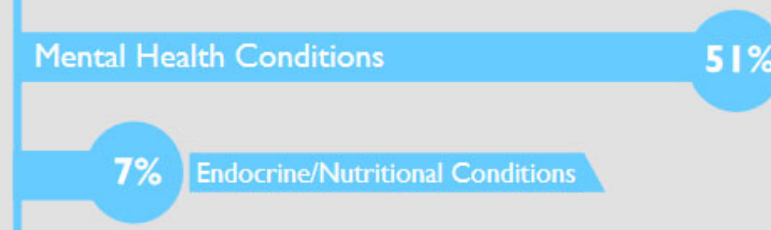
3900%

2020

**2.3M** Total Services



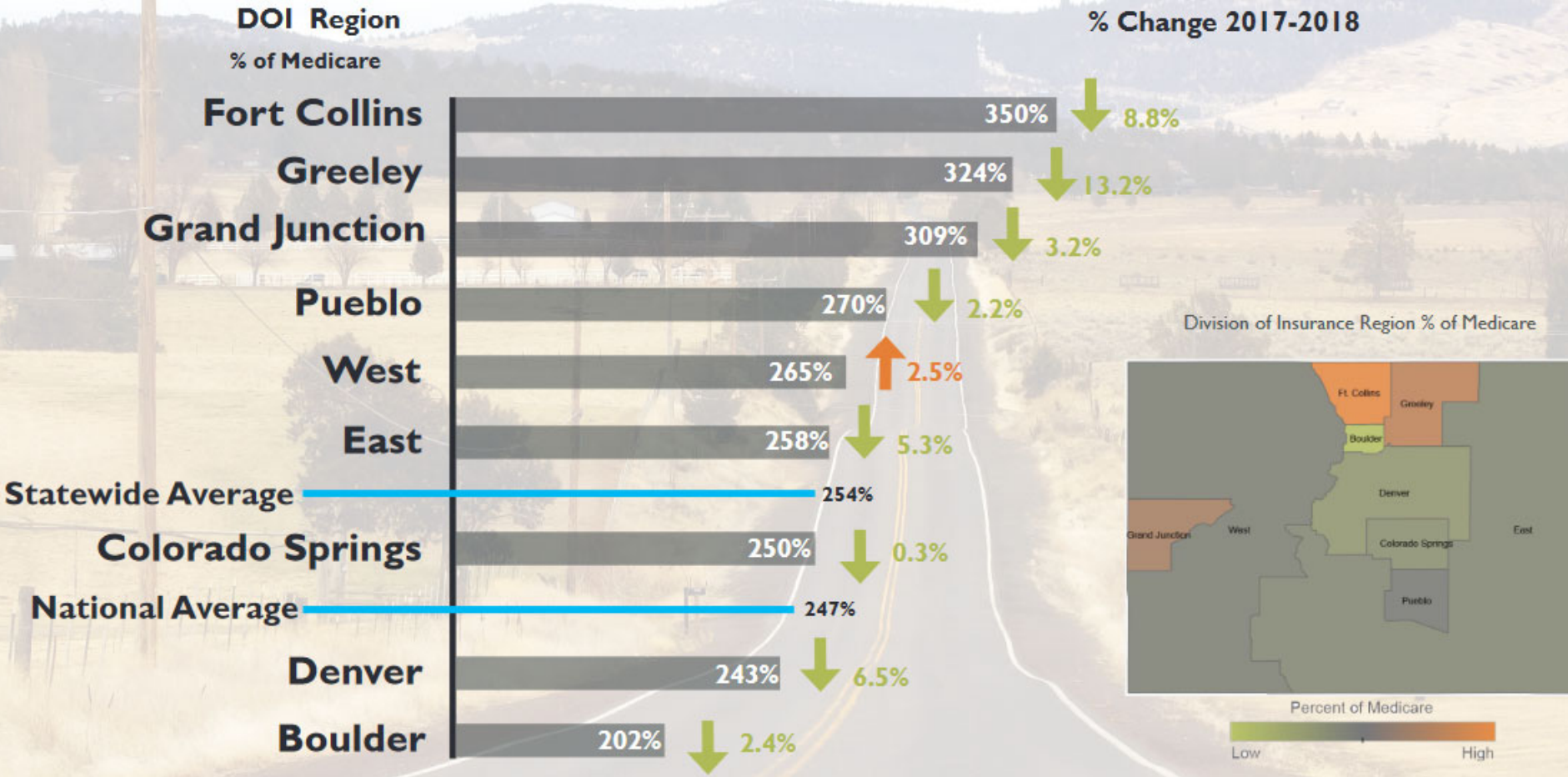
### Top Diagnosis Categories



# Medicare Reference-Base Price

## Colorado Division of Insurance Region Commercial Health Insurance Payments Compared to Medicare Payments

(Inpatient/Outpatient Combined Hospital Services, 2018, Colorado All Payer Claims Database)



