

CO APCD Advisory Committee

December 10, 2024



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Agenda

- Opening Announcements
- Operational Updates
- National & Local Political Landscape
- Public Reporting
- Quality & Analytics
- Public Comment and Member Open Discussion

Open Committee Positions

- Pharmacy benefit manager
- An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity





Operational Updates

Kristin Paulson, JD, MPH
CEO and President

Pete Sheehan
VP of Client Solutions & State Initiatives

Liz Mooney
VP of Research, Partnerships and Innovation

FY25 Key Performance Indicators

Annual Goals

Service



85%

Customer Satisfaction

Credibility



95.0%

Submitter Quality Index(SQI)

Access



Returning Clients:

FY25 = 37

New Clients:

FY25 = 25

Reach



10% website use increase over FY24



FY25 Key Performance Indicators

Service: Customer Satisfaction

Customer Satisfaction

FY 25 Goal: 85%

45 Surveys



Service

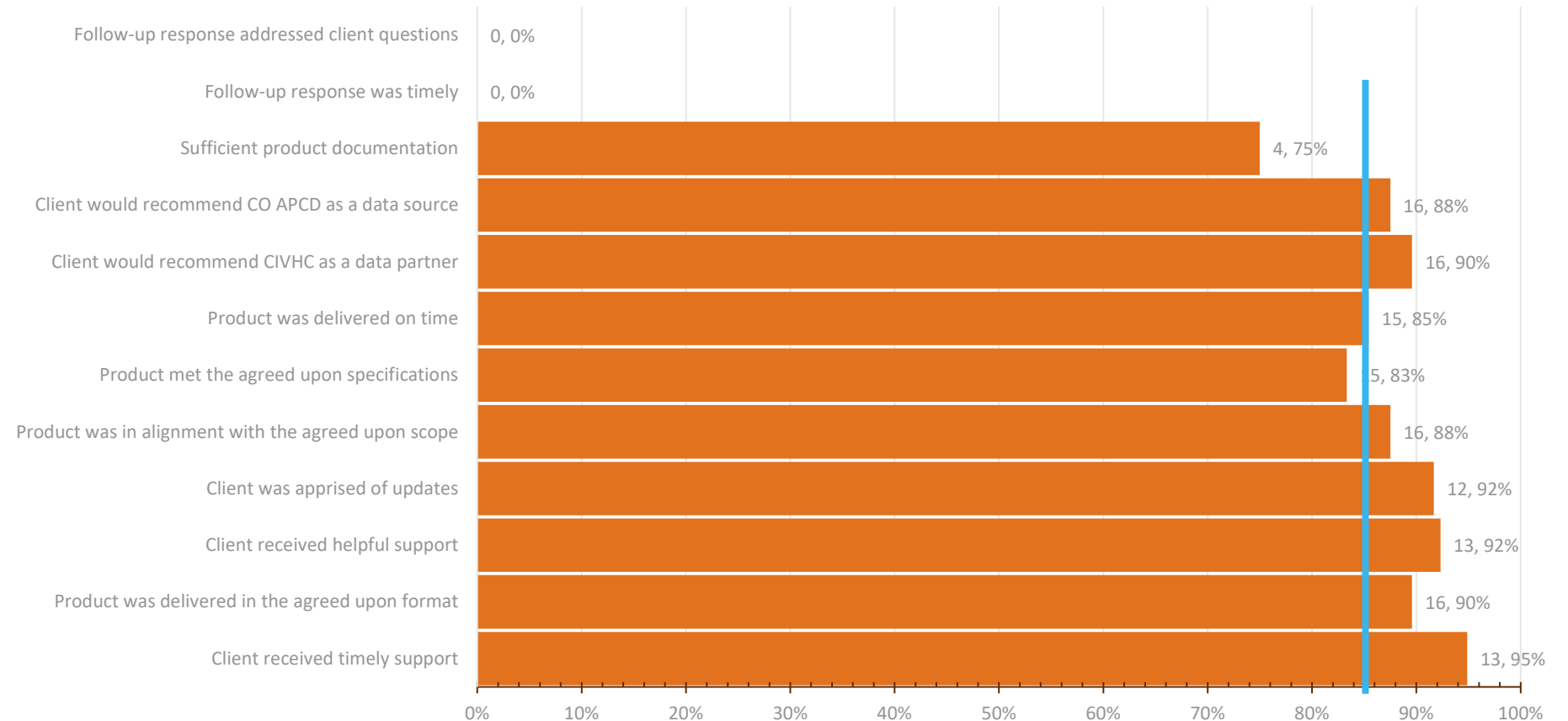


As of 11/30

88.4%

17 Surveys

Client Satisfaction Scores: Service and Quality



FY25 Key Performance Indicators

New and Returning Customers

Customers



FY 25 Goal

New: **37**

Returning: **25**

As of 11/30

New: **13**

Returning: **8**

KPI Definition Update – methodology modified to the following:

- **Returning Customer** – client who has received a deliverable in the past **5** fiscal years
- **New Customer** – client who has not had a contracted deliverable from CIVHC in the past **5** fiscal years


Benefits:

- New customers are important to securing a broader and more diverse client base needed for sustainability
- Research has shown returning customers spend more, and partner more often, providing a client strong base. They also help market to new customers.
- Research also indicates that **it costs 5x more to attract a new customer** than keep an existing one

