CIVHC

CENTER FOR IMPROVING VALUE IN HEALTH CARE

Quality Measures: Diabetes A1c Testing and Breast Cancer Screening

Medicare Fee for Service, Medicaid, Commercial and Medicare Advantage Claims, 2013-2020, Colorado All Payer Claims Database

Using Medicare Fee for Service (FFS), Medicaid, Commercial and Medicare Advantage claims data from the Colorado All Payer Claims Database (CO APCD), the Center for Improving Value in Health Care (CIVHC) produced two quality measures based on nationally endorsed specifications[1] and used by national and state-sponsored programs: One preventive care measure (Breast Cancer Screening), and one measure of appropriate treatment (Diabetes A1c testing).

This report includes summary tables of these two quality measures for the state of Colorado and for Urban and Rural regions. When viewing this report, keep in mind:

- This information is based on claims data for the vast majority of insured Coloradans, but does not reflect self-pay, the uninsured, some people covered by self-insured employer plans, or those covered under Federal programs like the VA, TRICARE, or Indian Health Services.
- Values in this report reflect services and tests that have been paid for by health insurance payers. These claims-based quality measures may look different from other publicly reported quality measures based on survey results of self-reported information and conducted with population-based samples, regardless of coverage status.

Diabetes A1c Testing Overview and Methods

Managing chronic conditions appropriately is an important part of health care quality because it prevents further complications in populations living with a condition like Diabetes. **Diabetes A1c testing is** calculated as the percentage of patients 18 to 75 years old, with primary Diabetes Types I or II who received the HbA1c test in a clinical encounter during the previous year.

The following tables describe the percentage of the population with diabetes (denominator) who received A1c testing at least once during the measurement year (numerator) for the state of Colorado. Higher percentages are better and reflect more people receiving appropriate care. The table also includes 90% lower and upper confidence intervals, which indicates that there is a 90% probability that the quality measure for a given year and payer will fall between those lower and upper percentage values. This measure includes Medicare FFS, Medicaid, Commercial and Medicare Advantage claims and is displayed for All Payers and each payer type separately in the table below.

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[1] *The quality measures used in this report are endorsed by the National Qualify Forum – NQF (breast cancer screening NQF 2372; Diabetes Hemoglobin A1c screening NQF 0057). The logic used to produce these HEDIS® measure results has not been certified by NCQA. The results can be used for reference only.*

Diabetes A1c Testing (Statewide)

All Payers					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	106830	83468	78.1%	77.9%	78.3%
2014	125324	96316	76.9%	76.7%	77.0%
2015	145141	113027	77.9%	77.7%	78.1%
2016	149549	117059	78.3%	78.1%	78.5%
2017	155531	128446	82.6%	82.4%	82.7%
2018	156427	131714	84.2%	84.0%	84.4%
2019	155646	132596	85.2%	85.0%	85.3%
2020	157574	129152	82.0%	81.8%	82.1%
Commercial					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	21080	18699	88.7%	88.3%	89.1%
2014	25209	20620	81.8%	81.4%	82.2%
2015	32788	28069	85.6%	85.3%	85.9%
2016	36577	30983	84.7%	84.4%	85.0%
2017	37373	32293	86.4%	86.1%	86.7%
2018	38368	33554	87.5%	87.2%	87.7%
2019	38685	33682	87.1%	86.8%	87.3%
2020	37226	31073	83.5%	83.2%	83.8%
Medicaid					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	12141	8121	66.9%	66.2%	67.6%
2014	21683	15262	70.4%	69.9%	70.9%
2015	29592	20828	70.4%	69.9%	70.8%
2016	30503	23995	78.7%	78.3%	79.1%
2017	33597	26322	78.3%	78.0%	78.7%
2018	31471	24571	78.1%	77.7%	78.5%
2019	29585	23792	80.4%	80.0%	80.8%
2020	33282	25391	76.3%	75.9%	76.7%
Medicare Advantage					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	25202	16437	65.2%	64.7%	65.7%
2014	28244	18684	66.2%	65.7%	66.6%
2015	32542	22035	67.7%	67.3%	68.1%
2016	32496	20374	62.7%	62.3%	63.1%
2017	34423	27509	79.9%	79.6%	80.3%
2018	35965	30740	85.5%	85.2%	85.8%
2019	39504	34785	88.1%	87.8%	88.3%
2020	41511	35477	85.5%	85.2%	85.7%