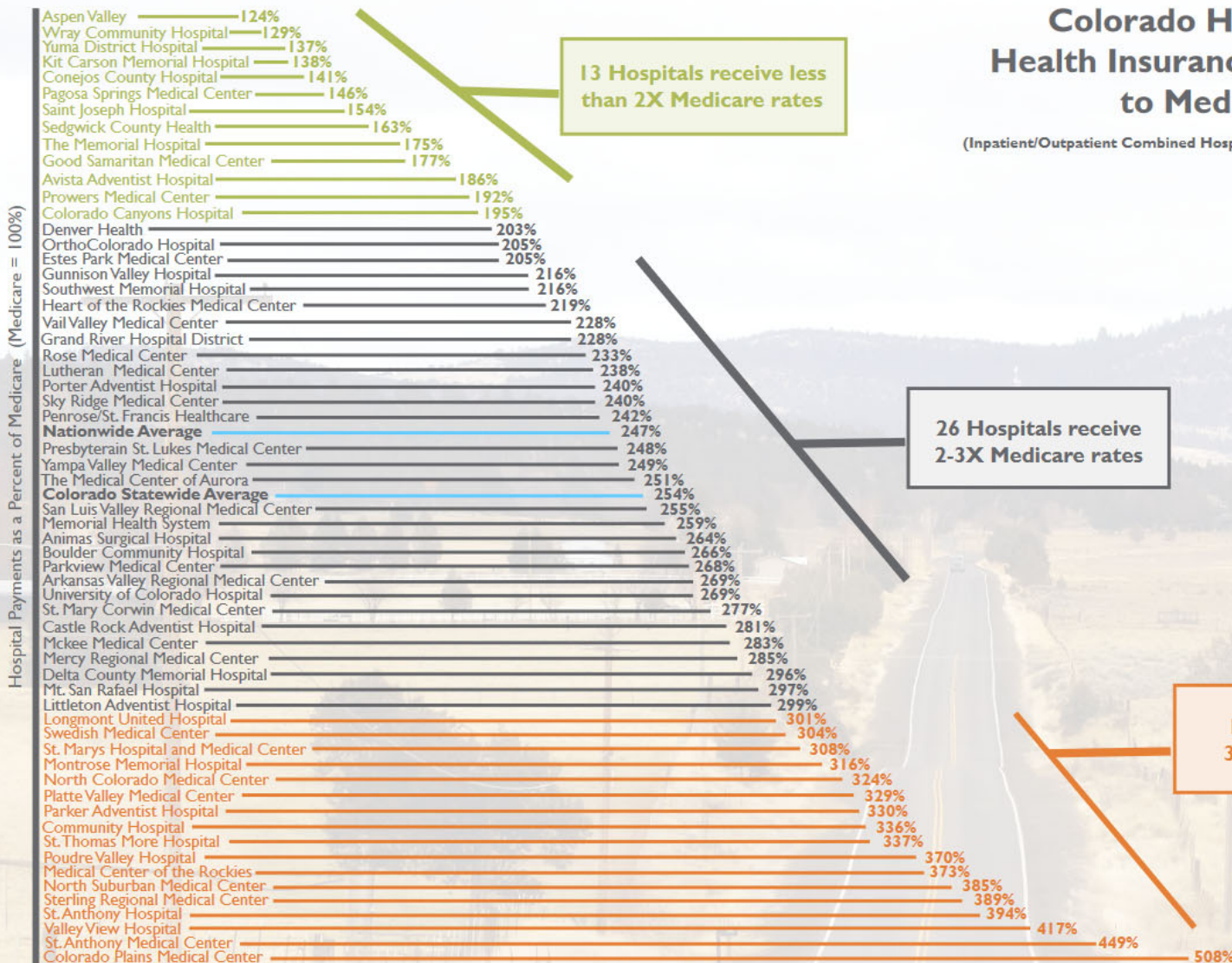
Analysis conducted by RAND Corporation: [https://www.rand.org/pubs/research\\_reports/RR4394.html](https://www.rand.org/pubs/research_reports/RR4394.html) based on data from Colorado All Payer Claims Database (COAPCD), 2018. For more information or to view the full Medicare Reference-Based Price report, visit us at [civhc.org](http://civhc.org)



