Agenda

• Opening Announcements
• Operational Updates
• CO APCD Data Quality and Analytics
• Public Reporting
• Public Comment
Welcome New Committee Members!

• Molly Hirshik, **Strategy & Ops Manager, Peak Health Alliance**
• Chris McDowell, **Executive Director, Valley Health Alliance**
• Aida Zygas, **Project Manager, Inspire Nurse Leaders**
• Kate Davidson, **Insurance Data Science Manager, Division of Insurance**
Open Committee Positions

- Large employer *that purchase health insurance for employees*
- Pharmacy benefit managers
- An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity
Operational Updates

Kristin Paulson, JD, MPH
CIVHC CEO and President

Pete Sheehan
CIVHC VP of Client Solutions & State Initiatives
Federal APCD Funding No Surprises Act §115

• HHS Grant Program
  • Federal funding was initially cut to 20 one time awards of up to $1M in the President’s Budget.
  • Line item was cut from the final budget.
  • Still Federal interest in APCD’s – CIVHC is working with our member organizations and others to keep an eye on what develops at the national level.
FY 23 Scholarship – YTD Summary

• The CO APCD Scholarship Program is up and running as of July 1
• More information can be found here: https://www.civhc.org/scholarship/

• Applications Fully Approved
  • 13 projects have been approved totaling $248,761 or 49.7% of the $500,000 total available.

• Pending Projects
  • Currently there are 6 projects in review totaling $157,588
  • Counting pending projects, $406,349 has been applied for
  • There are 2 additional projects are in various stages of feasibility and scoping

If all pending projects are approved, it would leave $93,651 or 18.7% of the funds available for this fiscal year
## FY 23 Scholarship – YTD Summary

### SFY 23 Scholarship Requests Submitted YTD

<table>
<thead>
<tr>
<th>Data Requestor Organization</th>
<th>Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>University of Colorado Denver</strong></td>
<td>23.22 Linking CO APCD data to Cancer Center Registr</td>
</tr>
<tr>
<td><strong>CU Pharmacy Program</strong></td>
<td>22.32 Utilization of Rx Meds during Pandemic</td>
</tr>
<tr>
<td><strong>University of Wisconsin</strong></td>
<td>23.20 Improving Access &amp; Affordability of Care</td>
</tr>
<tr>
<td><strong>University of Colorado Anschutz</strong></td>
<td>23.07 Core Opioid Treatment Measures</td>
</tr>
<tr>
<td><strong>University of Wisconsin</strong></td>
<td>23.25 Provider Networks &amp; Hospital Practices - Regs</td>
</tr>
<tr>
<td><strong>TX A&amp;M, Univ of SC, Univ of MI</strong></td>
<td>23.38 Insulin Spending after CO Out of Pocket Cap</td>
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<tr>
<td><strong>UC Berkeley Sky Deck Program</strong></td>
<td>23.28 High Cost Utilization Predictors</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State Agency/Govt. Entity Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CO Chronic Kidney Disease Task Force</strong></td>
</tr>
<tr>
<td><strong>Denver Health</strong></td>
</tr>
<tr>
<td><strong>State Legislator</strong></td>
</tr>
<tr>
<td><strong>Gunnison Valley Health</strong></td>
</tr>
<tr>
<td><strong>Weld County Dept of Health</strong></td>
</tr>
<tr>
<td><strong>CDPHE</strong></td>
</tr>
<tr>
<td><strong>Governor's Office</strong></td>
</tr>
<tr>
<td><strong>CO Behavioral Health Administration</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Non-Profit Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Peak Health Alliance</strong></td>
</tr>
<tr>
<td><strong>Colorado Cancer Coalition</strong></td>
</tr>
<tr>
<td><strong>Peak Health Alliance</strong></td>
</tr>
<tr>
<td><strong>Reach Out &amp; Read Colorado</strong></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Approved</th>
</tr>
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<tbody>
<tr>
<td><strong>Totals</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In Review - Pending</th>
<th>Sub-total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub-total</strong></td>
<td>$135,216</td>
<td>$94,771</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>$211,703</td>
<td>$74,792</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>$59,430</td>
<td>$13,850</td>
</tr>
</tbody>
</table>