FY25 Key Performance Indicators

Credibility: Submitter Quality Index (SQI)

Credibility



FY 25 Goal
95.0% SQI
YTD 9/16
95.0% SQI

Measures usability of data for analysis

Results

- July: 95.0%
- September: 95.0%
- November: 95.0%
- YTD: 95.0%

KPI calculation

- Based on past two data warehouse refreshes
- November SQI reflects paid dates of March 2024 through August 2024
- FY 25 year-to-date reflects paid dates of January 2024 through August 2024

FY25 Key Performance Indicators

Total Website and Public Report Usage

Reach



**Goal: 10%
increase in
usage**

	FY 25 Goals (avg per mo)	Actuals (as of Nov.)	% of Target
All Website Pages			
Total Views	14,000	12,822	92%
Unique Views	6,800	5,591	82%
Public Report Pages			
Total Views	2,800	3,178	114%
Unique Views	2,000	2,250	113%



CO APCD Scholarship



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CO APCD Scholarship Program

- The Colorado General Assembly appropriates \$500,000 annually to support access to data from the CO APCD.
- Eligible organizations include:
 - Non-profits with annual revenue below \$10 million
 - Government entities, including federal, state, county and municipal.
 - Public institutions of higher education
- The CO APCD Advisory Committee plays a role in reviewing applications for scholarship grants and recommending funding levels per 2018 legislation.
- The CO Dept of Health Care Policy & Financing administers the CO APCD Scholarship Fund
- Requests from organizations outside of Colorado are capped at \$50,000 each year



FY 24-25 Year-to-Date (as of Dec. 2)

Applications Received

- **9** projects have been submitted for CO APCD Scholarship funding
- **8** projects have been approved for \$215,915
- **1** project is in review for \$12,484
- **\$228,395** of the \$500,000 total available has been requested, **45.7%** of the \$500,000 annual funds available
- **\$271,601** or **54.3%** of the funds remain available if the pending project is approved
- **2-3 additional projects** in the immediate pipeline

Program updates:

- Updated CO APCD Scholarship Program information document available on the CIVHC website: <https://civhc.org/funding-sources/>



FY 24-25 Scholarship – Summary as of 12/2/2024

FY 25 Q2 Scholarship Requests Submitted				
Data Requestor Organization		Scholarship	Requestor	Data/Project
Academic/Research Requests	Project	Amount	Amount	Total Cost
24.59 Naltrexone (CU)	Outcomes after Initiation of IM-Naltrexone vs. Oral Naltrexone at Hospital Discharge	\$37,432.00	\$9,358.00	\$46,790.00
25.85 DiCAYA (CU)	SEARCH for Diabetes in Children and Young Adults 0-45 years (SEARCH-DiCAYA) Diabetes Surveillance Study	\$24,808.20	\$6,202.20	\$31,010.40
25.15 Pre-Medicare insurance (CU)	The effect of pre-Medicare insurance on the health outcomes and spending of Medicare beneficiaries	\$22,616.00	\$5,654.00	\$28,270.00
	Sub-total	\$84,856.20	\$21,214.20	\$106,070.40
State Agency/Govt. Entity Requests				
24.50 Telluride	Telluride Area Health Care Services Utilization Study	\$17,024.00	\$4,256.00	\$21,280.00
23.106.75REF01	OSPMHC Long COVID Surveillance	\$25,568.64	\$6,392.16	\$31,960.80
25.106.25 CO General Assembly	CO Legislature Ambulance Reimbursement	\$32,840.00	\$0.00	\$32,840.00
25.14 Denver Health	Rocky Mountain Network for Oral Health Integration (RoMoNOH)	\$13,214.40	\$3,303.60	\$16,518.00
	Sub-total	\$88,647.04	\$13,951.76	\$102,598.80
Non-Profit Requests				
25.526 Benefits In Action	Comprehensive Support Services Evaluation	\$42,411.60	\$7,484.40	\$49,896.00
25.05 HealthPrice Partners	Health Price Partners Patient Liability Analysis V2	\$12,484.00	\$3,121.00	\$15,605.00
	Sub-total	\$42,411.60	\$7,484.40	\$49,896.00
Approved	Approved Total	\$215,914.84	\$42,650.36	\$258,565.20
Pending	Pending Total	\$12,484.00	\$3,121.00	\$15,605.00
		Scholarship	Requestor	Data/Project
		Amount	Amount	Total Cost
	Total FY25 Scholarship Dollars Requested	\$228,398.84	\$45,771.36	\$274,170.20
	Remaining Funds Available	\$271,601.16		

CO APCD Scholarship – 7 Year History

CO APCD Scholarship Fund Allocation							
	SFY 2017-18	SFY 2018-19	SFY 2019-20	SFY 2020-21	SFY 2021-22	SFY 2022-23	SFY 2023 -24
State Agency/Govt Entity	\$ 61,666	\$45,068	\$89,129	N/A	N/A	\$253,809	\$165,373
Academic/Researchers	\$49,780	\$223,779	\$278,873	N/A	N/A	\$73,126	\$199,018
Nonprofits	\$363,898	\$231,153	\$131,998	N/A	N/A	\$100,698	\$133,922
Total Scholarship Funds Allocated	\$ 475,344	\$500,000	\$500,000	N/A	N/A	\$427,633	\$498,313
Percentage of Available Funds Allocated	95.07%	100.00%	100.00%			85.53%	99.66%

