



Committee Attendees In Person: Michelle Anderson, *Director of Pharmacy Services Managed Care, Denver Health Medical Plan, Inc.*; Kim Bimestefer, *Executive Director, HCPF*; Senator Joann Ginal; David Keller, *Professor and First Vice Chair, University of Colorado School of Medicine and Children’s Hospital of Colorado*; Miranda Ross, *Interim Senior Actuarial Director & CO Actuarial Lead, Kaiser Permanente*; Kelly Schultz, *Senior Market Analyst, Colorado Division of Insurance*; Robert Smith, *Executive Director, CBGH*; Deanna Towne, *Chief Information Officer, CORHIO*; 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*; Matt Cassady, *Compliance Director, Delta Dental of Colorado*; David Ehrenberger, *CMO, HealthTeamWorks*; Jon Gottsegen, *Chief Data Officer, Governor’s Office of Information Technology*; Todd Lessley, *VP for Population Health, Salud Family Health Centers*; Phillip Lyons, *Director of Regulatory Affairs, United Healthcare*; David Ornelas, *VP, Colorado Ambulatory Surgery Center Association*;

CIVHC Attendees: Vinita Bahl, *Director of Data and Analytic Operations*; Eddy Costa, *Senior Health Data Consultant*; David Dale, *Health Data Consultant*; Ana English, *President and CEO*; Cari Frank, *VP Communication and Marketing*; Peter Sheehan, *VP of Client Solutions and State Initiatives*; Stephanie Spriggs, *Content and Report Manager*; additional staff listened in remotely in a conference room at CIVHC

Additional Remote Attendees: John Bartholomew, *HCPF*; Kristi Gjellum, *IMA*; Ako Quammie, *CORHIO*; Emma Sargent, *CHI*; Wes Skiles, *Michael Best Strategies*; Jeff Thermodsgaard, *Michael Best Strategies*; Alejandro Vera, *HCPF*

Please refer to the presentation and materials for further information.

Scholarship Subcommittee – Pete Sheehan

- Year to date summary
 - Two projects approved - \$55,642
 - One project not recommended for approval
 - Currently responding to questions
 - Nine other projects in process totaling \$147,254
 - If all current projects are approved, approximately \$297,000 will still be available from the \$500,000 in the Scholarship fund.
- Scholarship Cap Discussion
 - \$50,000 cap per project - recommendation from July meeting
 - Range for projects in the current queue is approximately \$700-\$28,000
 - Projects in the \$50,000 range generally require large data sets with personal health information and a large analytic and programming lift for CIVHC.
 - Has the Subcommittee considered an appeal process if it turns out that there is money remaining in the fund at the end of the year and projects that are deemed to be possibly instrumental or of great value have been turned away?
 - It has been discussed that projects not approved could be brought back toward the end of the year to try again but it has not been formally adopted. We’re happy to continue discussing it.
 - Have been informally using this cap for the last year or so.
 - **COMMITTEE VOTE:** The Committee unanimously voted to formally adopt the \$50,000 per project cap for the HCPF CO APCD Scholarship.
 - Organizational Cap – more discussion requested
 - In previous discussions, there has been concern that one organization could potentially monopolize access to the funds, such as an institute of higher education.
 - There is recognition that many of these institutions have multiple campuses and departments that operate independently from each other.
 - Rarely are there multiple requests from the same department.
 - The number of applications from these organizations vary from year to year.

- Smaller universities are not being turned away due to inadequate preparation of their applications; they are not applying.
 - CIVHC could do some targeted education to help them access the CO APCD.
- The current process is not competitive; it is first come, first served.
- Each scholarship can only be awarded for one year only, if a project requires data in a subsequent year, the requestor must reapply for the scholarship.
- In this case as well, an appeals process would be helpful for projects that were turned away to be reconsidered later in the year.
- Additionally, as communities across the state work toward the goals of the Affordability Roadmap, the mix of Scholarship applicants may change.
- **DISCUSSION TAKEAWAY:** The Subcommittee will continue to report to the Committee on this topic and the mix of organizations receiving Scholarship funds year after year. This doesn't seem to be a problem right now and we will address it if it becomes an issue.
- CIVHC is also talking with national funders about creating scholarship opportunities for out of state requestors.

CO APCD Funding and State Contract Update– 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
- State Contracts
 - The different contracts with the state have given CIVHC some wonderful opportunities to develop new analytics and we've aligned our public and standard reports to build on these new methodologies.
 - The Enhanced Analytic Process (see slides 9 & 10 in the presentation)
 - This process is followed for each of the new analytic methodologies mentioned in the state contracts as well as with each nonpublic data request from other clients.
 - This process can be iterative, requiring research and returning to the prior step before moving on to the one below.
 - State General Fund Statement of Work (see slides 11 & 12 in the presentation)
 - In addition to the analytics outlined in the presentation, there is a strong emphasis in the SOW on Data Quality and improving processes.
 - Deliverable-specific questions
 - Prometheus
 - What is the current status of the hospital episodes?
 - We just started with a new vendor and need to make sure they are working with complete files. We also want to make sure that the data is properly QC'd before delivering.
 - Drug Rebates
 - What information will be available about drug rebates at the end of September?
 - Test files were due in July and CIVHC has been working with the payers – more information on this later in the meeting. We may be able to provide a large, overall number to HCPF by the end of September but want to make sure we are confident in the data before promising anything.
 - What definition of specialty drug is CIVHC using?

