CO APCD Advisory Committee

CIVHC

CENTER FOR IMPROVING

March 11, 2025





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

Paul McCormick
VP of Data Operations

Liz Mooney, MPA

VP of Research, Partnerships and Innovation



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



Service: Customer Satisfaction

Customer Satisfaction

FY 25 Goal: 85%

45 Surveys

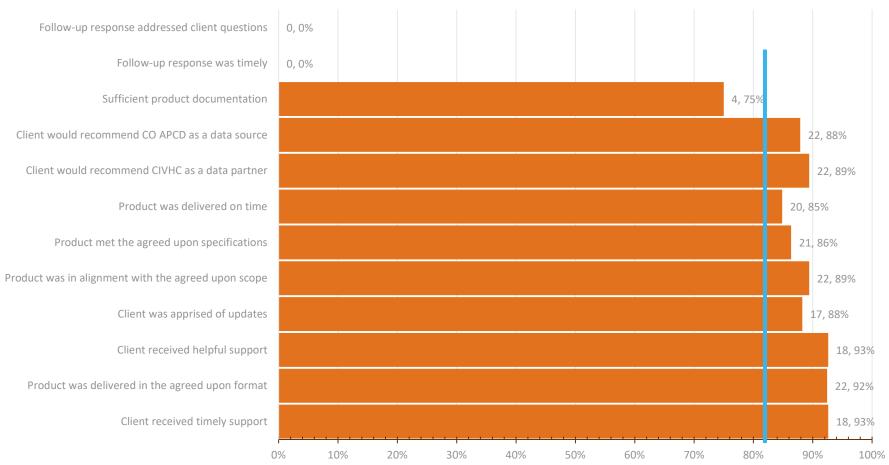


Service



As of 1/31 88.9% 22 Surveys





New and Returning Customers

Customers



FY 25 Goal

New: **37**

Returning: 25

As of 1/31

New: **14**

Returning: 15

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

Credibility: Submitter Quality Index (SQI)



FY 25 Goal

95.0% SQI

YTD 1/31

95.0% SQI

Measures usability of data for analysis

Results

• September: 95.0%

• November: 95.0%

• January: 95.0%

KPI calculation

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

Total Website and Public Report Usage



Goal: 10% increase in usage

	FY 25 Goals (avg per mo)	Actuals (as of Jan.)	% of Target	
All Website Pages				
Total Views	14,000	12,073	86%	
Unique Views	6,800	5,248	77%	
Public Report Pages				
Total Views	2,800	2,932	105%	
Unique Views	2,000	2,054	103%	



CO APCD Scholarship



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 Feb. 28)

Applications Received

- 16 projects have been submitted for CO APCD Scholarship funding
- 16 projects have been approved for \$471,665
- \$471,665 of the \$500,000 total available has been requested, 94.3% of the \$500,000 annual funds available
- \$28,335 or 5.7% of the funds remain available
- 2 additional projects in the upcoming 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 2/28/2025

FY 25 Q3 Scholarship Requests Submitted					
Data Requestor Organization		Scholarship	Requestor	Data/Project	Quarter
Academic/Research Requests	Project	Amount	Amount	Total Cost	Approved
24.59 Naltrexone (CU)	Outcomes After Initiation of IM-naltrexone vs. Oral naltrexone at Hospita	\$37,432	\$9,358	\$46,790	Q2
25.14 RoMoNOH (CU)	Rocky Mountain Network for Oral Health Integration (RoMoNOH) Phase 2	\$13,214.40	\$3,303.60	\$16,518	Q2
25.15 Pre-Medicare insurance (CU)	The effect of pre-Medicare insurance on the health outcomes and spendi	\$22,616	\$5,654	\$28,270	Q2
25.85 DiCAYA (CU)	LEAD Center DiCAYA Study	\$24,808	\$6,202	\$31,010	Q2
24.36 Cerebral Palsy (CU)	An Ounce of Prevention: Primary and Preventive Care Gaps, Barriers, and	\$50,000	\$15,180	\$65,180	Q3
25.13 Stiff Person Spectrum Disorder (CU)	Healthcare Resource Utilization in Patients with Stiff Person Spectrum Dis	\$45,328	\$11,332	\$56,660	Q3
25.26 Div. of Complex Family Planning (CU)	What is emergent enough? Quantifying life-threatening pregnancy compl	\$39,688	\$9,922	\$49,610	Q3
25.11 Substance Use Disorders (CU)	Care patterns and outcomes of patients with substance use disorders in t	\$41,008	\$10,252	\$51,260	Q3
	Sub-total	\$274,094.40	\$71,203.60	\$345,298	
State Agency/Govt. Entity Requests					
24.50 Telluride	Telluride Area Health Care Services Utilization Study	\$17,024	\$4,256	\$21,280	Q1
23.106.75REF01	OSPMHC Long COVID Surveillance	\$25,568.64	\$6,392.16	\$31,960.80	Q1
25.106.25 House of Reps	CO Legislature Ambulance Reimbursement	\$32,840	\$0	\$32,840	Q1
25.102.70 DOI	Colorado Option Evaluations	\$26,512	\$6,628	\$33,140	Q2
25.504 Adams County Public Health	Postpartum Care Visit Evaluation	\$10,374.40	\$2,593.60	\$12,968	Q3
	Sub-total Sub-total	\$112,319.04	\$19,869.76	\$132,188.80	