- More than 175 projects have received funding through the CO APCD Scholarship program.
- Over the past five active years of the program, on average 96% of the available funds have been allocated



Health Equity Fund



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Overview

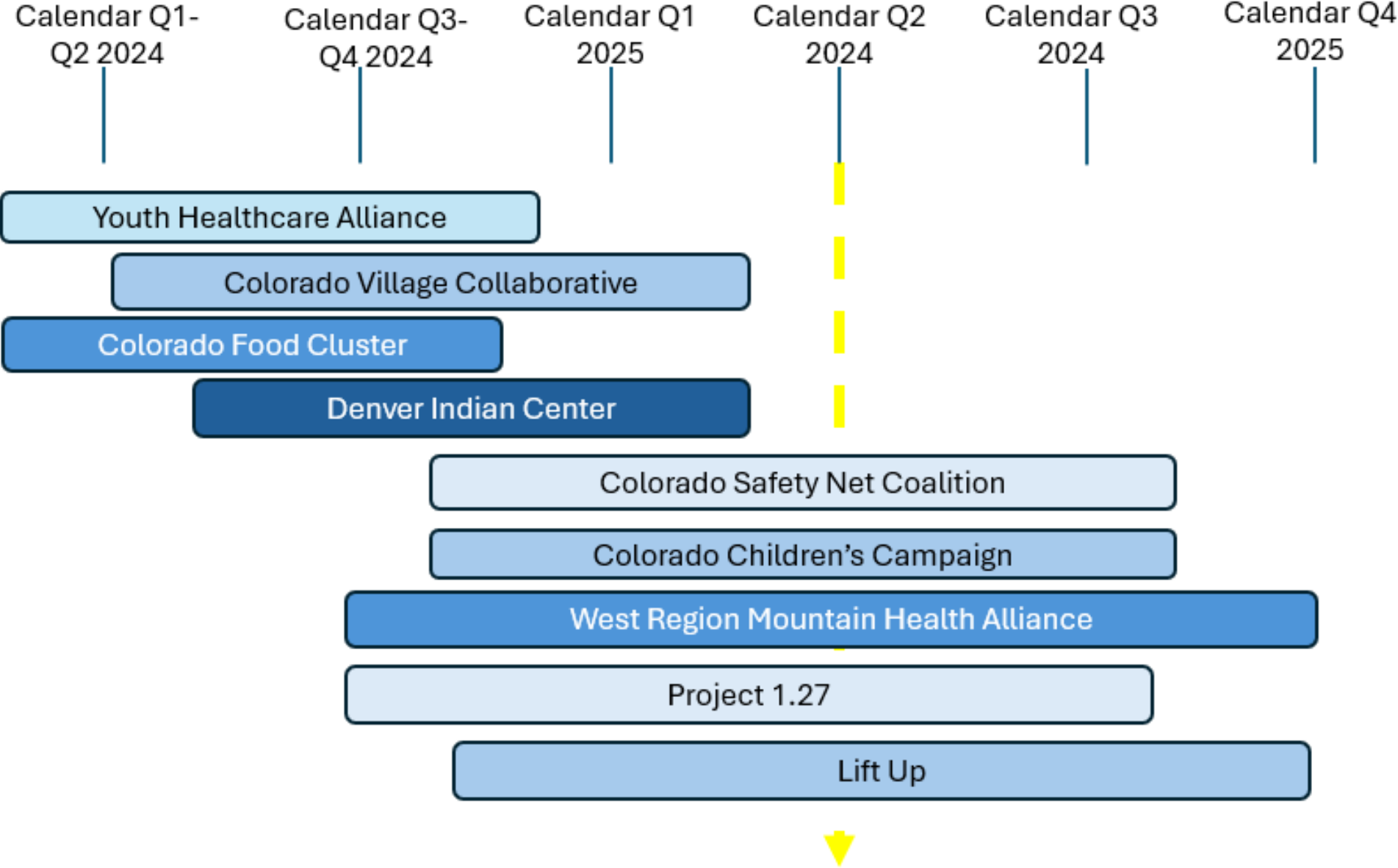
- The Health Equity Fund is a partnership between the CIVHC and CHF to increase community access to CO APCD data and CIVHC's research and evaluation services.
- The Fund is supported at \$1 million; we anticipate allocating \$250,000/year for four years
- The Fund will offset the costs of CIVHC services for community organizations in Colorado whose work is focused on promoting health equity.

Health Equity Fund Spend to Date

- \$632,648 committed Health Equity Fund projects; \$366,718 will be realized in current FY - most of rest will extend into FY25-26
- Demand for Health Equity Fund has been overwhelming; original goal was to extend over four years at \$250,000 each year.
- CIVHC, with support from CHF has put a pause on new applications until the Spring; projects would not kick off until next fiscal year.
- Actively planning for Health Equity Fund expansion; looking for other Colorado based and national investors to expand these data, research, and evaluation services to other community-based nonprofit organizations.



