



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Review Committee

Meeting Notes

December 6, 2023

Committee Member Attendees:	CIVHC Staff Attendees:	
<input checked="" type="checkbox"/> Ako Quammie (Contexture)	<input checked="" type="checkbox"/> Kelsey Foland (facilitator)	<input checked="" type="checkbox"/> Lucía Sanders
<input checked="" type="checkbox"/> Andy Woster (CCMCN)	<input checked="" type="checkbox"/> Amanda Kim	<input checked="" type="checkbox"/> Maggie Mueller
<input checked="" type="checkbox"/> Beth Martin (HCPF)	<input type="checkbox"/> Chris Dalton	<input checked="" type="checkbox"/> Martha Meyer
<input type="checkbox"/> Caleb Wright (Elevance Health)	<input checked="" type="checkbox"/> Danielle Evergreen	<input type="checkbox"/> Mason Thaxton
<input type="checkbox"/> Chris McDowell (Valley Health Alliance)	<input checked="" type="checkbox"/> Darcy Holladay Ford	<input type="checkbox"/> Paul McCormick
<input checked="" type="checkbox"/> Essey Yirdaw (Colorado Hospital Association)	<input type="checkbox"/> Dustin Moyer	<input checked="" type="checkbox"/> Pete Sheehan
<input checked="" type="checkbox"/> Jesse Villines (Craig Hospital)	<input checked="" type="checkbox"/> Hannah Witting	<input type="checkbox"/> Sauntice Washington
<input type="checkbox"/> Megan Denham (Georgia Tech)	<input checked="" type="checkbox"/> Jennifer Carpenter	<input checked="" type="checkbox"/> Twanisha Parnell
<input checked="" type="checkbox"/> Nathan Wilkes (Headstorms, Inc.)	<input checked="" type="checkbox"/> Kristin Paulson	<input checked="" type="checkbox"/> John Francis
<input checked="" type="checkbox"/> Sheri Herner (Kaiser Permanente)	<input type="checkbox"/> LaDios Muhammad	<input checked="" type="checkbox"/> Rachel Jardim
	<input checked="" type="checkbox"/> Liz Mooney	<input type="checkbox"/> Click to enter staff name

Agenda

Time	Opportunity Number	Project Details
<u>10:30 AM</u>	24.105.75	Colorado Department of Health Care Policy & Financing (HCPF) Colorado Providers of Distinction and Value Based Payments
<u>10:55 AM</u>	24.100.4	HCPF DA Facility Fee
<u>11:20 AM</u>	24.09	University of California, Irvine, Department of Economics An Examination of the Determinants of Health Care Choice and Consumption
<u>11:45 AM</u>	24.08	Bluespine Overbilling Cost Analysis
<u>12:10 PM</u>	22.20	Boston University Comparing Utilization, Outcomes, and Choice Between VHA and Non-VHA Health Care Systems



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Presentation Time:	10:30 AM (no meeting recording available)				
Opportunity Number:	24.105.75				
Requesting Organization:	HCPF				
Project Title:	Colorado Providers of Distinction and Value Based Payments				
CIVHC Presenter:	Amanda Kim, Director of Colorado State Initiatives				
Project Presenter(s):	Randall Walker, KPMG Director and Data Engineer; Dwayne Aaron, KPMG Senior Project Manager; Chris Underwood, HCPF Deputy Chief of Staff; Kristen Raley, HCPF Project Manager				
Extract Type:	Limited Extract				
Finder File Included:	No				
PHI Data Elements					
Available for Limited and Identifiable Extracts:			Available for <u>Identifiable Extracts Only</u> :		
	Requested	Approved		Requested	Approved
Member 5-Digit Zip Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Name	<input type="checkbox"/>	<input type="checkbox"/>
Member <u>Census Tract</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Date of Birth (if requesting more than year only)	<input type="checkbox"/>	<input type="checkbox"/>
Member County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Member City	<input type="checkbox"/>	<input type="checkbox"/>			
Member Eligibility Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Street Address	<input type="checkbox"/>	<input type="checkbox"/>
Employer Tax ID	<input type="checkbox"/>	<input type="checkbox"/>	Member Geocoded Address	<input type="checkbox"/>	<input type="checkbox"/>
Member Dates of Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Committee Discussion and Questions:

