



**CO APCD Advisory Committee  
Meeting Notes  
February 7, 2023**

**Committee Attendees:** Michelle Anderson, Josh Benn, Kim Bimestefer, Rick Curtsinger, Richard Doucet, Adam Fox, Sarah Hassell, David Keller, Tom Rennell, Miranda Ross, Nathan Wilkes, Charlie Brennan, Kate Davidson, Molly Hirshik, Chris McDowell, Kaye Kavanagh (Delegate for Cynthia Molina), Adia Zygas, Lyons Philip, Deanna Towne (Delegate for Ako Quammie), Derek Van Why (Delegate for Representative Soper)

**CIVHC Attendees:** Lauren Beaudin, Eddy Costa, Kari Degerness, Sarah Ford, Spencer Fortier, Cari Frank, Val Garrison, Darcy Holladay, Amanda Kim, Clare Leather, Martha Meyer, Dustin Moyer, Kristin Paulson, Peter Sheehan, Mason Thaxton, Paul Timmerman, Sauntice Washington

**Additional Attendees:** Eriko Mori

*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
CO APCD Quality & Analytics: Preview of DSG15	<ul style="list-style-type: none"> <li>• <b>Background information:</b> CIVHC is trying to find a way to collect the provider health system affiliation. This is a key piece of information that is not currently available through the CO APCD or through claims data that CIVHC receives. So while we can look at who is getting reimbursed by a specific payer, we are unable to look at health system costs and health system utilization because we don't have a way to identify all of the providers within a health system.               <ul style="list-style-type: none"> <li>○ <b>Questions from the committee:</b> We get data from carriers, carriers look at admitting privileges, setting up high performing networks around admitting privileges, which may be different than provider health system affiliation. So there's mergers and acquisitions, there's contracts. There are professional service agreements, like anesthesiologist, as well, so what information is really needed?                   <ul style="list-style-type: none"> <li>▪ CIVHC is working on figuring out exactly what information we need. Who has that information? Are they willing to share it with us?</li> </ul> </li> </ul> </li> </ul>	
Public Reporting: Telehealth Analysis V5	<ul style="list-style-type: none"> <li>• <b>Background Information:</b> (Based on Public Reporting Presentation) Telehealth visits with behavioral health providers have remained steady and have not seen the same drop off as other providers have.               <ul style="list-style-type: none"> <li>○ <b>Question from committee:</b> Do you have any data on who's providing the telehealth visits, it's one of the things I'm interested in, and how much of it is being provided by Colorado based providers versus outside providers?</li> </ul> </li> </ul>	

- We don't get to that level of specificity in this report in terms of where the provider is located. Instead, we looked at location of the patient residence. We haven't looked into whether or not we can figure that out whether the provider is in or out of state. We have the higher buckets of provider types like primary care providers and behavioral health providers, but we don't have location of provider included currently.

Public Reporting:  
Provider Payment  
Tool

- **Background Information:** CIVHC has created a new tool called the Provider Payment Tool based on Senate Bill 2268 that went into legislation in 2022. It is a robust tool that shows variation in provider payments for procedures and services.
  - **Question from committee:** Who's going to use this and for what? For example, for anesthesia there's no way you can use it for shopping because you don't know what code your anesthesiologist is going to use unless you go to them and ask them and even then, you don't know which code they're going to actually use. You know, very often we don't know exactly how long operations are and things like that. So it's not going to be for shopping. How do you anticipate people are going to use this?
    - This is not intended to be a shopping tool for consumers. It could be used by them after the fact, however, to determine if it was a reasonable bill for that particular service. I think it's more of a retrospective tool than a proactive tool because it isn't designed to shop ahead of time.
    - I think a lot of the purpose of the legislation was for providers to have more transparency about reimbursement rates, particularly as it might relate to out of network claims, following the surprise billing protections that we passed in 2019, through House Bill 1174.

Public Reporting:  
Long COVID

- **Background Information:** Long COVID is a recent release that was used in a report from the governor's office on the number of people and the impact of long COVID on Coloradans. Data that was provided through the CO APCD was limited because the code for long COVID wasn't available until October of 2021 and we didn't have all of the Medicare FFS claims for the period evaluated.
  - **Question from committee:** So there's a difference in people that have that diagnosis, and we can assume that there's a lot of people out there that haven't been diagnosed? Are there ways that are looking at meta indicators the way you look at excess deaths that would be expected during a period and attribute

it to that or are there other things that might indicate our undercounting of undiagnosed people?

- We have not looked into that. That might be something Stanford's doing with their project since they're looking at claims data and other data sources and combining those.