**Totals** | $406,349 | $183,413 | $544,828 |
FY 23 Scholarship – Updates

• Data Byte Scholarships
  • New Process to allow for Data Bytes requiring over 20 hours of analysis
  • Response to recent Data Byte on visits to the ED for primary diagnoses of mental health and self-harm

• Legislative Requests
  • HCPF and the Scholarship Subcommittee are considering a set aside pool of dollars for Legislative Requests

• Colorado First vs First Come, First Served
  • To best serve local organizations, new out of state requests are on hold to ensure anticipated in-state applications can be reviewed
New Department at CIVHC

• Department of Research, Partnerships, and Innovation
  • Brings together Research, Program Eval, Community Engagement, Programs, multi-state collaboration to better innovate and support our communities.
  • Partial funding from TCHF for launch and support of communities
  • Specific focus on providing support and value to low-income, BIPOC, and marginalized or underserved communities
Research, Partnerships, and Innovation

• Positions supported:
  • Vice President of RPI
  • Senior Research Analyst
  • Research Analyst
  • Community Engagement and Outreach Coordinator
  • Program Assistant for RPI and Data Operations
  • Partial support for additional Program Evaluation staff

• Existing Health Care Programs, Multi-state collaboration, Program Evaluation, and Research staff will move into this department.

• Positions will be added incrementally across 2023 as the strategic goals of the Department are formalized.
Agenda

• Opening Announcements
• Operating Updates
• CO APCD Data Quality and Analytics
• Public Reporting
• Public Comment
CO APCD Data Quality & Analytics

Kristin Paulson, JD, MPH
CIVHC Chief Operating Officer and General Counsel

Amanda Kim
CIVHC Director of Colorado State Initiatives
Data Submission Guide 14 Update

Rule hearing held December 2022
Takes Effect March 2023

Highlighted changes include the following:

• Regional Accountability Entity (RAE) Indicator
  • Added to Membership Eligibility (ME), Alternative Payment Model (AM) and APM Control Total (CT) files

• Health Insurance Oversight System (HIOS) Plan ID
  • Added to Membership Eligibility files

• Payer Code Field
  • Added to ME Files

• Additional language clarifying data submission and formatting process
 Preview of DSG 15

Upcoming Enhancements

• Collection of Vision data

• Look into collecting Provider Health System Affiliation

• Plan for DSG alignment to the National Association of Health Data Organization (NAHDO) Common Data Layout v3
CO APCD in 2023 Legislation

• CIVHC is being included in discussions around several pieces of potential legislation for this session.

• Currently, none of the introduced bills involve CIVHC or the CO APCD.

We want to extend our appreciation for everyone that is including us in early conversations so we can make sure we can serve the needs of potential bills.
CO APCD Supporting Policy – Primary Care & Out of Network

HB19-1233 Primary Care

• CIVHC submitted the Primary Care Report with Alternative Payment Model information in November 2022
  • To be included in the Primary Care and Payment Reform Collaborative’s fourth annual recommendations report (publicly available February 15)

HB19-1174 Out Of Network

• CIVHC completed the 2023 Professional and Emergency Fee Schedules using 2021 claims
  • Posted on the DOI website
CO APCD Supporting Policy ‘22

Implementation of 2022 legislation:

SB21-175 Prescription Drug Affordability Board (PDAB)

• Requires new reporting file to be added to the CO APCD.

• Data set including the new fields as well as data created by CIVHC analysts delivered to DOI in early February 2023.
Implementation of 2022 legislation:

SB22-040 Actuarial Reviews Health Insurance Mandate

Requires DOI to hire a contractor to perform actuarial reviews of proposed legislation that may impose a new health benefit mandate on health benefit plans

• CO APCD is named as a source for the data for the reviews

• Data set was delivered in October
CO APCD Supporting Policy ‘22

Implementation of 2022 legislation:

SB22-068 Provider Tool To View All-Payer Claims Database

- Public report that displays payments made to Colorado health care providers.
- More information on this report in Public Reporting update
Agenda

• Opening Announcements
• Operating Updates
• CO APCD Data Quality and Analytics
• Public Reporting
• Public Comment
Public Reporting