- Randall Walker and Chris Underwood join call along with Kristen Raley and Dwayne Aaron to present the project
- Nathan: curious about the risk adjustments. How are you incorporating things like high-risk pregnancy versus low-risk? What data is going into figuring out how that factors into cost of care? What are you looking at in terms of adopting a risk adjustment profile?
 - Randall: four separate teams are dedicated to each program. There are actuaries on each team alongside dedicated analysts. Risk adjustment comes into play with APCD data by looking at the larger population of CO and identifying the different outcomes different groups are seeing. Alongside the Medicaid data, we can see where populations are segmented



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- Chris: all the data will be fully risk adjusted. We have not selected the model yet, but part of the contract is to evaluate a number of models to go hand-in-hand with the groupers. Everything has to be risk adjusted or the project will not work. Risk adjustment models only use claims data
- Essey: has worked with many maternity mortality groups and there are many discussions happening at the state level on this topic. Wondering if alternative birthing experiences (such as doulas) are being captured, and, thinking about task forces and community members, how do those groups impact the value-based payment piece? Is there a chance for those groups to share what they have learned and discussed?
 - Chris: we don't have enough data yet to build a value-based payment for doulas, but will definitely take this back to the team as a suggestion. There is a huge amount of stakeholder outreach involved in this project, with a meeting coming later this month. The goal is to modernize the current maternity value-based payment model so it's more uniform and more automated. KPMG will be bringing in stakeholders in the second stage to evaluate the updates and provide feedback
 - Essey: doulas are a huge part of the evolution of maternity care, so it would be valuable to include that where possible
- No further questions from the committee, the presenting team drops from the call
- No further committee discussion points

Objections to Project Production		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Committee Member	Basis for Objection		

Motions to Approve Project Production		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
First:	Nathan Wilkes		
Second:	Essey Yirdaw		

Final Decision: Approved for Production	
No recommendations for changes to the Data Release Application or Data Element Selection Form.	



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Presentation Time:	10:55 AM				
Opportunity Number:	24.100.4				
Requesting Organization:	HCPF				
Project Title:	DA Facility Fee				
CIVHC Presenter:	Amanda Kim, Director of Colorado State Initiatives				
Project Presenter(s):	Seth Adamson, Optumas Director; Jacob Curtis, HCPF				
Extract Type:	Limited Extract				
Finder File Included:	No				
PHI Data Elements					
Available for Limited and Identifiable Extracts:			Available for <u>Identifiable Extracts Only</u> :		
	Requested	Approved		Requested	Approved
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Member <u>Census Tract</u>	<input type="checkbox"/>	<input type="checkbox"/>	Member Date of Birth (if requesting more than year only)	<input type="checkbox"/>	<input type="checkbox"/>
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Member City	<input type="checkbox"/>	<input type="checkbox"/>			
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Member Dates of Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Committee Discussion and Questions:

- Jacob Curtis and Seth Adamson join the call to present the project
- Nathan: facility information is not broken out in claims data. Is the expectation for the bill that the outcome will feed back into the legislature and modify submission guides to break out types of claims?
 - Seth: correct, facility fees are not currently a separate line item. That is one of the first goals of the project, but there is an acknowledgement that it might not reflect in unbiased ways. The feedback to the legislature will be based on the accuracy of the results for transparency. Recognizing that the final report will also be returned back to CIVHC
 - Nathan: are carriers currently getting that information back from providers they are reimbursing?
 - Seth: we have heard anecdotally from consumers that the bills are itemized-- it does not always explicitly show up as a facility fee line item but rather a duplicate claim. It is a part of reimbursement, but education from experts will be part of the work to better identify these pieces in the data



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- Essey: great to see the analysis portion of this bill coming into play. Hospitals need to have the codes in order to complete reimbursements and quantify services. Because there does need to be a code as the starting point, the question might be how each individual hospital is running it-- with 90 hospitals in the state of CO there might be 90 different approaches
 - Seth: provider surveys will be involved downstream, which includes a question on this topic. Hoping to leverage the information coming from those responses and determine how hospitals typically bill
- Essey: some claims are missing from the CO APCD, especially on the hospital side under commercial. Any thoughts around getting that slice of the pie?
 - Seth: hoping the provider surveys will provide some more insight into those gaps, but the final report will have some caveats as needed for which gaps were addressed with supplemental data
- No further questions from the committee, Jacob and Seth drop from the call
- No further committee discussion points

Objections to Project Production		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Committee Member	Basis for Objection		

Motions to Approve Project Production		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
First:	Andy Woster		
Second:	Nathan Wilkes		

Final Decision: Approved for Production	
No recommendations for changes to the Data Release Application or Data Element Selection Form.	



