

CO APCD Advisory Committee Meeting Notes August 11, 2020

Committee Attendees: Michelle Anderson, National Director of Managed Care Pharmacy, Mutual of Omaha; Kim Bimestefer, Executive Director HCPF; Josh Benn, Director of Employee Benefits Contracts, CO Dept of Personnel and Administration; Laurie Boll, Consultant, Willis Towers Watson; Matt Cassidy, Compliance Director, Delta Dental of Colorado; Rick Curtsinger, Director External Affairs, Quality Health Network; Rick Doucet, CEO, Community Reach Center; David Ehrenberger, Telehealth Provider, Cirrus MD; David Keller, Professor and First Vice Chair University of CO School of Medicine, Children's Hospital CO; Philip Lyons, Director of Regulatory Affairs, United Healthcare; David Ornelas, VP, Colorado Ambulatory Surgery Center Association; Tom Rennell, Sr VP of Financial Policy and Data Analytics, Colorado Hospital Association; Miranda Ross, Interim Senior Actuarial Director & CO Actuarial Lead, Kaiser Permanente; Bob Smith, Executive Director, CO Business Group on Health; Matt Soper, CO State Representative; Chris Underwood, Deputy Chief of Staff, HCPF; Caitlyn Westerson, Policy Director, Colorado Consumer Health Initiative; Nathan Wilkes, Owner/Principal, Headstorms Inc.

CIVHC Attendees: Vinita Bahl, VP of Data and Analytic Operations; Jennifer Carpenter, Data Privacy and Compliance Manager; Eddy Costa, Senior Health Data Consultant; David Dale, Health Data Consultant; Maria de Jesus Diaz- Perez, Director Public Reporting; Ana English, President and CEO; Cari Frank, VP Communication and Marketing; Greg Gillespie, Account Manager; Lindsey Paulson, Program Assistant; Peter Sheehan, VP of Client Solutions and State Initiatives; Stephanie Spriggs, Communication Program Manager

Additional Attendees: Eriko Mori, Contract Manager, HCPF; Steve Wilde, CEO, Healthy Price

Торіс	Discussion	Action Item
Operational Upda	ites	
CO APCD Budget Changes & Sustainability	 Due to COVID-related budget constraints, the General Fund contract amount was reduced by 25% and the CO APCD Scholarship Fund was eliminated for FY 2020-2021. Working with these changes, CIVHC made necessary alterations to the operating and staffing plans and reductions in outside resources. Is CIVHC sure that the budget adjustments have been made in such a way to ensure that stakeholders still have access to the CO APCD in the absence of the CO APCD Scholarship? Or are there other internal reductions that could be made to free up resources for these stakeholders? When assessing the situation at the end of the previous fiscal year, CIVHC decided to move as many annual expenditures as possible into the FY 2019-2020 year, where more dollars were available, to reduce costs in the current year. Additionally, CIVHC is in the process of developing a discount program to replace a portion of the Scholarship for organizations who need assistance accessing CO APCD data and meet certain criteria. <i>Please see slide 5 in the presentation for more information regarding other mitigation strategies CIVHC undertook to help stakeholders</i>. 	• CIVHC will reassess the budget adjustments in order to ensure that stakeholders have access to the CO APCD in the absence of the Scholarship and follow up with Executive Director Bimestefer.

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.

	Assisting those that need to access the CO APCD is more crucial now than ever and the Scholarship shouldn't have been the only source of support for these stakeholders. Is there a way to push more money back towards this type of help for stakeholders such as municipalities and employeer?	
CO APCD Scholarship Update	 municipalities and employers? CIVHC is developing a discount program in lieu of the Scholarship to assist stakeholders who might otherwise not be able to access the CO APCD. Possible criteria for recipients was discussed including: Differentiating between community-based and academic projects and potentially developing a tiered discount system. Ideally, the academic institutions would partner with the community organizations. Developing criteria around what the project is addressing, maybe encouraging people to address COVID. Exploring whether the project is replicable in another community, is it addressing affordability, or is it a purely custom request for that stakeholder. It could be that offering a greater discount to government agencies and local governments may be a way to get academics to partner with them. Enhancing public reporting is also a way to get CO APCD data in the hands of more stakeholders, like the recent COVID analyses. Is there an opportunity to establish a pipeline to get ideas from organizations and communities to the public reporting team? 	
	 Yes, and the CO APCD Advisory Committee members could help play a role with community outreach and bringing ideas back to the group. 	
Data Quality		
Payer Forum Update	• The first Payer Forum is scheduled in September. The group will be comprised of key leaders at payer organizations who are committed to helping ensure data quality beginning at its source.	
DSG Updates with latest refresh	 Recent changes to the Data Submission Guide (DSG) have results in more thorough data validation steps during the intake process and, while there were a number of changes made to the DSG, they were all tied to improving the quality of the files and utility of the data. Did CIVHC make changes to how data submission issues would be addressed after the problems with major payers held up analyses last fall? Yes, we are developing a policy to elevate the submission compliance conversations with the payers beyond the legal perspectives and include the leaders at the senior levels of the organization. Has there been discussion about increasing the pace at which fines are assessed on payers who are not in compliance? Given the discussion around budget concerns and resource constraints, this could be away to mitigate two challenges. Additionally, changes included in the recent updates to the DSG were intended to capture different types of demographic information about Colorado. CIVHC is currently in the process 	 CIVHC will send the policy regarding payer submission compliance and intervention/fines by HCPF with Executive Director Bimestefer. She is especially concerned due to limited resources at CIVHC and not wanting re-work.