FY 24-25 Scholarship – Summary as of 2/28/2025

Non-Profit Requests						
25.526 Benefits in Action	Comprehensive Support Services Evaluation	\$42,411.60	\$7,484.40	\$49,896	Q2	
25.531 Families Forward Resource Center	Prenatal and Postpartum Care Summary Report	\$30,356	\$5,304	\$35,660	Q3	
	Sub-total	\$72,767.60	\$12,788.40	\$85,556		
Vendor - Health Data Company Requests						
25.05 Health Price Partners	Patient Liability Analysis V2	\$12,484.00	\$3,121.00	\$15,605	Q2	
	Sub-total	\$12,484.00	\$3,121.00	\$15,605		

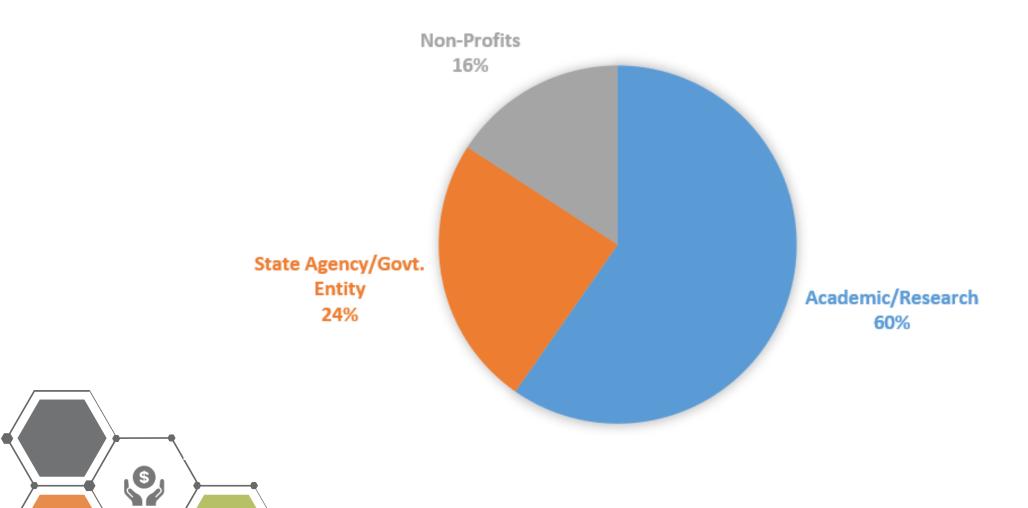
Approved Pending

Totals \$471,665.04 \$106,982.76 \$578,647.80 Totals

	Scholarship	Requestor	Data/Project
	Amount	Amount	Total Cost
Total FY25 Scholarship Dollars Requested	\$471,665.04	\$106,982.76	\$578,647.80
Remaining Funds Available	\$28,334.96		



FY 24-25 Scholarship – Summary as of 2/28/2025





Health Equity Fund





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 will offset the costs of CIVHC services for community organizations in Colorado whose work is focused on promoting health equity.
- The Fund is supported at \$1 million; we anticipate allocating roughly \$250,000/year for four years

Health Equity Fund Spend to Date

- \$632,648 committed Health Equity Fund projects since inception in February 2024
- \$379,216 will be realized in the current FY \$162,502 in committed work 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 July 2025
- Actively planning for Health Equity Fund expansion; looking for other Colorado based and national philanthropic funds to expand these data, research, and evaluation services to other community-based nonprofit organizations.