Health Equity Fund – High Level Project Execution





CO APCD Data Warehouse Vendor RFP



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CO APCD Data Vendor RFP Update

- Request for Proposals was released Oct 9, 2024
 - Structured in three different domains:
 - Domain 1: Data Collection, Quality, Processing and Enhancements
 - Domain 2: Identity Management
 - Domain 3: Enclave, Data Marts and Data Access
 - Bidders can apply to one, two, or three domains as a standalone bidder or in partnership with others.
- Orientation webinar was hosted on October 30th with 13 participating organizations.
- Question and Answer period closed November 15th and responses posted December 5th

CO APCD Data Vendor RFP Update

- Letters of intent were due November 22nd, 2024. Nine organizations submitted letters of intent to bid.
- Proposal submissions are due January 15th, 2025.
- Certain staff will be reviewing pieces of proposals against a scoring rubric to determine finalists through mid-February.
- Finalists will be asked to come to CIVHC for proposal presentations and to meet our teams in Feb-Mar 2025.
- Final selection and contract negotiations will occur in April-May 2025 followed by contract execution in June 2025.
- Contract start date is July 1, 2025.



Vendor Transition Funding

- Vendor Transition Funding:
 - Working with HCPF to structure potential federal match funding for APCD System Upgrade and ongoing increased vendor costs.
 - CMS indicated willingness to fund, but with a cost allocation.
 - Working with CMS to potentially increase the cost allocation from the current 25-30% of costs.
 - State budget deficit for FY2025-2026 will make increased state match funds impossible – likely will have to come from existing CO APCD GF.
 - Ongoing collaboration with HCPF to solve the increased financial demands for the transition year.
 - Internally exploring alternative funding options including establishing a line of credit and spending down cash reserves.





Standard De-Identified Data Sets



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Standard De-Identified Data Sets

- The most current 6 years (2018 – 2023) of Commercial and Medicaid data available.
- Medicare Fee-for-Service data is available for 2018 – 2022.
- Standard De-Identified Data Set Levels:
 - **Level 1:** For basic research, no payer or provider specific information
 - **Level 2a:** Includes payer information
 - **Level 2b:** Includes provider information
 - **Level 3:** Suitable for researchers without a monetary interest from a payer or provider perspective.

More information is available here:

<https://www.civhc.org/get-data/custom-data/products/standard-data-sets/>



Standard De-Identified Data Sets – What’s Included

Data Elements Included	Level 1	Level 2A	Level 2B	Level 3
Mental & Physical Health Info.	✓	✓	✓	✓
Paid Amounts (Plan & Member)	✓	✓	✓	✓
Diagnosis & Procedure Codes	✓	✓	✓	✓
Basic Member Demographics	✓	✓	✓	✓
Out-of-Network Flag	✓	✓	✓	✓
Prescription & Pharmacy Info	✓	✓	✓	✓
Dental Data	✓	✓	✓	✓
Payer-Specific Information		✓		✓
Provider-Specific Information			✓	✓

- **Data Set Features**

- The most current 3 years of commercial data (including Medicare Advantage).
- Data sets can be expanded to include additional years as well as Medicaid data.
- Medicare Fee-for-Service available
- MS-DRGs
- Sequencing logic

- **Delivery Timeframe**

- Standard data sets can typically be delivered within 30 calendar days after the data licensing documents are signed.



Sequencing Logic

- De-identified data sets do not have dates of service.
- Sequencing is used to understand the order and relative timing of medical and pharmacy claims for a patient within a single calendar year.
- It is a convenient way to understand the order that the claims occurred and the time between the claims in a de-identified data set which does not includes dates of service.
- The sequencing logic is tied to the member composite ID and the service date. It resets every year on January 1.



Standard De-Identified Data Set Use Cases

- **Researchers**
 - Retrospective cohort study to measure the utilization and cost of care or patients accessing cancer treatment, for 17 cancer types
 - Educate and train data scientists and health care leaders how to use claims data in their research projects
- **Govt. Agencies**
 - Assess state spending and utilization for services for children and other populations to optimize state investments and federal matching potential
- **Providers**
 - Reimbursements & utilization trends for a wide range of clinical services
- **Many other potential uses.**



Committee Input

- Are there any suggestions on ways to reach more audiences to promote standard datasets?





CO APCD Research Showcase



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Inaugural CO APCD Research Showcase

- February 27, 2025, from 12:00 – 1:30pm MT
- Intended to highlight research using CO APCD data from Change Agents in Colorado and across the country including scholarship recipients.
- Participants will pre-record a 10-minute presentation on their research projects and participate in a Q&A afterward
- Abstracts were due Friday, December 6. Participants will be selected next Friday, December 20





National & Local Political Landscape

Kristin Paulson, JD, MPH
CEO and President



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Post-Election Considerations

- Not much detail yet, but:
 - High focus on de-regulation with some mention of health care.
 - Likely to see some modification of the ACA, possible reduction or elimination of subsidies.
 - Some discussion of Medicare changes, possibly privatization/ increased focus on Medicare Advantage.
 - First term had increased focus on data transparency, some indication that this priority will continue.
 - Possible changes to NIH, CDC, FDA funding and scope
 - Strong chance of changes to Medicaid, including Block Grants, work requirements, and/or possible caps to Federal match.



Committee Input

- Should CIVHC modify future public reporting strategies in response to changing Federal priorities?
- How would the Committee advise approaching public reports that may have increased political sensitivity (ie: pending update to Gender Affirming Care Analysis)?
- Open discussion on:
 - Potential changes to health care under the new administration
 - How CIVHC should use data and analyses to inform anticipated policy discussions.