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Presentation Time:	11:20 AM
Opportunity Number:	24.09
Requesting Organization:	University of California, Irvine, Department of Economics
Project Title:	An Examination of Determinants of Health Care Choice and Consumption
CIVHC Presenter:	Lucía Sanders, Key Account Manager, on behalf of Mason Thaxton, Health Data Consultant
Project Presenter(s):	Dr. Marion Aouad (University of Irvine)
Extract Type:	Limited Extract
Finder File Included:	No

PHI Data Elements

Available for Limited and Identifiable Extracts:			Available for <u>Identifiable Extracts Only</u> :		
	Requested	Approved		Requested	Approved
Member 5-Digit Zip Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Name	<input type="checkbox"/>	<input type="checkbox"/>
Member <u>Census Tract</u>	<input type="checkbox"/>	<input type="checkbox"/>	Member Date of Birth (if requesting more than year only)	<input type="checkbox"/>	<input type="checkbox"/>
Member County	<input type="checkbox"/>	<input type="checkbox"/>			
Member City	<input type="checkbox"/>	<input type="checkbox"/>			
Member Eligibility Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Street Address	<input type="checkbox"/>	<input type="checkbox"/>
Employer Tax ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Geocoded Address	<input type="checkbox"/>	<input type="checkbox"/>
Member Dates of Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Committee Discussion and Questions:

- Lucía is presenting this project on behalf of Mason while he is OOO
- Andy: ten years of data seems like a lot. How does the committee handle projects that do not yet have IRB approval in place? Does that factor into decision-making?
 - Kelsey: we have had some cases where the IRB panel will not approve without DRRC approval
 - Lucía: does the limited level change that?
 - Kelsey: we do have some requestors who submit IRB waivers along with their requests for limited extracts. We have recently had more conversation internally around IRB applications being available for review purposes to align the IRB approval with the same items being requested from CO APCD



- Jesse: for patients who come through Craig hospital with injuries like spinal injuries and TBI, return to work is one of the top focuses especially with health insurance so often being tied to employment. It might be worth considering limiting the data set by codes since it's a longitudinal study
 - Essey: likes this suggestion a lot. There is a lot of data for the sake of having the data—what minimum necessary suggestions might we have for limitation? It would be easier to be excited about approving this for production if it was a little more limited
 - Kelsey: we also had this discussion internally, agreeing that having a limited dataset makes it a bit more palatable
- Dr. Marion Aouad joins the call to present the project
- Jesse: this first research question is relevant to background. Ten years of data is quite a lot. Craig Hospital treats a lot of TBIs, which leads to loss of employer-provided healthcare coverage. Would limiting it to certain diagnoses codes meet the same needs?
 - Marion: there is not much variability within each year, the macros will add up across the ten years for more visibility. Looking at shock events within families across time, so leading years for both study points will be important. There are some Dx codes being studied under heart attacks, but the plan is to aggregate across other events and see which other points arise
- Nathan: following up on the Dx codes, curious if the aggregating is starting with a certain code list
 - Marion: looking at a number of codes that qualify as shocks (such as heart attacks and pneumonia), followed by unforeseeable events like cancer diagnoses. Hoping to generate as many responses as possible
- Nathan: job-lock is such an important part of the conversation, great to see it being involved. How are you looking at differences between employer plans and other selections? You may only have a choice of one or two options through your employer, how could that impact this?
 - Marion: great question, only observing from the patient side. Can only see the marketplace options, so the plan is to separate the analyses and separate the indicator value to see who has marketplace and who has employer-provided. Accounting for that should allow the introduction of other slopes and the dummy variable. Curious to see what plans have been offered over time to see what choices people have available to them at each time (pre and post Great Recession). With some employers being so large, hopeful to see enough members within the employee group for more insight
- No further questions from the committee, Marion drops from the call
- Kelsey: any further thoughts about the amount of data based on what was shared?
 - Nathan: the questions she is asking really do require the longitudinal view, no concerns about the amount
 - Ako and Beth both verbally agree with Nathan's point, with Beth pointing out that not limiting the codes allows her to slice and dice with more flexibility, which is valuable to the study

Objections to Project Production		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Committee Member	Basis for Objection		



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Motions to Approve Project Production		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
First:	Nathan Wilkes		
Second:	Ako Quammie		

Final Decision: Approved for Production

No recommendations for changes to the Data Release Application or Data Element Selection Form.



