Committee Attendees In Person: Richard Doucet, *CEO, Community Reach Center*; Senator Joann Ginal; Miranda Ross, *Interim Senior Actuarial Director & CO Actuarial Lead, Kaiser Permanente*; Senator Jim Smallwood; Robert Smith, *Executive Director, CBGH*; Chris Underwood, *Director, Health Information Office, HCPF*; Nathan Wilkes, *Owner/Principal, Headstorms Inc.*

Committee Attendees Remote Via Webinar: Justin Aubert, *Chief Financial Officer, Quality Health Network*; Kim Bimestefer, *Executive Director, HCPF*; David Ehrenberger, *CMO, HealthTeamWorks*; David Keller, *Professor and First Vice Chair, University of Colorado School of Medicine and Children's Hospital of Colorado*; Todd Lessley, *VP for Population Health, Salud Family Health Centers*; Jessica Linart, *Director of Insurance, CO PERA*; Phillip Lyons, *Director of Regulatory Affairs, United Healthcare*; Bethany Pray, *Healthcare Attorney, Colorado Center for Law and Policy*; Kelly Schultz, *Senior Market Analyst, Colorado Division of Insurance*; Deanna Towne, *Chief Information Officer, CORHIO*;

CIVHC Attendees: Dwayne Aaron, *Senior IT Project Manager*; Vinita Bahl, *Director of Data and Analytic Operations*; David Dale, *Health Data Consultant*; Maria de Jesus Diaz-Perez, *Director of Public Reporting*; Ana English, *President and CEO*; Cari Frank, *VP Communication and Marketing*; Peter Sheehan, *VP,Client Solutions State Initiatives*; Stephanie Spriggs, *Content and Report Manager*

Additional Remote Attendees: Emma Sargent, *CHI*; Alejandro Vera, HCPF

Please refer to the presentation and materials for further information. These notes are organized in the order that topics were presented during the meeting rather than that of the agenda – the order was rearranged mid-meeting to ensure adequate time for discussion of analytic topics. Note: to facilitate better understanding of the meeting, in some instances these notes are organized by topic rather than flow of conversation.

Data Quality Orientation – Vinita Bahl
- User experiences are a reflection of several gaps in the process of delivering high quality, valid results
- Opportunities for improvement
  - Reframe quality checks of data in CO APCD so they address meaningful dimensions of data quality and document key processes
  - Establish team approach with analysts for reviewing requests; specifying analytic plan, methods and output; and reviewing and testing validity of results
- Q&A / Discussion
  - Are there other underlying data concerns that are not being addressed? For example the single member identifiers and payer crosswalks.
    - We've done a lot of work with the single member identifiers – CIVHC calls them "member composite ids" – and based on a presentation given to the Data Users Group set up by Dr. Mark Gritz, we know that while there has been significant improvement, more quality checks need to be implemented.
    - There are challenges ensuring that all elements from ERISA and non-ERISA payers are collected due to the number of different submitters and different types of files. We are working through these challenges as we collect APM and drug rebate information and ensure submitter compliance.
    - Right now, there are no concerns about Kaiser submissions, they have done a lot of work and it is reflected in the quality and completeness of their data.
  - Has the analytics team been given the resources it needs to execute the plan presented?
    - Yes, in FY 20 there will be adequate resources to hire additional staff to focus on the quality plan

Scholarship Subcommittee – Pete Sheehan
- FY20 Scholarship Information and Scholarship Cap Discussion
  - With the limited amount of funding, we'd like to spread it across as many organizations possible and ensure the funding is being used for the most meaningful benefit to Coloradans.
  - There are concerns that one organization could monopolize the funding.
    - This hasn't happened yet, although there are several pending applications for different schools and departments across the CU System.

- How would a school or agency with multiple departments be handled?
  - Researchers at schools have potential to get larger grants in subsequent years and come back for more data.
  - All colleges in Colorado are eligible.
  - While different departments are part of one system, all of them receive funding differently and some may have access to resources while others do not.
- Could there be a cap that is lifted at some point during the year once the applicant pool is evaluated?
- If there is not an organizational cap there could be a per project cap.
  - There is currently an informal cap based on the pricing structure of data releases of approximately $50,000.
    - It is highly unlikely that any request would receive $50,000 because we do require each requestor to contribute to the release.
  - CIVHC typically anticipates the fund will be expended for the year by mid-April. This past year we kept a waiting list of projects to fill in with should one on the scholarship drop out.
    - The projects on the waiting list became the first in line for funds in FY20.
    - All work needs to be completed within the fiscal year of the scholarship it receives. It's beneficial to have all applications approved no later than April, providing adequate time to complete the work prior to June 30..
- Has there been any consideration about the type of projects that will receive funding?
  - Is the subcommittee the right place to make that type of decision? The larger Committee would need to provide more guidance.
  - Under the previous process, HCPF would chose not to approve projects that were too similar to projects that had already been approved that year.
- There needs to be balance between ensuring access to the funding and being too restrictive.
- Would it be possible to have a single deadline for scholarship applications and approval all of them for the year at once?
  - This would create great production challenges on CIVHC's end. A flood of projects all at one time creates bandwidth issues.
- There are discussions occurring about additional funding through other foundations for scholarship programs to help requestors access data, but they are in the initial stages.