Health Equity Fund – Project Summaries & Timing

Projects completing by June 30, 2025

- Youth Healthcare Alliance/School-Based Health Centers (SBHC), understanding demographics of students and families using SBHC services.
- **Colorado Food Cluster**, survey of participants in food as utility program.
- Denver Indian Center, Inc., understanding top diagnoses and utilization patterns among American Indian/Alaska Native communities in Colorado, for physician training.
- Colorado Village Collaborative, impact of emergency shelter and case management services on homeless population in Denver metro area.

Projects extending into FY 25-26

- Colorado Safety Net Coalition, impact of Medicaid Unwind in Colorado.
- Colorado Children's Campaign, impact of Medicaid and CHIP Continuous Enrollment before, during and after COVID.
- **Lift Up**, impact of food security interventions on health.
- West Mountain Regional Health Alliance, customized community health measures and dashboard.
- **Project 1.27**, review of EchoFlex resiliency program for opportunities to improve data collection and analysis.
- CALPHO, customized dashboard for local public health agencies.
- **Sites and Insights**, impacts of therapeutic art programs for patients with cancer and their caregivers.



CO APCD Data Warehouse Vendor RFP





CO APCD Data Vendor RFP Update

- Proposal scoring began January 15, 2025.
- Review team met and identified the finalists March 4, 2025.
- Bidders are being notified of their status.
- Finalists will be providing demonstrations/presentations to the CIVHC team late March.
- Final selection and contract negotiations will begin in early April.
- Contract execution is targeted for June 2025.
- Contract start date will be July 1, 2025.

Vendor Transition

Vendor Transition Notes:

- Finalists scored significantly higher than other bidders.
- Both finalists bid on all three domains.
- Year 1 costs significantly lower than anticipated.

Anticipated Improvements:

- Technology elasticity and scalability
- Innovative use of technology for data quality
- Visibility into security and performance monitoring
- Self-serve support tools and educational materials
- Enhanced CO APCD documentation





CO APCD Funding Update



CO APCD Funding Update

- Awaiting GF allocation decision by JBC
- Planning for loss of Scholarship funds, decrease in GF allocation.
- Working with HCPF to try to increase Medicaid allocation for Federal match funds
 - Applying for Federal match to help support vendor transition.
 - Working with outside contractors and HCPF to recalculate Medicaid allocation %
- Watching activity at the Federal level for impacts to State-Federal funding mechanisms and other policy decisions affecting the CO APCD or our partners





National & Local Political Landscape

Kristin Paulson, JD, MPH CEO and President



Federal Landscape

- Reduced focus on Medicaid block grants, increased focus on cutting federal match funds and Medicaid dollars overall.
- \$880 billion in Medicaid cuts over the next decade as part of a \$2 trillion spending cuts package, but mixed messaging
 - Likely shifting costs back to states, adding work requirements, potentially per capita caps (block grants lite)
 - Lots of discussion about modifying federal match: cutting the enhanced match, dropping FMAP floor, eliminating administrative match etc.
- Policy statement released 2/28 will increase waivers of notice and comment period for new HHS regulations. Could increase speed of regulatory adoption and confusion around implementation.



Federal Landscape

- Executive Order 14221 "Making America Healthy Again by Empowering Patients with Clear Accurate and Actionable Healthcare Pricing Information".
 - Continues focus on price transparency from first term and includes a 90-day deadline for additional data release from payers and plans.
 - Need to watch where this goes and how it's implemented and interpreted.
- 2/26/25 EO 14222 Implementing the President's "Department of government Efficiency" Cost Efficiency Initiative
 - Requires all agencies to review all grants and reduce or cut to create Government efficiency
 - CIVHC already seeing changes in research projects and impacts on revenue.

Federal Landscape

- 2/20/2025 EO 14187, 14168 Recission of "HHS Notice and Guidance of Gender Affirming Care, Civil Rights, and Patient Privacy".
 - Rescinds previous EO to ensure the application of federal civil rights and patient privacy laws to gender-affirming medical interventions for minors.