# Medicare Reference-Base Price

## Colorado Hospital Commercial Health Insurance Payments Compared to Medicare Payments

(Inpatient/Outpatient Combined Hospital Services, 2018, Colorado All Payer Claims Database)



13 Hospitals receive less than 2X Medicare rates

26 Hospitals receive 2-3X Medicare rates

In 2018, 39 Colorado hospitals were paid less compared to Medicare than the year before (-10% on average), while 11 hospitals received higher payments (6% on average)

18 hospitals receive 3-5X Medicare rates

Analysis conducted by RAND Corporation: [https://www.rand.org/pubs/research\\_reports/RR4394.html](https://www.rand.org/pubs/research_reports/RR4394.html) based on data from Colorado All Payer Claims Database (CO APCD), 2018. For more information or to view the full Medicare Reference-Based Price report, visit us at [civhc.org](http://civhc.org)



# Race/Ethnicity Data



## Colorado APCD Race Data April 2021

**Notes:**

\*Multiple race category is only submitted by Medicaid.  
Medicare FFS is submitted annually and is only available in the CO APCD for 2019.

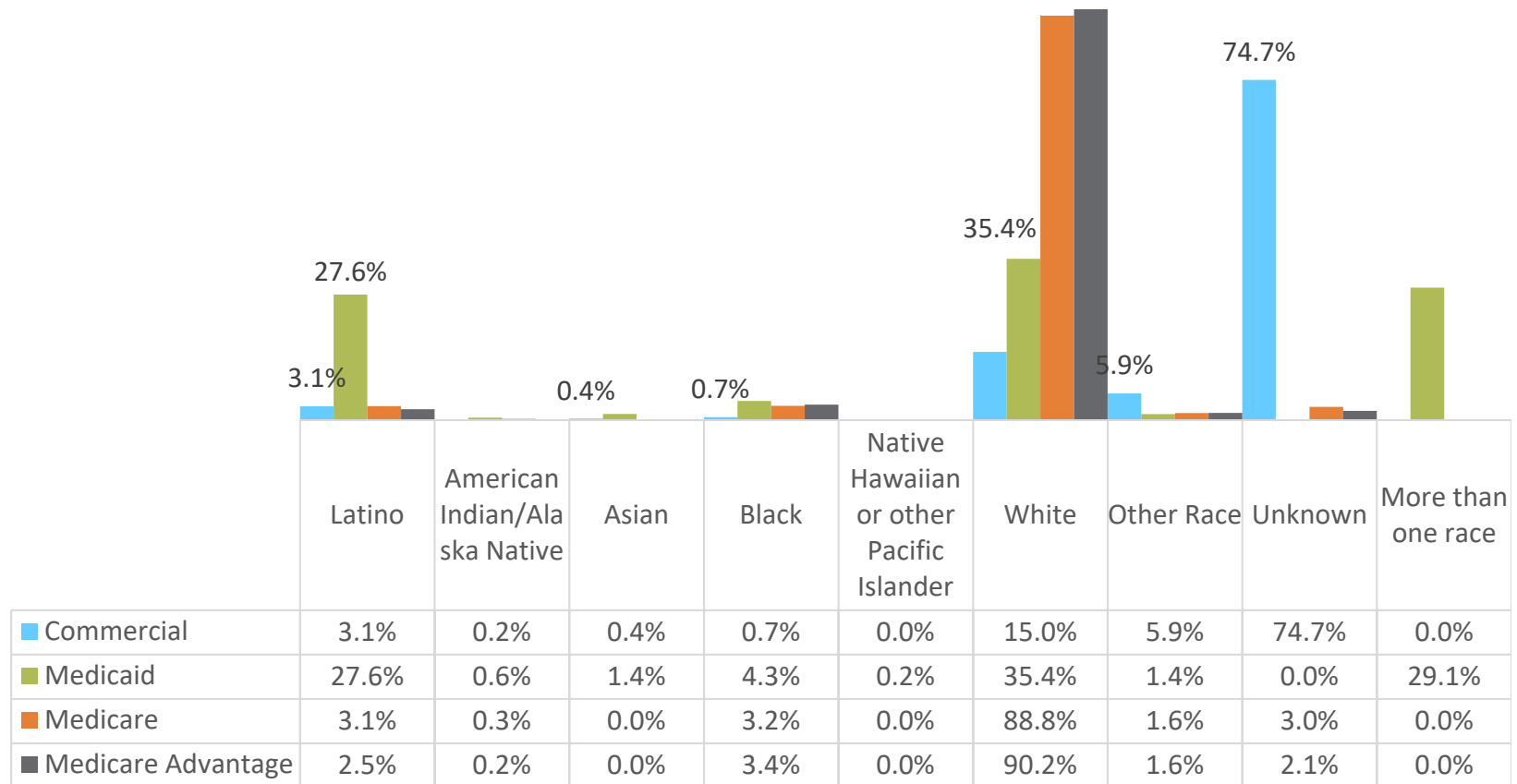
Payer Type	Race	2019		2020	