	 of evaluating the accuracy and completeness of this information as it begins to come into the CO APCD. One example is a flag that allows for tracking which employers are submitting voluntarily. Another is the requirement that payers submit race information about their members. This year CIVHC has been very focused on ensuring that we have credible numbers for adoption of alternative payment models (APM). To this end, we changed how the APM should be categorized and worked with the submitters in conjunction with the DOI, Primary Care Collaborative, and Catalyst for Payment Reform to ensure every one was on the same page. 	
Regulatory Update	e and Data to Support Legislation	
Primary Care and Payment Reform Collaborative / Out of Network	 CO APCD data supports two pieces of legislation for the Division of Insurance - Primary Care Investment HB 19-1233 and Out of Network Billing HB 19-1174. How is the work for this legislation funded? Does it come out of the funding or contracts with the State? The Primary Care legislation had a fiscal note attached to it that funds the analysis from the CO APCD. The Out of Network analytics are supported by the general fund contract, alongside other priorities from the State. 	 CIVHC will outline for Executive Director Bimestefer the projects in the state contracts that are for agencies other than HCPF and how they impact the budget. Information about other state agency-related projects and where the funding for those projects originates will also be included.
Highlight of Expan	ded Analytic Capabilities	
Review of FY20	 Prescription drug expenditures fastest growing component of 	
Analytic Projects /	overall medical expenditures.	
Prescription Drug	 Driven largely by specialty drugs, which constitute 2% of 	
Costs and Rebates	scripts, 48% of expenditures.	
/ Prescribing	• By contrast, expenditures for generic drugs are decreasing.	
Patterns / Next Steps	 What definition of specialty drug did CIVHC use for the analysis? Since payers have their own definition, we tried to apply some consistency and used Magellan's, which is the same definition that HCPF uses. Are the expenditures for generic drugs decreasing because the costs or prices are decreasing, or because the volume or number of prescriptions is decreasing? We're not positive but our sense is that it is because the number of prescriptions is decreasing. Additional potential analyses can include: deep dives into bio-similar drugs, investigating the specialty drugs with high price tags and how the rebates impact employers and carriers looking at the sites where specialty drugs are dispensed and the costs associated. 	

- prescribing practices highlights role of nurse practitioners and physician assistants.
- CIVHC believes more investigation is warranted to determine whether PAs are acting as physician extenders or using a different approach to managing patients.

	 Is it possible to use CO APCD data to track prescriptions written by PAs separately from those written by doctors or refills? Yes. What we need to be sure to track is the association of the PA and the physician practice so we can understand whether they are functioning as an extender. 	
Public Reporting		
Recent Analyses • Temporary Cessation of Elective Services • Shop for Care • Community Dashboards • Telemedicine	 Is CIVHC planning on linking the telehealth utilization information with the race and ethnicity data that will be coming to the CO APCD? Hopefully, it will determine how complete that data is. We are also in the process of geocoding the CO APCD to bring in more complete information from the census that will assist in reporting race/ethnicity. Does CIVHC report all commercial payers together or do you separate the DOI regulated ones from the ERISA regulated plans? We typically report all commercial together, though we could investigate separating them if there is a need. 	
Discussion: Proce	ss for Election of Committee Officers	
	 CIVHC is hoping to put a little structure around the Committee with the creation of bylaws. Items discussed as things to include in the bylaws Committee officers – Chair, adding a Vice Chair Limits on how long they can serve Recruiting additional members It was determined that a Bylaws Workgroup would be created and volunteers could email Stephanie to participate. Nathan and Dr. Keller volunteered during the meeting. 	• CIVHC will organize a Bylaws Workgroup to meet before the next Committee meeting.
Public Comment		
	Steve Wilde from Healthy Price asked whether the CO APCD includes denied claims, it does not.	

2021 Meeting Schedule 9am-11am February 9th, May 11th, August 10th, November 9th