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Presentation Time:	11:45 AM				
Opportunity Number:	24.08				
Requesting Organization:	Bluespine				
Project Title:	Overbilling Cost Analysts				
CIVHC Presenter:	Lucía Sanders, Key Account Manager, on behalf of Mason Thaxton, Health Data Consultant				
Project Presenter(s):	David Talinovsky; Gal Frishman; Yossi Mansano				
Extract Type:	Limited Extract				
Finder File Included:	No				
PHI Data Elements					
Available for Limited and Identifiable Extracts:			Available for <u>Identifiable Extracts Only</u> :		
	Requested	Approved		Requested	Approved
Member 5-Digit Zip Code	<input type="checkbox"/>	<input type="checkbox"/>	Member Name	<input type="checkbox"/>	<input type="checkbox"/>
Member <u>Census Tract</u>	<input type="checkbox"/>	<input type="checkbox"/>	Member Date of Birth (if requesting more than year only)	<input type="checkbox"/>	<input type="checkbox"/>
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Member Dates of Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Committee Discussion and Questions:

- Lucía is presenting this project on behalf of Mason while he is OOO
- John Francis: it wasn't clear what the final result will be. This is a private firm, it rather seems that they want this data to market their services to potential employers to audit
 - Ako: got the same feelings, solutions for a customer
 - Nathan: agreed, who is their customer? They could market to anyone, including carriers themselves
- Gal Frishman and David Talinovsky join the call to present the project
- John: what is your end product for CO consumers in terms of transparency? What will you do with the data at the end in terms of serving Colorado?
 - David: many other companies are selling their ability to parse files, because the files are intentionally difficult. The files are available to the public, but not accessible to the average consumer. The goal is to parse the file then share the parsed data to simply see the price for X service under X provider



- John: so there will be final report that will be made publicly available?
 - David: yes, that's correct. We would aggregate reports for condensed availability. Shares an example report that would go to each employee under an employer health plan
 - John: do you charge employers and plans for this report?
 - David: the charge only lands with the employer. If nothing was recovered, we don't charge anything. If funds were recovered from the report, 30% of those funds are the payment for the services
- Nathan: is the intent with this data to make the reports more publicly available in a general sense? Are the calculations you are doing to this data to baseline your approach or tune your algorithms to modify your product (which you are providing to employers who pay for your services)?
 - David: parsing the machine-led data to make the results available to the citizens of CO. hoping to create an appendix to see how CO stacks up to other states in the nation. There is no sensitive patient information included in the claims data
- Nathan: at some point, someone is to blame for the error. Is that the provider?
 - David: we will see some claims are underpaid, so we can tell the plan that a correction is needed. If overpaid, then we connect with the other side for a refund.
- David, Gal, and Yossi drop from the call
- John: not a voting member, but of the belief that this start-up wants to mine CO APCD data to market their services and they will distribute their findings for free for business development. Not in agreement that this meets the Triple Aim
 - Nathan: agrees with John. Concerns with the AI piece and the complete source of data. It's one thing to work with an employer and identify claims, but there are a lot of questions outstanding around privacy and product development
 - Essey: echoing these concerns. It's easy to see why they're doing what they're doing, but there was zero clarity about the value-add for CO after the presentation. There is no addressing of the bias in AI or the advancements of equity. A little lost for words because it's a great business model, but as a committee member there is zero value for CO
 - Kelsey: the reason we exist under the statute is a great point that we need to consider
 - Pete: thinking of the benefit to CO, one of the things we struggle with is finding services and products we can provide to employers, which comes up in the legislation. This is a specific area the CIVHC team is working to develop strategies around to gather momentum with employers voluntarily submitting data. This could be an opportunity to gather data about self-insured who are not currently submitting data to the APCD. This could be leverage to encourage employers to submit data and attract voluntary submitters and self-employed insurers
 - Nathan: this goes to a private entity developing a private product, we have no say in what they do with that product. If we want to incentivize other submitters, what about relationship-building to build in better protection for the algorithms and fund future services (even thinking on the path of having 5% of the 30% going back to the APCD)
 - John: Pete's point could help address some of our ERISA preemption problem. All the self-funded plans in CO would need to know we are sharing their data with potential auditors. How would we sufficiently let self-funded plans know about this opportunity? There's a causal communication link here that is not clear



