



*These notes cover only the discussion of the Committee and such information required to put questions in context.
Please refer to the presentation and materials for more information.*

Topic	Discussion	Action Item
<p>CO APCD Quality & Analytics: Implementation of legislation from 2022 session</p>	<ul style="list-style-type: none"> • Background information: Senate Bill 68 is going to be a tool that will allow providers to see by CPT code, the average reimbursement of the 25th, 50th, 60th, and 75th percentiles, by CPT, and by county DOI region and specialty. This will include a filter so that you can look at Medicare reimbursement, Medicaid, and then commercial rates. <ul style="list-style-type: none"> ○ Questions from the committee: Why did they include the 60th percentile? <ul style="list-style-type: none"> ▪ We included 60th percentile so there was alignment with the out of network rate setting data we provide. • Background Information: Senate Bill 40, the actuarial reviews health insurance mandate from Senator Smallwood. This does require DOI to hire a contractor to perform these actuarial reviews of proposed legislation. We did pull this data for that actuarial review and delivered it last week. <ul style="list-style-type: none"> ○ Question from the committee: So when a request comes to CIVHC is that for a specific potential bill? Or did you just send a dataset, and it can be used for multiple bills? <ul style="list-style-type: none"> ▪ They have to have a specific ask. Under the structure of the CO APCD within a Colorado State statute, we can't just turn over data for them to use. It does have to be for specific purposes, but they would be within their rights to ask for data in response to a number of bills at the same time. We can't just give them the data to go explore with. 	
<p>Public Reporting: Affordability Dashboard</p>	<ul style="list-style-type: none"> • Background Information: In the affordability dashboard Medicare reference-based pricing report, we're seeing that Colorado still has a lot of opportunity in terms of payments compared to the national rates. On average, according to the RAND analysis, Colorado hospitals are paid more than twice Medicare rates or about 283% for inpatient and outpatient services combined. And we're also above the national average of 224%. For outpatient services, Colorado hospitals are paid on average over 300% of Medicare rate, so over three times Medicare rates compared to the national average of 231%. 	

	<ul style="list-style-type: none"> ○ Question from committee: I saw the press release out of the hospital association, which used a different data set and suggested that we are much lower than other states in terms of what our hospitals costs. It seems like two different sets of data giving two different answers, which I know happens. I was just curious if anyone had been thinking about ways to reconcile this? <ul style="list-style-type: none"> ▪ CIVHC has not had a chance to dive deep into the differences between the two reports. It is likely that they are both looking at two very different measurements of cost. We'd be happy to investigate further if we are provided the other report in question. 	
<p>Public Reporting- Upcoming releases: ED us for Mental Health</p>	<ul style="list-style-type: none"> • Background Information: We are currently updating a data byte we did in 2018 for ED use for mental health needs. This will include a breakdown of diagnosis, race/ethnicity, and mental health services. <ul style="list-style-type: none"> ○ Question from committee: Does the ED use for mental health services include an age group breakdown? <ul style="list-style-type: none"> ▪ Yes, it does break down by age group. 	
	<p>There were no further comments/questions. Please refer to the slide deck for more information about what was presented.</p>	