Cari Frank, MBA
CIVHC VP of Communication and Marketing

Clare Leather, MPH
CIVHC Public Reporting Program Manager
Public Reporting

Recent Releases

• Telehealth Services Analysis Version 5
• Shop For Care (Spanish Translation and Mobile Improvements)
• Payment Provider Tool
• Emergency Department Use for Mental Health and Self-Harm Analysis
• Data Bytes:
  • Vasectomies and Contraception (Utilization/Cost)
  • Long COVID-19 In Colorado
Public Reporting Impact

Gender Affirming Care

• **Media:** Report Finds Colorado a Leader in Access to Gender Affirming Health Care
  • Denver Health's LGBTQ+ Health Services included in reporting
  • One Colorado outreach
  • Number of additional media outlets that picked up the story: 46

• **Total reach:** 660k+
Telehealth Services Analysis Version 5

civhc.org > Get Data > Public Data > Focus Areas > Telehealth Services Analysis

TELEHEALTH IN COLORADO

TABLE OF CONTENTS

Telehealth in Colorado Overview
Why, where and who is providing telehealth services over time by payer type, telehealth type, and county.

Telehealth Services Detail
Top 10 services, diagnoses, and providers of telehealth by payer type, telehealth type, and Division of Insurance Region (DOR).

Telehealth Demographics Focus
Utilization of telehealth services by age, race/ethnicity, and sex.

Telehealth Trends
Telehealth use by payer type, telehealth type, provider type, and county over time.

TELEHEALTH IN COLORADO OVERVIEW

Global Dashboard Filters
Select a time period: January 2019 - January 2022
Select a payer type: All Payer Types
Select a telehealth type: Telemental Health & Telehealth
Select cost or utilization: Utilization

Total Services: 9,496,515
Total Spending: $1,067,520,812
Services per 1,000 People: 927
Spending per Person per Year: $180

Where are patients receiving telehealth live?
Click on any county to filter by geography.

Why are patients accessing telehealth?
Top Diagnosis Categories by Utilization
- Mental Health Conditions: 52%
- Endocrine/Nutritional Conditions: 6%
- Musculoskeletal Conditions: 5%
- Nervous System Conditions: 5%

What services are being provided?
Top Service Categories by Utilization
- Office or Other Outpatient E&M Services - Established Patient: 31%
- Psychiatry Services and Procedures: 10%
- Other: 10%

Who is providing telehealth?
Top Service Provider Types by Utilization
- Behavioral Health: 15%
- Other: 23%
- Primary Care: 23%

Source: Colorado All Payer Claims Database (CO-APCD) 2022
*All values do NOT include Medicaid Fee-For-Service after June 2021
Insights and Findings 2019-2021: Utilization

Number of telehealth visits increased post pandemic and still remain high

- **2000%** increase from 2019 to 2020
- **-11%** decrease from 2020 to 2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>1 visit per 10 people</td>
<td>260K TOTAL</td>
</tr>
<tr>
<td>2020</td>
<td>1 visit per person</td>
<td>4.9M TOTAL</td>
</tr>
<tr>
<td>2021</td>
<td>1 visit per person</td>
<td>4.4M TOTAL</td>
</tr>
</tbody>
</table>

Telehealth Medicaid visits increased the most across all payers from 2019-2020

<table>
<thead>
<tr>
<th>Payer</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>88K</td>
<td>1.2M</td>
<td>1.3M</td>
</tr>
<tr>
<td>Medicaid</td>
<td>47K</td>
<td>2.4M</td>
<td>2.3M</td>
</tr>
<tr>
<td>Medicare</td>
<td>28K</td>
<td>723K</td>
<td>306K</td>
</tr>
<tr>
<td>Medicare Advantage</td>
<td>43K</td>
<td>572K</td>
<td>443K</td>
</tr>
</tbody>
</table>
Insights and Findings 2019-2021: Diagnoses

Mental health is the top telehealth diagnosis category for all years and increased in both 2020 and 2021.