Federal Landscape and CIVHC

- LOTS of unknowns and the speed of change means there are more unknowns on the way.
- Cuts to Medicaid are coming in some form
 - CIVHC's state GF dollars are funneled through our Medicaid agency/HCPF
 - All of our Federal match dollars are attached to Medicaid and are part of FMAP,
 MES, or Admin match programs.
- Regardless of the FY26 GF allocation to the CO APCD, changes to available federal funds throughout the next years are almost certain and being factored into our planning and budgeting.



CO APCD Supporting Legislation in Colorado

- SB18-266 Controlling Medicaid Costs
- HB19-1233 Investments in Primary Care to Reduce Health Costs
- HB19-1174 Out of Network Health Care Services
- SB21-175 CO Prescription Drug Affordability Board
- SB21-1232 Standardized Health Benefit Plan CO Option
- SB22-040 Actuarial Reviews Health Insurance Mandate
- SB22-068 Provider Tool To View All Payer Claims Database
- HB22-1325 Primary Care Alternative Payment Models
- HB22-1370 Coverage Requirements for Health Care Products (Drug Rebate Reporting)
- HB22-1401 Hospital Nurse Staffing Standards (Long COVID-19 Data)
- HB22-1278 Behavioral Health Administration
- HB23-1215 Limits on Hospital Facility Fees
- HB25-1174 Support Colorado's Health Care Safety Net Act of 2025
- SB25-065 Concerning the analysis of a statewide universal health-care payment system



Current Support/Committee Input

- Current Year Support:
 - Commercial Ambulance Price Analysis with Medicare Reference Prices (HB25-1088)
- Written in to HB 25-1174, Support Colorado's Health Care Safety Net Act of 2025 [Short title]
- Are you aware of additional upcoming legislation that could benefit from the use of CO APCD data and analytics?



Commitment to Health Equity

- Executive order to remove DEI work
- Reference to DEI terminology removed from website
- CIVHC remains committed to Health Equity as foundational to the work we do, our mission and values, and our historical role in Colorado communities.
- Additional precautions to avoid unintended consequences removed Gender Affirming Care analysis and update with support of One Colorado.





Public Reporting

Cari Frank, MBA
VP of Communication and Marketing

Clare Leather, MPH
Public Reporting Program Manager



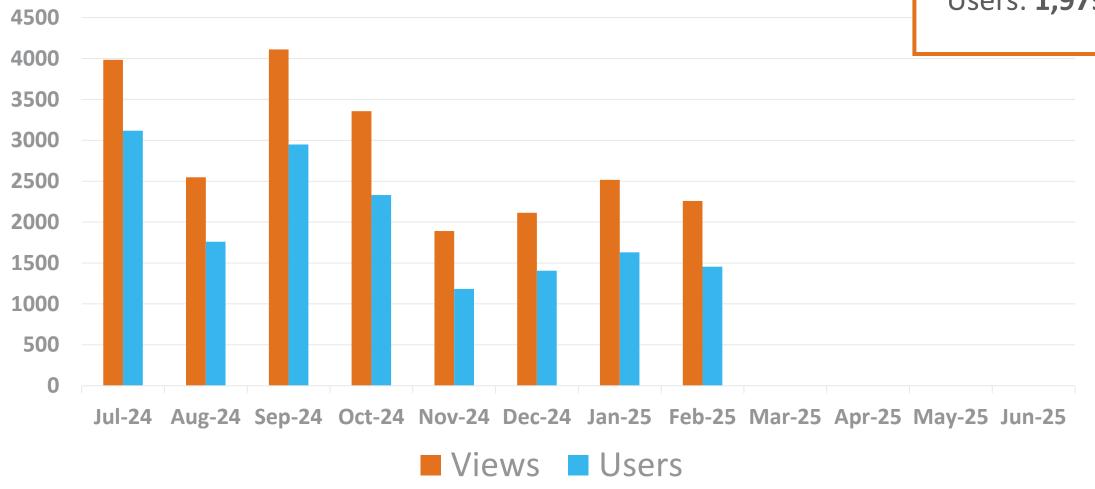
Public Reporting – FY25 Impact

Public Reporting Webpage Views and Users

Average Monthly

Views: **2,848**

Users: **1,979**



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?