Medicare FFS					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	48012	39903	83.1%	82.8%	83.4%
2014	49624	41287	83.2%	82.9%	83.5%
2015	49414	41434	83.9%	83.6%	84.1%
2016	49190	41065	83.5%	83.2%	83.8%
2017	49330	41622	84.4%	84.1%	84.6%
2018	49774	42104	84.6%	84.3%	84.9%
2019	47004	39589	84.2%	83.9%	84.5%
2020	44740	36552	81.7%	81.4%	82.0%

Diabetes A1c Testing Urban and Rural Populations

The following tables show the percentage of the population with diabetes receiving an A1c test, who resided in urban and rural areas between 2013 and 2020, for all payers and each payer type separately. The rural and urban groupings are based on the U.S. Office of Management and Budget county-level designation. Counties that are part of a Metropolitan Statistical Area are considered "urban", and all other counties, whether frontier or rural, are considered "rural" in the Summary Tables. Please review the Methodology below to obtain more detail about how a county is assigned to rural or urban categories.

This measure includes Medicare FFS, Medicaid, Commercial and Medicare Advantage claims and is displayed for All Payers and each payer type separately.

Diabetes A1c Testing (Urban/Rural)

All Payers					
Urban					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	92626	72238	78.0%	77.8%	78.2%
2014	108501	83198	76.7%	76.5%	76.9%
2015	126432	98307	77.8%	77.6%	77.9%
2016	129900	101574	78.2%	78.0%	78.4%
2017	135141	112260	83.1%	82.9%	83.2%
2018	135969	115278	84.8%	84.6%	84.9%
2019	135240	116037	85.8%	85.7%	86.0%
2020	136786	112779	82.5%	82.3%	82.6%
Rural					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	14204	11230	79.1%	78.5%	79.6%
2014	16823	13118	78.0%	77.5%	78.5%
2015	18709	14720	78.7%	78.2%	79.2%
2016	19649	15485	78.8%	78.4%	79.3%
2017	20390	16186	79.4%	79.0%	79.9%

2018	20458	16436	80.4%	79.9%	80.8%
2019	20406	16559	81.2%	80.7%	81.6%
2020	20788	16373	78.8%	78.3%	79.3%

Commercial					
Urban					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	19734	17633	89.4%	89.0%	89.7%
2014	23077	19270	83.5%	83.1%	83.9%
2015	29947	25969	86.7%	86.4%	87.0%
2016	32715	28079	85.8%	85.5%	86.1%
2017	33231	29139	87.7%	87.4%	88.0%
2018	34149	30190	88.4%	88.1%	88.7%
2019	34494	30374	88.1%	87.8%	88.3%
2020	33091	27911	84.3%	84.0%	84.7%
Rural					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	1346	1066	79.2%	77.4%	81.0%
2014	2132	1350	63.3%	61.6%	65.0%
2015	2841	2100	73.9%	72.6%	75.3%
2016	3862	2904	75.2%	74.1%	76.3%
2017	4142	3154	76.1%	75.1%	77.2%
2018	4219	3364	79.7%	78.7%	80.8%
2019	4191	3308	78.9%	77.9%	80.0%
2020	4135	3162	76.5%	75.4%	77.6%

Medicaid					
Urban					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	10469	6825	65.2%	64.4%	66.0%
2014	18761	12893	68.7%	68.2%	69.3%
2015	25681	17781	69.2%	68.8%	69.7%
2016	26369	20840	79.0%	78.6%	79.4%
2017	29168	22955	78.7%	78.3%	79.1%
2018	27247	21423	78.6%	78.2%	79.0%
2019	25536	20625	80.8%	80.4%	81.2%
2020	28798	22008	76.4%	76.0%	76.8%
Rural					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	