<table>
<thead>
<tr>
<th>Year</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>31%</td>
</tr>
<tr>
<td>2020</td>
<td>47%</td>
</tr>
<tr>
<td>2021</td>
<td>59%</td>
</tr>
</tbody>
</table>

Mental health conditions include Depression, Anxiety Disorders, Schizophrenia, etc.

For all age groups except people over 65+, 75% of all telehealth visits were for MH.
Insights and Findings 2019-2021: Trends

Telehealth visits with BH providers have remained high while visits with PCPs have dropped more.

[Graph showing utilization per 1,000 people per month for Behavioral Health Providers and Primary Care Providers. The graph includes a dashed vertical line indicating the telehealth expansion through CO Governor Executive Order.]
Public Reporting Impact

Telehealth Services Analysis

• **Media:** *Post-Pandemic Telehealth Visits Remain High for Mental Health*
  - Lt. Governor quoted
  - Number of additional media outlets that picked up the story: 54

• **Total Reach:** 800k+

• **Use Cases**
  - Number of organizations requested data: 30
  - **Example organizations:** Columbia University, UC Davis, Yale University, Colorado Community Health Alliance, CO Association Family Medicine Residencies
  - **Example Use Cases:**
    - Contribute to a quality of life indicators report for El Paso and Teller county.
    - To inform our upcoming community health assessment.
    - Conduct analysis on how telehealth and telemedicine can curve social disparities in health care access.

• **Educational Outreach FY23**
  - Colorado Rural Health Center Conference
  - CIVHC’s Data to Drive Decision Webinar
  - How-To-Use Video created
Shop For Care: Spanish Version and Mobile-Friendly Update
civhc.org > Shop for Care > Comprar servicios de salud

<table>
<thead>
<tr>
<th>Nombre del Establecimiento</th>
<th>Distancia (Millas)</th>
<th>Precio Medio</th>
<th>Gama de Precios</th>
<th>Calidad de los Pacientes</th>
<th>Calidad General del Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas Valley Regional Medical Center</td>
<td>154.2</td>
<td>$270</td>
<td>$260–$280</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Aspen Valley Hospital</td>
<td>101.8</td>
<td>$220</td>
<td>$180–$220</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Associates in Family Medicine</td>
<td>57.6</td>
<td>$40</td>
<td>$30–$40</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Banner Health Clinic Greeley</td>
<td>47.0</td>
<td>$40</td>
<td>$40–$40</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Banner Health Mckee Medical Center</td>
<td>43.2</td>
<td>$100</td>
<td>$90–$100</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Banner Health North Colorado Medical Center</td>
<td>47.0</td>
<td>$90</td>
<td>$90–$100</td>
<td>★★</td>
<td>★★</td>
</tr>
</tbody>
</table>

Fuente: Base de datos de reclamaciones de todos los pagadores de Colorado (CO APCD), 2020.
* Las calificaciones no están disponibles para los centros de diagnóstico por imagen o los centros de cirugía ambulatoria, o para los hospitales que no están obligados a informar al Centro de Servicios de Medicare y Medicaid debido al bajo volumen de Medicare.
Public Reporting Impact

Spanish Language version of Shop for Care

• **Media:**
  - *Removing Healthcare Language Barriers for Spanish-Speaking Coloradans*
  - *Plataforma tiene como objetivo eliminar barreras del idioma en la salud*
  - Number of additional media outlets that picked up the story: **131**

• **Total reach:** **1.7 million+**
New Provider Payment Tool: Background

• Based on Senate Bill 22-068 “Provider Tool to View the CO APCD”
• Requests CIVHC to display payments to CO providers based for procedures and services
• Based on CPT (Current Procedural Terminology) and HCPS (Healthcare Common Procedure Coding System) codes for Medical, Surgical and Diagnostic Services

• What’s included?
  • **Years:** (2018, 2019, 2020, and 2021)
  • **Payer Type:** (Commercial, Medicaid, Medicare Advantage, and Medicare Fee-for-Service)
  • **Payments:** Total allowed amounts (payer and patient payments combined) at the 25th, 50th, 60th, and 75th percentile, and averages
  • **Provider Type/Setting**
  • **Anesthesiology:** Payment calculator
## Provider Payment Tool

[civhc.org > Get Data > Public Data > Focus Areas > Provider Payment Tool](#)