CO APCD Supporting Legislation & Committee Input

- Current Year Support:
 - Commercial Ambulance Price Analysis with Medicare Reference Prices (released 12/5/2024)
- Is there additional support CIVHC can provide in the upcoming session?





Public Reporting

Cari Frank, MBA

VP of Communication and Marketing

Clare Leather, MPH

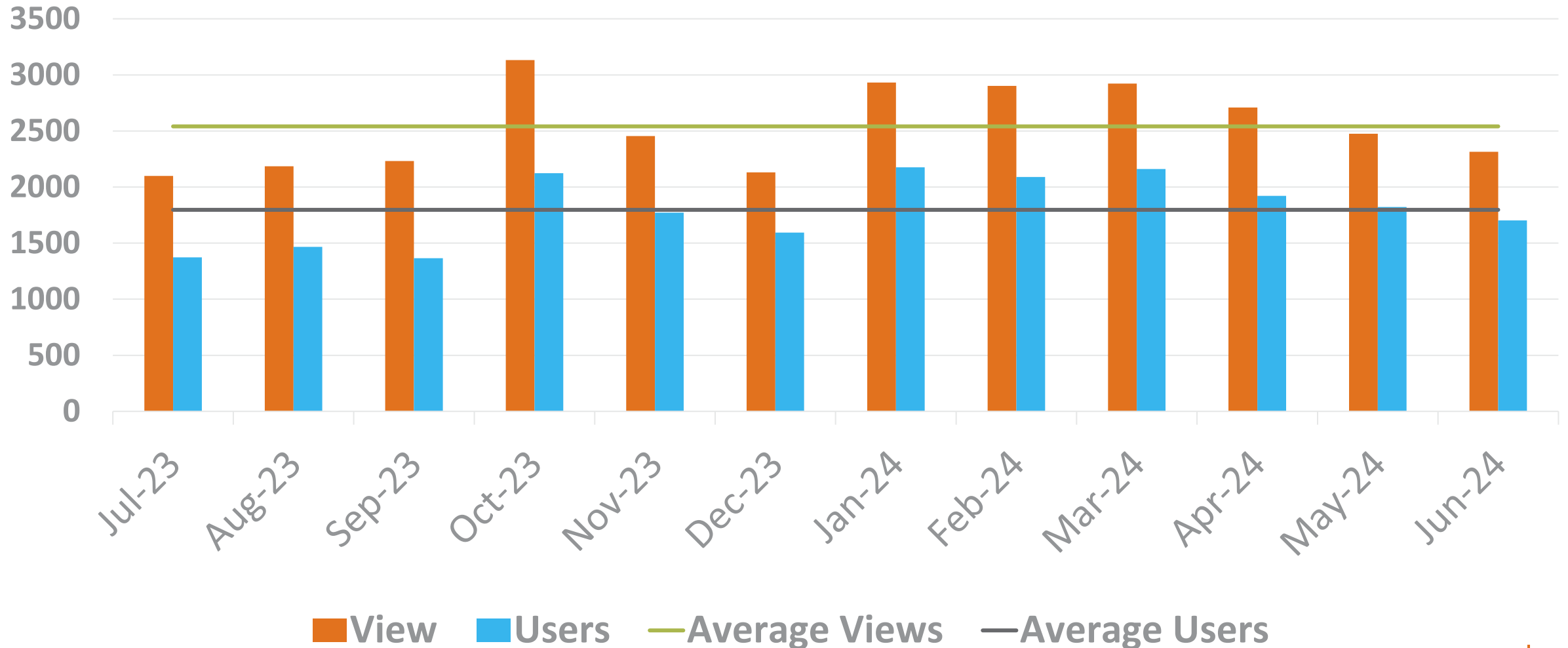
Public Reporting Program Manager



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Public Reporting – FY23/24 Impact

Public Reporting Webpage Views and Users



Top Most Visited Public Reports

- Shop for Care
- CO APCD Insights Dashboard
- Community Dashboard



Number of Change Agents Who Requested Public CO APCD Data Sets by Location FY 2023-2024



Public Reporting – FY23/24 Impact



Public Reporting – FY23/24 Impact



Public CO APCD Data Set Requests By Change Agent Sector FY 2023-2024

 Consumer / Other	15
 Researchers	40
 Digital Health/Consultants	27
 Community Based Organizations	14
 Clinicians / Providers	8
 Government Agencies	13
 Health Plans	14

Ambulance Analysis – Purpose

Using data from the Colorado All Payer Claims Database (CO APCD), this analysis provides insights to legislators and the public about in-network and out-of-network ambulance service costs and utilization rates for Coloradans with commercial health insurance.

The report also includes data on how commercial health insurance payments compare to Medicare Fee-for-Service (FFS) rates, showing the percentage paid above or below the Medicare baseline (100%).



Ambulance Analysis – Questions

The analysis helps answer the following questions:



What are the utilization rates of specific ambulance services statewide and by DOI Region and Rural/Urban counties by payer?

What are the median amounts paid for ambulance services statewide and regionally, by patients and payers?

How have median paid amounts for ambulance services changed over time, both statewide and regionally?

How do commercial payments compare to what Medicare Fee-for-Service (FSS) pays for the same services?

Commercial Percent of Medicare FFS Payments

- For all four primary codes combined, rural area commercial payments as a percent of Medicare are slightly less than statewide and urban.
- A0426 (Advanced life support, non-emergency transport) has the highest percent of Medicare payments across all regions.