2013	1672	1296	77.5%	75.8%	79.2%
2014	2922	2369	81.1%	79.9%	82.3%
2015	3911	3047	77.9%	76.8%	79.0%
2016	4134	3155	76.3%	75.2%	77.4%
2017	4429	3367	76.0%	75.0%	77.1%
2018	4224	3148	74.5%	73.4%	75.6%
2019	4049	3167	78.2%	77.1%	79.3%
2020	4484	3383	75.4%	74.4%	76.5%

Medicare Advantage					
Urban					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	23546	15356	65.2%	64.7%	65.7%
2014	26372	17437	66.1%	65.6%	66.6%
2015	30498	20602	67.6%	67.1%	68.0%
2016	30801	19242	62.5%	62.0%	62.9%
2017	32617	26234	80.4%	80.1%	80.8%
2018	34106	29344	86.0%	85.7%	86.3%
2019	37094	32878	88.6%	88.4%	88.9%
2020	38852	33416	86.0%	85.7%	86.3%
Rural					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	1656	1081	65.3%	63.4%	67.2%
2014	1872	1247	66.6%	64.8%	68.4%
2015	2044	1433	70.1%	68.4%	71.8%
2016	1695	1132	66.8%	64.9%	68.7%
2017	1806	1275	70.6%	68.8%	72.4%
2018	1859	1396	75.1%	73.4%	76.7%
2019	2410	1907	79.1%	77.8%	80.5%
2020	2659	2061	77.5%	76.2%	78.8%

Medicare FFS					
Urban					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	38517	32142	83.4%	83.1%	83.8%
2014	39780	33178	83.4%	83.1%	83.7%
2015	39594	33366	84.3%	84.0%	84.6%
2016	39298	32826	83.5%	83.2%	83.8%
2017	39394	33292	84.5%	84.2%	84.8%
2018	39701	33646	84.7%	84.5%	85.0%

2019	37336	31482	84.3%	84.0%	84.6%
2020	35347	28883	81.7%	81.4%	82.1%
Rural					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2013	9495	7761	81.7%	81.1%	82.4%
2014	9844	8109	82.4%	81.7%	83.0%
2015	9820	8068	82.2%	81.5%	82.8%
2016	9892	8239	83.3%	82.7%	83.9%
2017	9936	8330	83.8%	83.2%	84.4%
2018	10073	8458	84.0%	83.4%	84.6%
2019	9668	8107	83.9%	83.2%	84.5%
2020	9393	7669	81.6%	81.0%	82.3%

Breast Cancer Screening Overview and Methods

Preventive care is an important part of health care quality that helps populations remain healthy. This report includes **Breast Cancer screening**, calculated as the percentage of women 50 to 74 years old who had a mammogram to screen for breast cancer during the previous two years.

The following tables describe the percentage of women 50 to 74 years old (denominator), who received a mammogram in the last 24 months during the measurement year (numerator) in the state of Colorado, between 2014 and 2020. Higher percentages are better and reflect more women receiving timely screenings. The tables also include 90% lower and upper confidence intervals, which indicates that there is a 90% probability that the quality measure for a given year and payer type will fall between those lower and upper percentage values. This measure includes Medicare FFS, Medicaid, Commercial and Medicare Advantage claims and is displayed for All Payers and each payer type separately.