### Procedure Prices (Non-Anesthesia)

**Select YEAR:**
- 2021

**Select PAYER TYPE:**
- Commercial

**Select PLACE OF SERVICE:**
- Outpatient

**Select GEOGRAPHY TYPE:**
- Statewide

**Select GEOGRAPHY:**
- Colorado

**Select PROVIDER TYPE or SETTING:**
- Specialists and Osteopathic Providers

Type in CPT/HCPCS Code

### CPT/HCPCS Code and Description

<table>
<thead>
<tr>
<th>CPT/HCPCS Code and Description</th>
<th>Payment Type</th>
<th>Average Payment</th>
<th>25th Percentile Payment</th>
<th>50th Percentile Payment</th>
<th>60th Percentile Payment</th>
<th>75th Percentile Payment</th>
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</thead>
<tbody>
<tr>
<td>0001A - 59: Intramuscular administration of single ...</td>
<td>Flat Fee</td>
<td>$42</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
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<tr>
<td>0001A: Intramuscular administration of single seve ...</td>
<td>Flat Fee</td>
<td>$32</td>
<td>$19</td>
<td>$40</td>
<td>$40</td>
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<td>0002A: Intramuscular administration of single severe ...</td>
<td>Flat Fee</td>
<td>$39</td>
<td>$35</td>
<td>$40</td>
<td>$40</td>
<td>$41</td>
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<tr>
<td>0003A: ADM SARS COV2 30MCG/0.3ML 3RD</td>
<td>Flat Fee</td>
<td>$43</td>
<td>$40</td>
<td>$40</td>
<td>$41</td>
<td>$42</td>
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<tr>
<td>0004A: ADM SARS COV2 30MCG/0.3ML BST</td>
<td>Flat Fee</td>
<td>$39</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
<td>$41</td>
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<tr>
<td>0202U: Test for detection of respiratory disease-cau ...</td>
<td>Flat Fee</td>
<td>$289</td>
<td>$174</td>
<td>$255</td>
<td>$255</td>
<td>$417</td>
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<tr>
<td>0240U: Respiratory infectious agent detection by ...</td>
<td>Flat Fee</td>
<td>$130</td>
<td>$143</td>
<td>$143</td>
<td>$143</td>
<td>$143</td>
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<tr>
<td>0241U - 26: Respiratory infectious agent detection ...</td>
<td>Flat Fee</td>
<td>$28</td>
<td>$24</td>
<td>$30</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>0241U: Respiratory infectious agent detection by ...</td>
<td>Flat Fee</td>
<td>$133</td>
<td>$140</td>
<td>$143</td>
<td>$143</td>
<td>$143</td>
</tr>
<tr>
<td>0376T: INSERT ANT SEGMENT DRAIN INT</td>
<td>Flat Fee</td>
<td>$281</td>
<td>$86</td>
<td>$340</td>
<td>$358</td>
<td>$421</td>
</tr>
<tr>
<td>0402T: Collagen cross-linking treatment of disease ...</td>
<td>Flat Fee</td>
<td>$1,835</td>
<td>$1,233</td>
<td>$1,457</td>
<td>$1,596</td>
<td>$2,518</td>
</tr>
<tr>
<td>0502F: SUBSEQUENT PRENATAL CARE</td>
<td>Flat Fee</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>0504T: Analysis of data from CT study of heart blo ...</td>
<td>Flat Fee</td>
<td>$146</td>
<td>$105</td>
<td>$120</td>
<td>$125</td>
<td>$230</td>
</tr>
</tbody>
</table>

Codes with less than 30 claims statewide are not available.
Provider Payment Tool Potential Uses

• **Employers:**
  
  • **Self-insured:** understand your payments vs. statewide, county and DOI payments
  
  • **Fully-insured:** point employees to the tool if there are questions on bills or “reasonable” costs up front

• **Payers and Providers:** Benchmark how their payments compare to their peers

• **Policy Makers:** Identify variation in payments for procedures across the state