		Member Count	Percent	Member Count	Percent
Commercial	American Indian/Alaska Native	6607	0.22%	4791	0.16%
Commercial	Asian	11734	0.39%	9015	0.29%
Commercial	Black/African American	20683	0.69%	17825	0.58%
Commercial	Native Hawaiian or other Pacific Islander	894	0.03%	606	0.02%
Commercial	Other Race	260858	8.74%	212536	6.89%
Commercial	Unknown/Not Specified	2437482	81.70%	2573096	83.47%
Commercial	White	245372	8.22%	264938	8.59%
Medicaid	American Indian/Alaska Native	9229	0.61%	9175	0.66%
Medicaid	Asian	21704	1.43%	23447	1.69%
Medicaid	Black/African American	65220	4.29%	68287	4.91%
Medicaid	Hispanic/Latino	129760	8.54%	92133	6.63%
Medicaid	Multiple*	727073	47.86%	662050	47.62%
Medicaid	Native Hawaiian/Other Pacific Islander	2635	0.17%	2639	0.19%
Medicaid	Not Provided	123978	8.16%	85081	6.12%
Medicaid	Other/Unknown	21374	1.41%	15321	1.10%
Medicaid	White	418358	27.54%	432204	31.09%
Medicare	American Indian/Alaska Native	1186	0.30%	NA	NA
Medicare	Asian	5061	1.28%	NA	NA
Medicare	Black/African American	5138	1.30%	NA	NA
Medicare	Native Hawaiian or other Pacific Islander	123	0.03%	NA	NA
Medicare	Other Race	34452	8.72%	NA	NA