Codes and Description	A0426 Ambulance service, advanced life support, non-emergency transport	A0427 Ambulance service, advanced life support, emergency transport	A0428 Ambulance service, basic life support, non- emergency transport	A0429 Ambulance service, basic life support, emergency transport	All Codes Combined
Statewide	306%	240%	275%	238%	265%
Rural	265%	213%	269%	203%	237%
Urban	319%	246%	276%	247%	272%



Statewide Results (2023)

For all ambulance claims:

- Portion of **In-Network** claims ranges between **40%** and **50%** each year
- Portion of **Out-of-Network** claims ranges between **50%** and **60%** each year

The total allowed amounts for advanced life support services regularly surpassed **\$1,000** and were as high as **\$1,300** total allowed amount, marking them as the costliest services statewide.

Least expensive ambulance services: **A0428** and **A0429 (basic life support, emergency and non-emergency)** tended to be in the \$700-\$800 range.

Statewide Trend Results (2018-2023)

Ambulance Code	In-Network Total Allowed Amount % Change	Out-of-Network Total Allowed Amount % Change	In-Network Utilization	Out-of-Network Utilization
A0426	+20%	-41%	Decreased	Decreased
A0427	+31%	+97%	Increased	Decreased
A0428	+16%	+50%	Increased	Decreased
A0429	+27%	+71%	Increased	Decreased



Telehealth Services Analysis – Purpose

The Telehealth Services Analysis available at civhc.org provides important information about the utilization of telehealth services and payments made for telehealth services in Colorado.

This analysis tracks telehealth as defined by Governor Jared Polis' expanded definition in Colorado statute C.R.S. § 10-16-123(4)(e)(I).



Telehealth Services Analysis – Questions



The analysis helps answer the following questions:

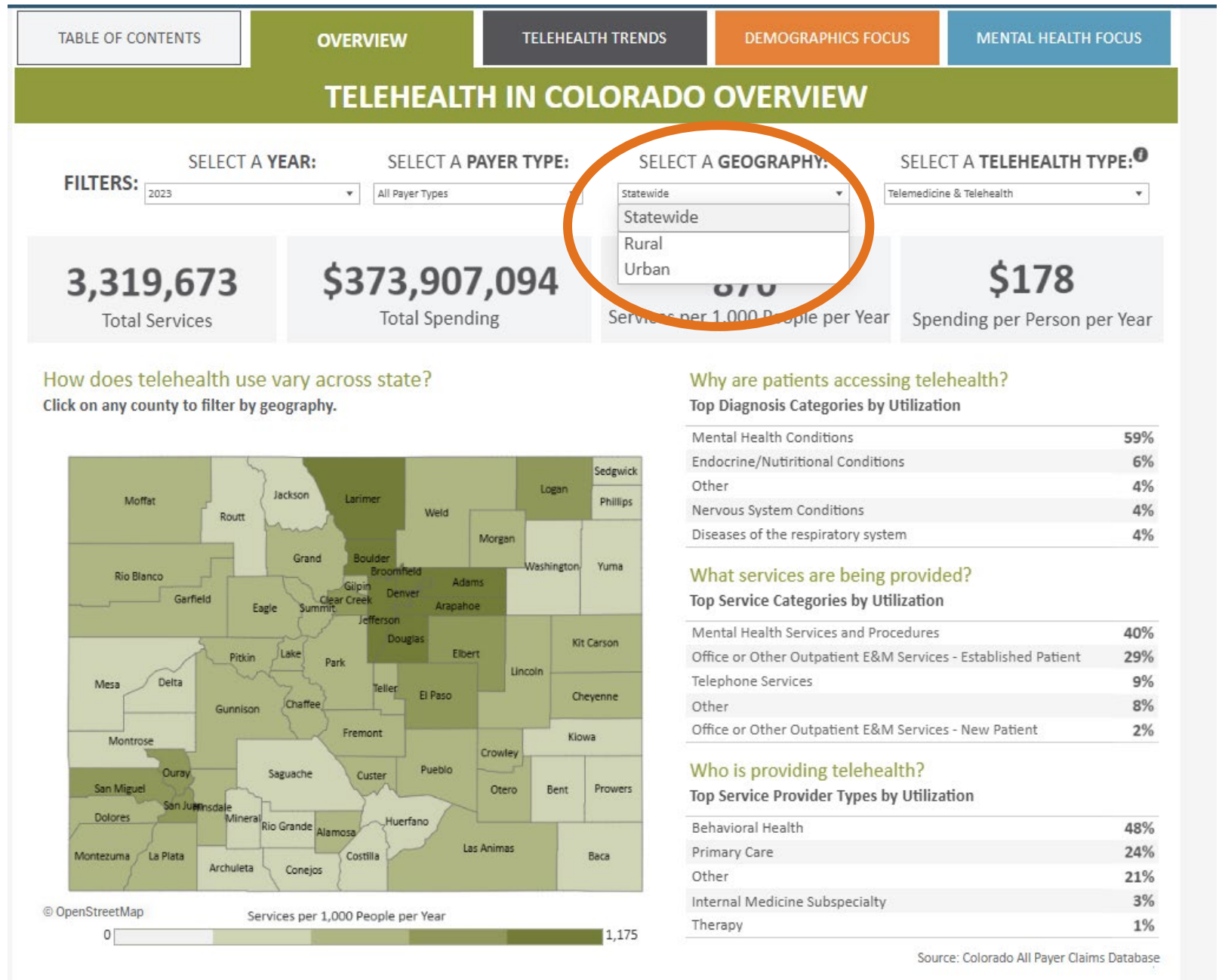
How has telehealth use changed as a result of the pandemic?