Evolving Issues Impacting CO APCD Funding and Risk Mitigation – Ana English
- CO APCD Funding Sources
  - State Related
    - CMS 50/50 – CAP outstanding questions; funding risks
    - State General Fund – Approved GF $3.5M (~$2.6M new)
    - State Medicaid Analytics Contract - Recurring Contract
    - SIM/TCPI – Finalization of Contracts
  - Non-State Related
    - Non-State CO APCD Data Requestors – Multi-Stakeholders
    - Grant Related CO APCD Contracts – AHRQ Research Grant
- Risks to CO APCD Funding
  - CMS 50/50 Cost Allocation Plan -
    - Effective Date in question – Jul 1, 2017 versus Jan 1, 2018
    - Methodology Options Reviewed with potential FY18 & 19 negative revenue impacts – *High level*
      - Current methodology - 100% of expenses minus non-CO APCD revenue and indirect cost rate adjustment then apply Medicaid %
      - CMS Region 8 proposing all additional CO APCD funding be deducted prior to applying Medicaid %
        - Can never reach break-even unless 100% Medicaid or 100% funded by other sources
      - Potential Alternative – Base calculations on CORE CO APCD operating costs; excludes State and non-State Analytic and Data release related expenses
- Planned Mitigation Strategies

- Continued management of non-fixed/discretionary expenditures
- Hold on adding new non-Analytic/QC and non-critical staffing as originally planned
- Reduced expected CMS funding to potential proposed alternative funding (CORE operating expenses)
- Reduced expected non-State funding to flat to negative growth rate

APM / Drug Rebate Submission and Analysis Timelines – Vinita Bahl
- Receipt of Data (APM/Rebate) from Submitters:
  - Test files for 2016 due July 1 (last week)
  - Historical files 2016-2018 due September 30
- Status of Test File Submissions
  - APM: files from 16 submitters received; 17 not received
  - Drug Rebate: files from 16 submitters received; 21 not received
- Validation and Analysis Timeline
  - Validation and resolution of questions, August 15
  - Summary reports and analysis, August 31
- Discussion
  - These data elements are crucial to understanding health care costs in Colorado and partnerships are essential to making the process work. If necessary, we can go back to the legislative process to ensure the accurate collection of this information.
  - Are we concerned that while the payers are required to submit this information, there are so many who have not met the deadlines?
    - CIVHC and HCPF are leveraging everything they can to ensure submission of these files including formal warnings and fines. We do believe that the July 4 holiday impacted some submissions so we are trying to be understanding while keeping the pressure on. We will update the Committee on the progress of submissions at the August meeting.
    - We are also open to recognizing where the Rule requiring these submissions may be improved and making updates to it.
    - CIVHC is requiring that applicable submitters formally attest to the accuracy and completeness of the data.

Public Reporting – Cari Frank
- Employer Reporting
  - New reports on CIVHC.ORG to encourage employer voluntary submissions
    - Percentage of Covered Lives by County
    - Coming July/August – Roll up of RAND data at hospital level to County/DOI level
  - 8 standard report mock ups in review by employer groups
- Legislative Support
  - Out of Network Bill – HB 19-1174
  - Investments in Primary Care – HB 19-1233
- Recent Releases
  - Shop For Care Episode Price Breakdown Infographic
  - Regional Price Variation For Common Procedures Interactive Report & Infographic
- Upcoming Releases
  - Medicare Reference Based Price Roll-up – July/Aug (RAND study, county/DOI level)
  - Quality Measures for Medicare FFS QECP Program – July public reporting requirement
  - Aligning additional future public reports with state and employer deliverables

Committee Open Discussion – Senator Ginal
- It seems the mission of the CO APCD shifted from being focused on helping consumers shop for health care to being focused on research. CIVHC has been doing this for so long but there are so few procedures listed on the website.
  - The analytics behind the procedures does take time, unfortunately. It is also challenging to determine which procedures to use because of the rules governing the number of claims needed to ensure

anonymity when posting information publicly; in some cases, the numbers get small really quickly. We have plans to add dental, chiropractic, and physical therapy services.

- o Insurance companies have much more sophisticated tools for consumers to use that give them personalized information. There is no way an APCD could compete with data like that, the tool we created would be obsolete right away – and could give patients potentially incorrect information, leading to large medical bills. CIVHC and the CO APCD has always had to find a balance between meaningful consumer information and population-level data to help with research and improving care on a system level.

2019 CO APCD Advisory Committee Meetings – November 12
Proposed 2020 Meetings – February 11, May 12, August 11, November 10