• **Consumers:** Use the tool to understand “common/reasonable” prices for provider bills
Emergency Department Use for Mental Health and Self-Harm Analysis

civhc.org > Get Data> Public Data > Publication Library

- Update to previous analysis
- What’s new?
  - Self Harm codes
  - Urban vs. Rural
  - Data through 2016-2021
  - Race/ethnicity data

### MENTAL HEALTH: ED Visits that Resulted in a Hospital Admission

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Mental Health Primary Diagnosis ED Visits That Resulted In an Admission</th>
<th>Percent Admissions for ED Mental Health Visits</th>
<th>Total Allowed Amounts**</th>
<th>Median Allowed Amount/Visit**</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>1,895</td>
<td>12%</td>
<td>$15,262,181</td>
<td>$6,374</td>
</tr>
<tr>
<td>2017</td>
<td>1,648</td>
<td>11%</td>
<td>$13,667,431</td>
<td>$6,681</td>
</tr>
<tr>
<td>2018</td>
<td>1,739</td>
<td>10%</td>
<td>$14,611,795</td>
<td>$6,764</td>
</tr>
<tr>
<td>2019</td>
<td>1,617</td>
<td>9%</td>
<td>$13,622,673</td>
<td>$7,053</td>
</tr>
<tr>
<td>2020</td>
<td>1,587</td>
<td>9%</td>
<td>$15,390,071</td>
<td>$7,547</td>
</tr>
<tr>
<td>2021</td>
<td>1,464</td>
<td>7%</td>
<td>$14,029,045</td>
<td>$7,870</td>
</tr>
</tbody>
</table>

### SELF-HARM: ED Visits that Resulted in a Hospital Admission

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Self-Harm Primary Diagnosis ED Visits That Resulted In an Admission</th>
<th>Percent Admissions for ED Self-Harm Visits</th>
<th>Total Allowed Amounts**</th>
<th>Median Allowed Amount/Visit**</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>424</td>
<td>29%</td>
<td>$5,216,759</td>
<td>$7,955</td>
</tr>
<tr>
<td>2017</td>
<td>680</td>
<td>21%</td>
<td>$6,370,962</td>
<td>$6,437</td>
</tr>
<tr>
<td>2018</td>
<td>646</td>
<td>19%</td>
<td>$6,890,913</td>
<td>$7,235</td>
</tr>
<tr>
<td>2019</td>
<td>604</td>
<td>19%</td>
<td>$7,280,003</td>
<td>$8,126</td>
</tr>
<tr>
<td>2020</td>
<td>587</td>
<td>18%</td>
<td>$7,933,952</td>
<td>$8,734</td>
</tr>
<tr>
<td>2021</td>
<td>541</td>
<td>16%</td>
<td>$5,876,605</td>
<td>$8,942</td>
</tr>
</tbody>
</table>

*ED visits for MH/SH that turn into an admission cost approximately $21M Annually*
New Data Byte: Vasectomies and Contraception (cost and utilization)

civhc.org > Get Data > Public Data > Publication Library

- Requestor: state agency
- Parameters:
  - **Project Overview**: Snapshot of utilization, cost, and trends for vasectomies and the top ten used oral and non-oral contraception in CO.
  - **Years/Time Period**: 2018-2021
  - **Payer Types**: Commercial, Medicaid
  - **Geography**: Statewide