How does the of use telehealth differ between counties across the state?

How much are we spending on telehealth per person and as a state?

What are the top behavioral health conditions being treated via telehealth?

Telehealth Services Analysis



Telehealth Services Analysis



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DEMOGRAPHICS FOCUS
MENTAL HEALTH FOCUS

MENTAL HEALTH FOCUS

*People in the CO APCD with a primary mental health diagnosis that received care via telemedicine

FILTERS:

SELECT A TIME PERIOD:

SELECT A PAYER TYPE:

Mental health services are classified under the service type **telemedicine only**.

How do mental health visits vary across the state?

Rate per 1,000 people: *Select a county to filter throughout dashboard*

© OpenStreetMap Data unavailable for blank counties

What are the top mental health diagnoses?

Diagnoses by Utilization

Generalized anxiety disorder	18%
Major depressive disorder, recurrent, moderate	9%
Post-traumatic stress disorder, unspecified	6%
Adjustment disorder with mixed anxiety and depressed mood	5%
Anxiety disorder, unspecified	4%

Telehealth Utilization Rate per 1,000 People Trend

Among Coloradans with a mental health diagnosis

Month	Utilization Rate (per 1,000)
January 2023	~28
March 2023	~27
May 2023	~29
July 2023	~28
September 2023	~31
November 2023	~29

Who provides the most mental health services?

Top service providers by utilization ⓘ

Counselor	42%
Social Worker	24%
Nurse Practitioner	9%
Psychologist	8%
Marriage & Family Therapist	5%

Source: Colorado All Payer Claims Database

Public Reporting Roadmap FY 25

Quarter 1 (July – September)

- Translation of latest version of Shop for Care into Spanish (**Complete**)

Quarter 2 (October - December)

- Ambulance in-network vs. out-of-network analysis (legislative requests) (**Complete**)
- Telehealth Services Analysis
 - Data 2020 – 2023
 - New Rural/Urban Breakouts
- Provider Payment Tool: Telehealth modifiers



Public Reporting FY 25

Quarter 3 (January - March)

- Gender Affirming Care
- Top 250 Drugs
- Alternative Payment Models
- Prescription Drug Rebates
- Medicare Reference Based Pricing
- Shop for Care Mobile version