Breast Cancer Screening (Statewide)

All Payers					
Year	Denominator	Numerator	Rate	90% CI (lower, upper)	
2014	275300	162804	59.1%	59.0%	59.3%
2015	297575	183207	61.6%	61.4%	61.7%
2016	347861	215265	61.9%	61.7%	62.0%
2017	361893	227051	62.7%	62.6%	62.9%
2018	379925	242919	63.9%	63.8%	64.1%
2019	385471	248524	64.5%	64.3%	64.6%
2020	390592	240922	61.7%	61.6%	61.8%
Commercial					
Year	Denominator	Numerator	Rate	90% CI (lower, upper)	
2014	76161	55396	72.7%	72.5%	73.0%
2015	83331	59350	71.2%	71.0%	71.5%
2016	101721	70549	69.4%	69.1%	69.6%
2017	106414	74367	69.9%	69.7%	70.1%
2018	117844	82377	69.9%	69.7%	70.1%
2019	118355	82886	70.0%	69.8%	70.3%
2020	115470	77562	67.2%	66.9%	67.4%
Medicaid					
Year	Denominator	Numerator	Rate	90% CI (lower, upper)	
2014	10314	4851	47.0%	46.2%	47.8%
2015	12415	5723	46.1%	45.4%	46.8%
2016	31237	14473	46.3%	45.9%	46.8%
2017	35094	15860	45.2%	44.8%	45.6%
2018	36065	16142	44.8%	44.3%	45.2%
2019	34646	15564	44.9%	44.5%	45.4%
2020	36544	15282	41.8%	41.4%	42.2%
Medicare Advantage					

Year	Denominator	Numerator	Rate	90% CI (lower, upper)	
2014	55556	26848	48.3%	48.0%	48.7%
2015	60917	35935	59.0%	58.7%	59.3%
2016	62251	40040	64.3%	64.0%	64.6%
2017	64920	44121	68.0%	67.7%	68.3%
2018	66566	48021	72.1%	71.9%	72.4%
2019	69958	51340	73.4%	73.1%	73.7%
2020	73852	51237	69.4%	69.1%	69.7%
Medicare FFS					
Year	Denominator	Numerator	Rate	90% CI (lower, upper)	
2014	104106	58152	55.9%	55.6%	56.1%
2015	107298	60971	56.8%	56.6%	57.1%
2016	109626	63265	57.7%	57.5%	58.0%
2017	110351	64175	58.2%	57.9%	58.4%
2018	113201	66344	58.6%	58.4%	58.8%
2019	110019	63363	57.6%	57.3%	57.8%
2020	111440	62583	56.2%	55.9%	56.4%

Breast Cancer Screening Urban and Rural Populations

The following tables show the percentage of women receiving a mammogram as indicated, who reside in urban and rural areas between 2014 and 2020, for all payer and each payer type separately. The rural and urban groupings are originally based on the U.S. Office of Management and Budget county-level designation: counties that are part of a Metropolitan Statistical Area are considered “urban”, all other counties, whether frontier or rural, are considered “rural” in the Summary Tables. Please review the Methodology document to obtain more detail about how a county is assigned to rural or urban categories.

This measure includes Medicare FFS, Medicaid, Commercial and Medicare Advantage claims and is displayed for All Payers and each payer type separately.

Breast Cancer Screening (Urban/Rural)

All Payers					
Urban					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2014	238124	142156	59.7%	59.5%	59.9%
2015	257912	160907	62.4%	62.2%	62.5%
2016	299115	187910	62.8%	62.7%	63.0%
2017	310407	197549	63.6%	63.5%	63.8%
2018	325541	211458	65.0%	64.8%	65.1%
2019	329182	215638	65.5%	65.4%	65.6%
2020	332616	208139	62.6%	62.4%	62.7%
Rural					

Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2014	37176	20648	55.5%	55.1%	56.0%
2015	39663	22300	56.2%	55.8%	56.6%
2016	48746	27355	56.1%	55.7%	56.5%
2017	51486	29502	57.3%	56.9%	57.7%
2018	54384	31461	57.9%	57.5%	58.2%
2019	56289	32886	58.4%	58.1%	58.8%
2020	57976	32783	56.5%	56.2%	56.9%