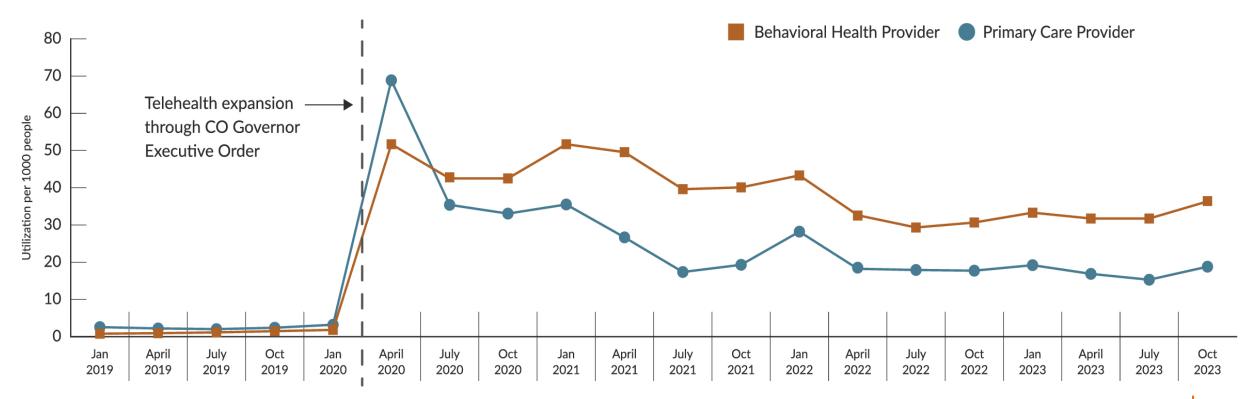
How much are we spending on telehealth per person and as a state?

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

Telehealth Services Analysis – Findings

Utilization Trends

Telehealth visits with behavioral health providers have remained high while visits with primary care providers have dropped more significantly.

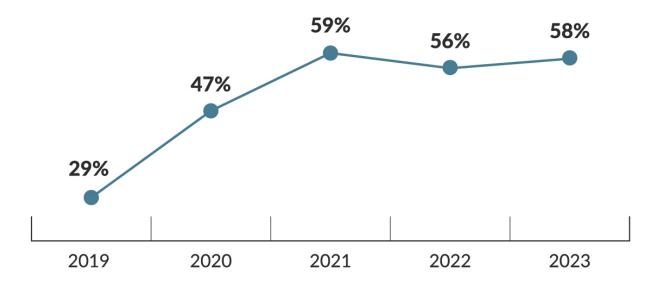


Telehealth Services Analysis – Findings

Top Diagnoses

Mental health has remained the top telehealth diagnosis, with usage rising almost every year.

% of Telehealth Services with Mental Health Diagnosis



In 2023, the Top Mental Health *Diagnoses Treated via Telehealth Were:

Generalized anxiety disorder



Major depressive disorders



9%

Post-traumatic stress disorder



6%

Adjustment disorder



5%

Anxiety disorder



5%

Telehealth Services Analysis – Findings

Rural vs. Urban | 2023

Percent of Total Telehealth Services



Rural communities



UTILIZATION

PAYER TYPE

8%



Urban communities

92%

Telehealth Services by Payer Type



Rural communities

Medicaid insured patients used telehealth services the most

40% Medicaid insured



Urban communities

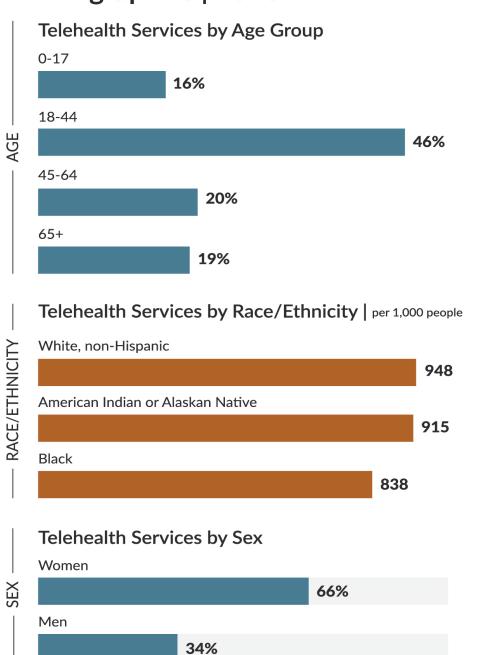
Commercially insured patients used telehealth services the most