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- Beth: while reading this, there wasn't anything about this being an ongoing data use. It seemed like a one-time use to refine their algorithms and market their product, but was there something about a subscription?
 - Lucía: not a subscription model at this time
 - Beth: not necessarily comfortable with releasing the initial data, but much less comfortable with ongoing data being released to them
- Kristin: going back a bit to Essey's point and the actual benefit to Coloradans. Some benefit to letting employers know about the CO APCD, but we have to address the core requirements around a release which we have not yet hit. Nathan's idea of creating a partnership approach with similar groups to get self-funded data in has a lot of value, but we need to focus on whether this request even meets our minimum requirements before getting caught up in the self-funded population benefits
- Nathan: if you aren't using AI, you will be lapsed by those who are, but data provenance is something that needs to be considered. Where are the data coming from and which models are involved? Some carriers are already using AI models—as we create algorithms which proceed forward in perpetuity, information needs to be recaptured downstream to identify which changes need to be made. More understanding around maintenance and intended algorithmic changes would be valuable
- Kelsey: who would like to be on record as having formal objection to moving this into production?
 - Nathan and Essey verbally ask to be on record
 - Suggestion: they should come to us with a self-funded employer as a partner who already wants to use their tool
- There are objections to this project as it stands, Mason will need to discuss next steps with the client

Objections to Project Production		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Committee Member	Basis for Objection		
Nathan Wilkes	Open questions around data provenance and algorithm updates		
Essey Yirdaw	The justification does not address furthering equity in Colorado or biases in AI		

Motions to Approve Project Production		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
First:			
Second:			

Final Decision: Denied
Self-funded employer plan should be a partner already interested in using this tool



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Presentation Time:	12:10 PM
Opportunity Number:	22.20
Requesting Organization:	Boston University
Project Title:	Comparing Utilization, Outcomes, and Choice Between VHA and Non-VHA Health Care Systems
CIVHC Presenter:	Lucía Sanders, Key Account Manager
Project Presenter(s):	Dr. Christine Yee, Boston University School of Public Health
Extract Type:	Limited Extract
Finder File Included:	No

PHI Data Elements

Available for Limited and Identifiable Extracts:			Available for <u>Identifiable Extracts Only</u> :		
	Requested	Approved		Requested	Approved
Member 5-Digit Zip Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Name	<input type="checkbox"/>	<input type="checkbox"/>
Member <u>Census Tract</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Member Date of Birth (if requesting more than year only)	<input type="checkbox"/>	<input type="checkbox"/>
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Member Dates of Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Committee Discussion and Questions:

Previously presented to DRRC 7/6/2022 and recommended for production. Represented today because project is intended to move to production more than 12 months since original review.

- Lucía is presenting this project on behalf of Mason while he is OOO
 - IRB extension has already been granted; PI has access to VA claims through another source
- Dr. Christine Yee joins call to present the project
- Nathan: clarifying the member/patient cohort. Is this only covering veterans? No FF is being submitted
 - Christine: a list of zip codes has been shared with Lucía, which covers areas with high veteran populations and without to compare
 - Lucía: finder file option was explored, but there are challenges in releasing that from the VA. The zip code route seemed most effective



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- Nathan: were there particular roadblocks that were flagged the last time?
 - Lucía; the scope has changed a bit since it came to DRRC over a year ago
 - Pete: some projects drop off the radar for either funding or scope reasons. Once a certain amount of time passes, it's best to bring it back through DRRC for full visibility
 - Kelsey: major changes were not made to the data request, especially not to PHI requests

Objections to Project Production		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Committee Member	Basis for Objection		

Motions to Approve Project Production		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
First:	Beth Martin		
Second:	Nathan Wilkes		

Final Decision: Approved for Production

No recommendations for changes to the Data Release Application or Data Element Selection Form.