Commercial					
Urban					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2014	68730	50642	73.7%	73.4%	74.0%
2015	75553	54373	72.0%	71.7%	72.2%
2016	89976	63131	70.2%	69.9%	70.4%
2017	93589	66048	70.6%	70.3%	70.8%
2018	103416	73051	70.6%	70.4%	70.9%
2019	103137	72939	70.7%	70.5%	71.0%
2020	100283	67924	67.7%	67.5%	68.0%
Rural					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2014	7431	4754	64.0%	63.1%	64.9%
2015	7778	4977	64.0%	63.1%	64.9%
2016	11745	7418	63.2%	62.4%	63.9%
2017	12825	8319	64.9%	64.2%	65.6%
2018	14428	9326	64.6%	64.0%	65.3%
2019	15218	9947	65.4%	64.7%	66.0%
2020	15187	9638	63.5%	62.8%	64.1%

Medicaid					
Urban					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2014	8869	4277	48.2%	47.4%	49.1%
2015	10561	4956	46.9%	46.1%	47.7%
2016	26195	12323	47.0%	46.5%	47.6%
2017	29414	13303	45.2%	44.7%	45.7%
2018	30394	13581	44.7%	44.2%	45.2%
2019	29063	13109	45.1%	44.6%	45.6%
2020	30630	12834	41.9%	41.4%	42.4%
Rural					

Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2014	1445	574	39.7%	37.6%	41.8%
2015	1854	767	41.4%	39.5%	43.3%
2016	5042	2150	42.6%	41.5%	43.8%
2017	5680	2557	45.0%	43.9%	46.1%
2018	5671	2561	45.2%	44.1%	46.2%
2019	5583	2455	44.0%	42.9%	45.1%
2020	5914	2448	41.4%	40.3%	42.4%

Medicare Advantage					
Urban					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2014	52460	25392	48.4%	48.0%	48.8%
2015	57523	34192	59.4%	59.1%	59.8%
2016	58948	38285	64.9%	64.6%	65.3%
2017	61518	42295	68.8%	68.4%	69.1%
2018	63187	46168	73.1%	72.8%	73.4%
2019	66390	49288	74.2%	74.0%	74.5%
2020	70077	49099	70.1%	69.8%	70.3%
Rural					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2014	3096	1456	47.0%	45.6%	48.5%
2015	3394	1743	51.4%	49.9%	52.8%
2016	3303	1755	53.1%	51.7%	54.6%
2017	3402	1826	53.7%	52.3%	55.1%
2018	3379	1853	54.8%	53.4%	56.2%
2019	3568	2052	57.5%	56.1%	58.9%
2020	3775	2138	56.6%	55.3%	58.0%

Medicare FFS					
Urban					
Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2014	81742	45908	56.2%	55.9%	56.4%
2015	84054	48102	57.2%	56.9%	57.5%
2016	85974	50026	58.2%	57.9%	58.5%
2017	86408	50592	58.6%	58.3%	58.8%
2018	88418	52224	59.1%	58.8%	59.3%
2019	85785	49710	57.9%	57.7%	58.2%
2020	86380	48873	56.6%	56.3%	56.9%
Rural					

Year	Denominator	Numerator	Percentage	90% CI (lower, upper)	
2014	22364	12244	54.7%	54.2%	55.3%
2015	23244	12869	55.4%	54.8%	55.9%
2016	23652	13239	56.0%	55.4%	56.5%
2017	23943	13583	56.7%	56.2%	57.3%
2018	24783	14120	57.0%	56.5%	57.5%
2019	24234	13653	56.3%	55.8%	56.9%
2020	25060	13710	54.7%	54.2%	55.2%

Quality Measures Methodology

October 2022

The Institute of Medicine (2001) defines quality as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." Using CO APCD data, CIVHC has produced two nationally-endorsed[2] quality measures used by national and state-sponsored programs.

Preventive Care: This report includes one preventive measure. Preventive care is an important part of health care quality by helping populations remain healthy. The measure of preventive care included in this report is:

Breast Cancer Screening: This measure represents the percentage of women 50 to 74 years old who had one or more mammograms to screen for breast cancer during the measurement year and two years prior to the measurement year.