42% Commercially insured

Telehealth Services Analysis – Findings



Demographics | 2023



Alternative Payment Models – Purpose

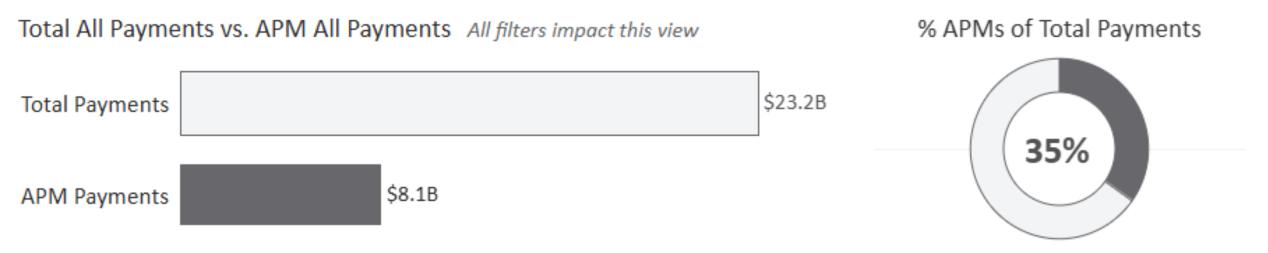
Alternative Payment Models (APMs) are seen as a way to help providers and systems achieve lower cost, higher quality care.

This report shows which APM models are being used by payers across the state and what percent of total payments made to providers are paid for through an APM. Trend information is also available to track progress towards these new payment models in Colorado.



Alternative Payment Models – Findings

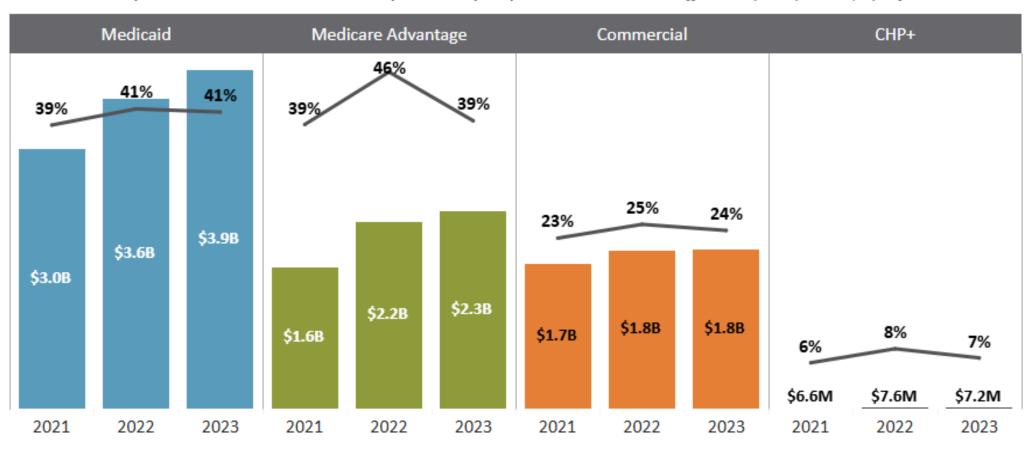
ALTERNATIVE PAYMENT MODELS SUMMARY





Alternative Payment Models – Findings

Total APM Payments and % APM of All Payments by Payer This section is not affected by the year or payer filters above





Public Reporting Roadmap FY 25

Quarter 1 (July – September)

Translation of latest version of Shop for Care into Spanish

Quarter 2 (October - December)

- Ambulance in-network vs. out-of-network analysis (legislative request)
- 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 (in production)
- Shop for Care Mobile version (in production)



Public Reporting FY 25

Quarter 4 (April - June)

- Medicare Reference Based Pricing (in production)
- Chronic Disease Analysis (in production)
- CO APCD Insights Dashboard (in production)
- Community Dashboard (in production)
 - New visualizations





Data Quality & Analytics

Kelsey Foland Compliance Process Manager





Data User Support



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
- Launched in January 2025 with great success

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



2025 Meeting Schedule

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