Public Reporting FY 25

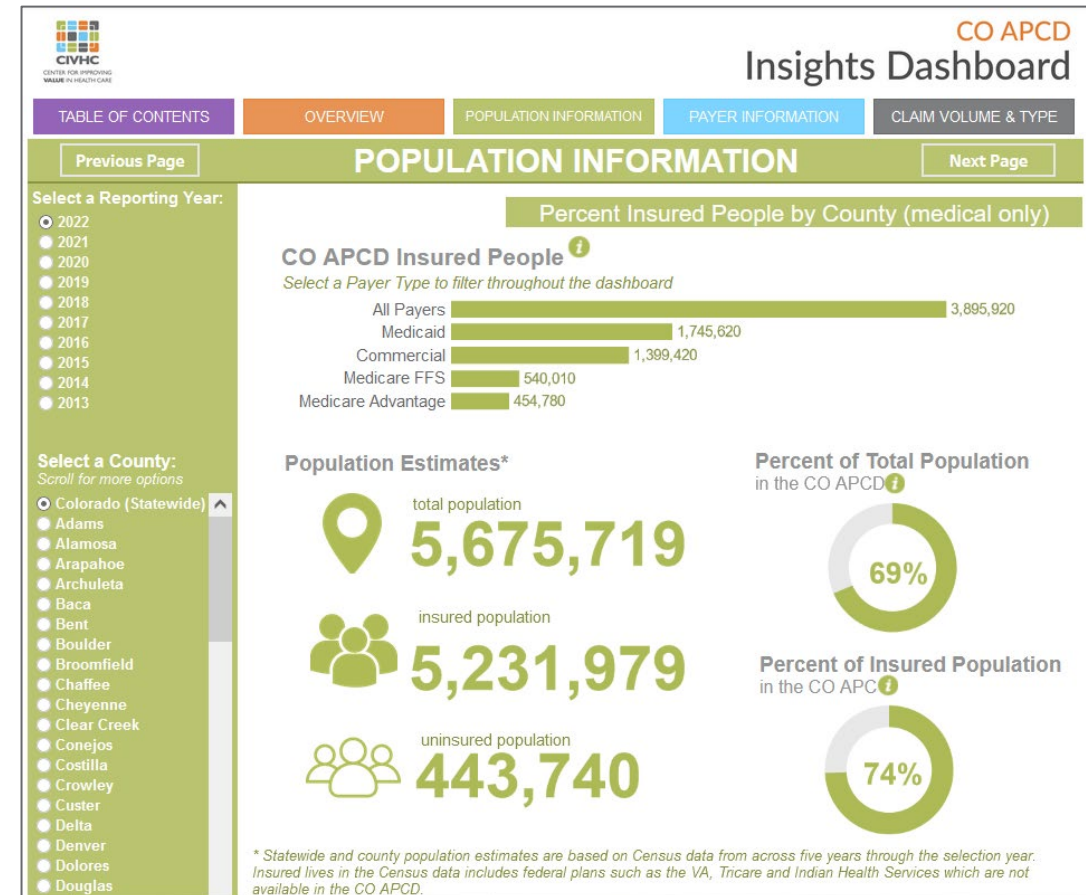
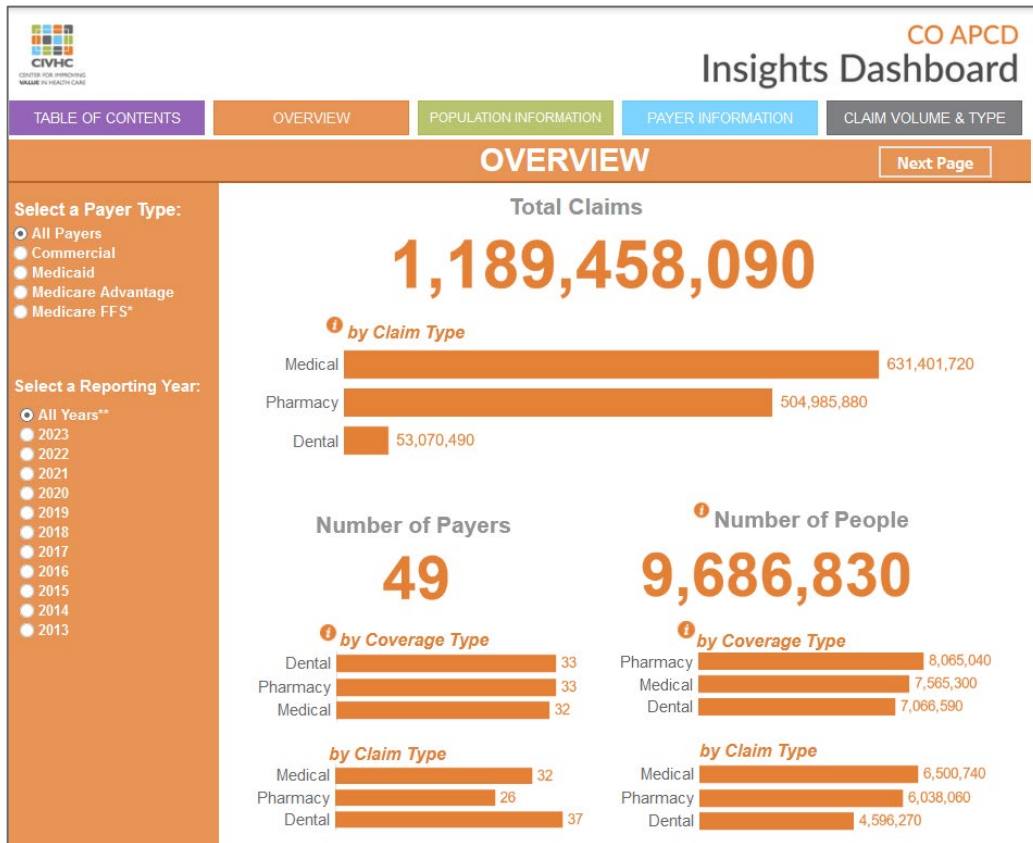
Quarter 4 (April - June)

- Chronic Disease Analysis
- CO APCD Insights Dashboard
- Social Needs, Z Codes in the CO APCD
- Community Dashboard
 - New visualizations



Committee Input

- Do you use the CO APCD Insights Dashboard?
 - If so, how do you use it and what data is most useful?





Data Quality & Analytics

Alice Aguirre
Data Quality Manager

Amanda Kim
Director of Colorado State Initiatives

Kelsey Foland
Compliance Process Manager



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Data Submission Guide (DSG) 16

- Rule Hearing held **November 2024**
- Takes effect **March 2025**
- Changes and Additions Under DSG 16:
 - Addition of Formulary Tier field in the Pharmacy Claims monthly file
 - Addition of Pharmacy Benefit Manager Registration Number in the ME monthly file
 - Adoption of the National Association of Health Data Organizations (NAHDO) Non-Claims Payment reporting methodology
 - Addition of Per Member Per Month fields in header tables for MC, PC, ME, MP, and annual files
 - Member Capitation File added to the annual file series





Data User Support



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New Data Element Files

Data Element Selection Form (DESF)

- Rebuilt the Data Element Dictionary (DED) into the DESF
- More navigable and provides clearer, more accessible data element definitions
- Launch planned for January 2025

Data Dictionary

- Extensive data “encyclopedia” developed for data users
- Will be available to data users to supplement the DESF and give more context to data extracts





Client Support Documentation

CO APCD Data Set Download FAQ

- Addresses questions on receiving data, data use, and supporting documentation
- Clients to receive with data, and available on “Data User Resources” page on civhc.org:
 - https://civhc.org/wp-content/uploads/2024/10/Data-Set-Download-Use-FAQ_Final_202409.pdf

Client Journey Roadmap

- Setting expectations with clients early on
- Outlines typical client journey, who completes the action, and how long the step takes
- Discuss where client actions influence the timeline
- Different maps for different product types- specific to data request



Member Discussion & Public Comment



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2025 Meeting Schedule

- March 11, 2025
- June 10, 2025
 - 2pm-4pm
 - Virtual unless otherwise noted