# Race and Ethnicity Data in CO APCD

- Data do not yet fully represent the race/ethnicity distribution in the CO APCD
- Describe the state of data collection and capture of race and ethnicity information in the CO APCD.
  - Race and Hispanic Indicator - became required for payers to submit to the CO APCD in September 2019.
  - Remaining Race and Ethnicity fields are voluntary.
- Race and Ethnicity data collected using guidelines provided by the U.S. Office of Management and Budget (OMB).
  - Five minimum race categories
  - One ethnicity (Hispanic/Latino)



# Race/Ethnicity Data in the CO APCD (2019 eligibility data)



# Dental Code Claims Volume



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## Top 300 Dental Codes, Volume in the CO APCD Released April 2021

CPT- CDT Code	Procedure Description	Service Year								
		*Please note: full calendar year 2020 was not available at the time of this analysis, therefore should not be compared with previous years, nor should assumptions be made on trends that include 2020.								
		2012	2013	2014	2015	2016	2017	2018	2019	*2020
D0120	periodic oral evaluation - established patient	53,128	395,896	566,890	541,636	386,483	602,132	727,270	730,610	567,336
D1110	prophylaxis - adult	47,402	352,555	506,405	471,698	348,497	522,862	619,650	637,326	507,739
D0274	bitewings - four radiographic images	23,056	171,953	243,172	231,309	167,311	255,708	306,960	314,131	264,384
D0220	intraoral - periapical first radiographic image	17,785	132,727	184,580	175,248	123,020	205,367	260,640	277,337	248,861
D1120	prophylaxis - child	15,098	112,083	147,627	154,892	90,754	168,126	212,727	187,852	124,246
D1206	topical application of fluoride varnish	6,338	68,908	98,875	121,691	78,200	165,630	229,364	228,022	180,382
D0230	intraoral - periapical each additional radiographic image	9,747	76,587	103,132	98,584	70,784	123,123	162,411	175,992	158,425
D0150	comprehensive oral evaluation - new or established patient	9,799	74,813	102,315	99,935	64,063	102,738	123,123	127,433	104,144
D2392	resin-based composite - two surfaces, posterior	8,545	64,699	79,274	79,861	54,846	92,360	115,893	114,954	90,303
D0140	limited oral evaluation - problem focused	8,766	64,597	89,414	83,615	54,647	86,100	101,886	107,719	101,161
D0210	intraoral - complete series of radiographic images	7,338	52,917	73,378	70,395	47,327	78,695	97,695	102,070	83,741
D1351	sealant - per tooth	8,386	59,373	70,724	71,142	37,062	72,939	94,438	79,342	52,529
D2391	resin-based composite - one surface, posterior	8,595	60,059	66,387	63,069	41,415	67,858	82,018	81,439	62,641
D4910	periodontal maintenance	5,712	44,350	60,627	56,281	42,287	66,072	80,944	91,182	74,457
D0272	bitewings - two radiographic images	7,636	53,843	66,879	65,248	36,443	67,203	84,356	72,463	49,855
D0330	panoramic radiographic image	5,027	38,799	53,837	53,826	35,863	56,482	69,543	70,079	57,665
D2150	amalgam - two surfaces, primary or permanent	9,026	55,746	56,418	53,892	23,304	60,518	72,890	55,773	33,500
D1208	topical application of fluoride - excluding varnish	145	63,232	67,661	57,833	28,629	46,358	50,881	43,444	30,100
D8670	periodic orthodontic treatment visit	6,217	44,479	47,109	41,526	55,687	73,719	43,494	14,335	12,818

# Vision Claim Volume



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## Vision Claims in the CO APCD