Appropriate Medical Treatment: This report also includes one measure that indicates if a condition is being managed according to current professional knowledge. Managing chronic conditions appropriately is an important part of health care quality because it prevents further complications in populations who already have a disease. The measure included in this report is Diabetes A1c testing.

Diabetes A1c testing: This measure represents the percentage of patients 18 to 75 years old, with diabetes type I or II who received an HbA1c test during the measurement year.

Demographic Characteristics

Demographic characteristics reflect the information available in the most recent record of a person in a calendar year. For example, if the most recent record is from the month of March 2017, then the person's location of residence, gender, and other demographic information will be as of March 2017. The only exception is for age, which is calculated as of December 31st of the reporting year. Quality measures have specific age ranges and, in some cases, age subgroup requirements.

Only residents of Colorado are reflected in the data. State resident status is determined based on the most recent insurance eligibility record available in a given year, which indicates whether the person resides in a ZIP code within Colorado. All calculations are based on where Colorado residents live, not where they received care.

Geographic Groupings

Geographic breakdowns available in the report are rural and urban county groups and Statewide. The rural and urban county classification is based on the U.S. Office of Management and Budget county-level

[2] The quality measures used in this report which are endorsed by the National Qualify Forum(NQF) are: Breast Cancer Screening NQF 2372 and Diabetes HbA1c testing NQF 0057. The logic used to produce these HEDIS® measure results has not been certified by NCQA. Such results are for reference only and are not an indication of measure validity.

designation: counties that are part of a Metropolitan Statistical Area are considered "urban"; all other counties are considered "rural".[3] The following is a list of rural and urban Colorado counties:

- Urban counties (17): Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Larimer, Mesa, Park, Pueblo, Teller, and Weld;
- Rural counties (47): Alamosa, Archuleta, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, La Plata, Lake, Las Animas, Lincoln, Logan, Mineral, Moffat, Montezuma, Montrose, Morgan, Otero, Ouray, Phillips, Pitkin, Prowers, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Summit, Washington, Yuma.

Payer Types

The payer types available in this report are: Commercial, Medicaid, Medicare Advantage, Medicare Fee-For-Service (Medicare FFS), and a combination of all four types labeled as "All Payers." For quality measures, payer type is defined based on primary insurance information at the person-eligibility-month level with additional measure- and payer-type specific criteria for continuous enrollment during the time frame specific to each measure. The annualized assignment is based on the payer type with the highest number of months with commercial, Medicaid, or Medicare Advantage or Medicare FFS insurance, summed together.

Data Suppression

Following privacy protection standards used by the Centers for Medicare & Medicaid Services (CMS), data are suppressed for values based on fewer than 11 units, for example, cost PPPY values based on fewer than 11 insured-years or emergency room rates based on fewer than 11 visits. Throughout the dashboard and the underlying data in spreadsheet format, data points impacted by low volume are displayed as asterisks on the dashboard and as blank cells in the detailed data spreadsheet.

Data Limitations

Data presented in this report are the result of a process that strives to ensure high quality, reliability, and accuracy of information. Potential areas of concern are investigated and addressed accordingly, and while every effort is made to address all known areas of concern for this report, some may remain.

Data for small population breakdowns or for rare events should be interpreted with caution, since they are prone to significant fluctuations. Colorado counties that typically have had small populations (fewer than 5,000 people overall) at one point during the reporting time frame include: Baca, Cheyenne, Costilla, Custer, Dolores, Gilpin, Hinsdale, Jackson, Kiowa, Lincoln, Mineral, Ouray, Phillips, San Juan, Sedgwick, Saguache, and Washington.

[3] Colorado Rural Health Center (2016). *Colorado: County Designations, 2016.* Retrieved from http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2016/03/2016.CountyDesignations.pdf on July 13, 2017.

Data Vintage

This report is based on claims data in the CO APCD data warehouse refresh of July, 2022, and results may differ from the current Community Dashboard available at civhc.org.

Information regarding the payers represented in this public report and the contents of the CO APCD:

- Current CO APCD Data Submitters

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