### Oral Contraceptive Prescriptions 2021

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength</th>
<th>Dosage Form</th>
<th>Package Size</th>
<th>Medicaid and Commercial Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Median Costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Allowed Amount</td>
</tr>
<tr>
<td>SPRINTEC</td>
<td>0.25 mg-35 mcg</td>
<td>TABLET</td>
<td>28</td>
<td>$0.75</td>
</tr>
<tr>
<td>TRI-SPRINGTEC</td>
<td>0.18 mg-35 mcg (7)/0.215 mg-35 mcg</td>
<td>TABLET</td>
<td>28</td>
<td>$0.55</td>
</tr>
<tr>
<td>LO LOESTRIN FE</td>
<td>1 mg-10 mcg (24)/10</td>
<td>TABLET</td>
<td>28</td>
<td>$5.64</td>
</tr>
<tr>
<td>NORETHINDRONE</td>
<td>0.35 mg</td>
<td>TABLET</td>
<td>28</td>
<td>$0.51</td>
</tr>
<tr>
<td>MILI</td>
<td>0.25 mg-35 mcg</td>
<td>TABLET</td>
<td>28</td>
<td>$0.53</td>
</tr>
<tr>
<td>APRI</td>
<td>0.15 mg-0.03 mg</td>
<td>TABLET</td>
<td>28</td>
<td>$1.12</td>
</tr>
<tr>
<td>JUNEL FE</td>
<td>1 mg-20 mcg (21)/75</td>
<td>TABLET</td>
<td>28</td>
<td>$0.55</td>
</tr>
<tr>
<td>PORTIA</td>
<td>0.15 mg-30 mcg</td>
<td>TABLET</td>
<td>28</td>
<td>$0.80</td>
</tr>
<tr>
<td>DROSPIRENONE-ETHINYL</td>
<td>0.02 mg-3 mg (28)</td>
<td>TABLET</td>
<td>28</td>
<td>$0.82</td>
</tr>
<tr>
<td>ETHINYL ESTRADIOL</td>
<td>1 mg-20 mcg</td>
<td>TABLET</td>
<td>21</td>
<td>$0.86</td>
</tr>
</tbody>
</table>
New Data Byte: Long-Covid in Colorado

civhc.org > Get Data > Public Data > Publication Library

• Requestor: state agency

• Parameters:
  • **Project Overview:** Number of insured Coloradoans with post-infectious condition after COVID-19 (Long COVID). Broken down by age, gender, race/ethnicity
  • **Years/Time Period:** Includes Coloradans with a Long COVID diagnosis on or after October 1, 2021
  • **Payer Types:** Commercial, Medicaid, Medicare Advantage, Medicare FFS
    • Due to data lag, Medicare FFS claims between 10/1/2021 and 12/31/2021 are included.
  • **Geography:** Statewide

<table>
<thead>
<tr>
<th>Total Unique Coloradans with a Long COVID Diagnosis, *All Payers, 10/1/2021-8/31/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>16,072</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By Age at time of first diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
</tr>
<tr>
<td>10-20</td>
</tr>
<tr>
<td>20-29</td>
</tr>
<tr>
<td>30-39</td>
</tr>
<tr>
<td>40-49</td>
</tr>
<tr>
<td>50-59</td>
</tr>
<tr>
<td>60-69</td>
</tr>
<tr>
<td>70-79</td>
</tr>
<tr>
<td>80+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
</tbody>
</table>
Upcoming Public Reports for FY 2022-23

• Community Dashboard
  • Update February 2023
  • Separate SDOH scatter plot using Census Tract and CDC social determinants data

• Affordability Dashboard: APMs
  • Update February 2023

• Affordability Dashboard: Cost of Care
  • Update March 2023
Public Reporting Calendar for FY 2022-23

• Affordability Dashboard: Low Value Care
  • Release tentative April 2023 (vendor dependent)

• Affordability Dashboard: Drug Rebates
  • Update May 2023

• Affordability Dashboard: Medicare Reference Based Pricing
  • Release tentative June 2023 (vendor dependent)

• CO APCD Insights Dashboard
  • Update June 2023
CO APCD Annual Report Review

• Per legislation, Annual report due by March 1\textsuperscript{st} of each year, and submitted by CIVHC and the Advisory Committee

• Officially submitted to the governor’s office and legislators, and public on our website

• Draft will be sent to Committee today

• Feedback due next \textit{Tuesday, 2.14.23}
New CIVHC.org

• CIVHC is in process of rebuilding our website
• Enabling better search functionality and user experience
• Updating host platform for better performance and reliability
• Seeking Advisory Committee input for those willing to test/review the new site
• Targeting mid-summer for draft release for feedback
Agenda

• Opening Announcements
• Operating Updates
• Public Reporting
• CO APCD Data Quality and Analytics
• Public Comment
Public Comment
Future Meeting Schedule

2023

• May 2\textsuperscript{nd}
• Aug 1\textsuperscript{st}
• Nov 7\textsuperscript{th}

• 2pm-4pm

• Virtual until otherwise noted:
  • Question – What is Committee’s thought on in-person option for May’s meeting?