Released April 2021

**\*Please Note: 2020 does not include full runout, and only includes claims paid through October 2020.**

PAYER TYPE	SERVICE YEAR	CLAIM COUNT
Medicare Advantage	2012	2,629
Commercial	2012	4,326
Medicaid	2012	101,119
All Payer Total	2012	108,074
Medicare Advantage	2013	3,110
Commercial	2013	4,809
Medicaid	2013	121,804
All Payer Total	2013	129,723
Medicare Advantage	2014	4,727
Commercial	2014	5,461
Medicaid	2014	151,819
All Payer Total	2014	162,007
Medicare Advantage	2015	7,436
Commercial	2015	7,762
Medicaid	2015	168,845
All Payer Total	2015	184,043
Medicare Advantage	2016	7,096
Commercial	2016	6,738
Medicaid	2016	193,511
All Payer Total	2016	207,345



# Alternative Payment Models Report

Overview | Payments by Type | Payments by Payer | Primary Care Spending Details

## ALTERNATIVE PAYMENT MODELS COMPARED TO TOTAL MEDICAL SPENDING

### Outliers Included?

Yes

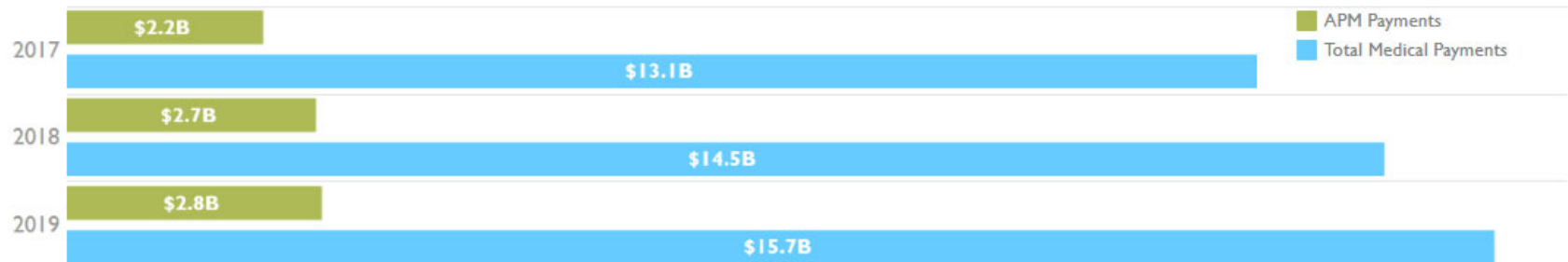
### % APM of Total Medical Payments



2017-2019 Average



### Total Medical Payments v. APM Payments



# Public Reporting

- Upcoming Public Releases
  - Alternative Payment Model
  - Drug Rebate Analysis
  - Low Value Care Interactive Report
  - 3 potential Data Byte requests forthcoming
  - Impact of COVID-19 on overall utilization
  - Timing Shift for next FY:
    - Shop for Care – Fall 2021
    - Community Dashboard – Fall 2021
    - New Affordability Dashboard - TBD





# Agenda

- Opening Announcements
- Compliance
- CO APCD Data Intake, Processing and Analytics
- Operational Updates
- CIVHC Perception Survey
- Public Reporting
- Committee Chair/Vice Chair Update
- Public Comment





# Committee Chair/Vice Chair Update

Cari Frank, MBA

CIVHC VP of Communication and Marketing



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# Committee Chair/Vice Chair Update

- New bylaws:
  - Participation required at 2/4 quarterly meetings (delegate is acceptable)
  - New Vice Chair position and elections every 2 years
  - Includes language on charge, duties, commitment, positions, and elections
- Nominations:
  - Nathan Wilkes, Chair
  - Senator Joann Ginal, Vice Chair
  - Formal voting to come via Survey Monkey in May, positions take effect in August



# 2021 Meeting Schedule

- August 10<sup>th</sup>, November 9<sup>th</sup>
  - 9am-11am
  - Virtual until otherwise noted

## Agenda Items for next meeting