- We are currently using the ones the carriers use and we know that they will each have different definitions. Eventually we will need a common definition.
- We are working towards this definition through the Data Submission Guide, right now we are requesting that the submitters identify which drugs they label as specialty.
- Will we be able to look at the drugs in terms of average wholesale price?
 - It depends on our drug reference files, where we have some gaps we're trying to fill, but yes.
- Can you report on generic fill and substitution rates?
 - In terms of generic fill rates, that's where good reference files come in, and we're working on that. We don't currently have the information about brand name drugs with generic alternatives. As for substitution rates, we can only know what was filed based on the claim, not what was written on the actual prescription.

Public Reporting and Employer Reports Timeline Update – Cari Frank

- Community and Employer Reports
 - Employer, Community, and Public reports depend directly on the analytics developed through the Enhanced Analytics Process (slides 9 & 10) and cannot move forward until we are comfortable with the outputs of the stages outlined prior to report generation.
 - Current and Upcoming Reports
 - [Percentage of Covered Lives by County](#)
 - Helping to encourage self-funded employer submissions by demonstrating what is missing in each county – is a priority in the General Fund contract
 - [Reference-Based Price Interactive Report](#) *(at the time of the meeting, this was scheduled to be released the following month and we displayed an early draft of the report)*
 - Inpatient and outpatient views
 - Value-adds in this analysis vs earlier RAND analysis:
 - Rolled up to county and DOI level
 - Hospital experience stars/patient experience
 - This is Phase One of the report and RAND is subcontracting with CIVHC to build out this analysis to include more facility types
 - Includes evaluation of including 17 different facility types
 - Why is this report not broken down by procedure? It is simply by inpatient and outpatient procedure type.
 - CIVHC is working to get to procedure and, possibly episode, level analysis though there are challenges with the minimum cell size reporting threshold of 11 claims/procedures for a facility.
 - To counter this, we try to roll things up to a county or DOI level so at least there is some information available for communities
 - Are there other quality indicators to use other than those indicated?
 - This is also a challenge that CIVHC faces, whenever we publish named facility/provider level cost information we ideally publish quality information alongside. Finding that data is difficult, much less determining which measures are the most relevant to our multiple audiences. We are in conversations with possible partners to develop solutions.
 - Report Timeline (see slides 17 & 18)
 - What size employers will you be reporting to?
 - As in the case with the procedure-level reporting on the reference-based price report, some employers will not meet the cell size threshold so we are looking at the reports employer by employer. In some cases, we may have to combine employers or even roll everything up to the county level.
 - Have you considered reporting on primary care for employers?

- We are currently reporting on primary care at the state level for SB19-1233 but hadn't thought about doing it at the employer level. A good suggestion, we'll take it back for consideration.
- Recent and Upcoming Public Releases (see slides 20-24)
 - [Qualified Entity Certification Program Quality Measures](#)
 - Required to become a Qualified Entity, which allows for additional uses of Medicare Fee for Service data.
 - We must update these annually through a lengthy and involved process with CMS.
 - Due to the cumbersome process and hundreds of hours required, we anticipate only adding one or two measures each year.

APM/Drug Rebate Submissions and Compliance – Vinita Bahl

- APM/Drug Rebate Analysis Timelines
 - Receipt of Data (APM/Rebate) from Submitters:
 - Test files for 2016 due July 1, 2019
 - Historical files 2016-2018 due September 30, 2019
 - Status of Test File Submissions
 - APM: files from 21 submitters received; 6 not received
 - Drug Rebate: files from 28 submitters received; 7 not received
 - Validation and Analysis Timeline
 - Validation and resolution of questions, August 15
 - Summary reports and analysis, August 31
 - Questions regarding submission and timeline
 - Why the delay in test file submission?
 - The submitters with late files have indicated that they are working on submitting but have not given us an ETA.
- APM/Drug Rebate File Validation Checks
 - Doing both quantitative and qualitative checks to develop a new system for current and future validations.
 - Checks are finding discrepancies.
 - We are communicating with all of the payers about the findings.
 - Have dedicated one and a half FTE to the project.
 - Are making changes to the APM/DR submission manuals as necessary to improve clarity.
 - CIVHC is developing test reports using the test files in preparation for developing the reporting using the full set of files due at the end of September.
 - These test reports are not designed to be published but rather as pre-work so we are not developing from scratch once the data is processed and validated.
- Compliance Letters
 - We are sending letters to submitters regarding compliance concerns.
 - Persistent submission issues
 - A small number of submitters
 - Attestation regarding the accuracy of the APM/Drug Rebate information from the CEO or CFO of the submitter.
 - This is to ensure the credibility of the data we're receiving as there is no way to validate the information submitted.
 - Attestation of compliance to the CO APCD rule regarding non-ERISA self-funded submissions and a list of employers each carrier submits.
 - This will help us determine who is non-ERISA in the CO APCD and whether all non-ERISA are being submitted per the legislative mandate.

Committee Business – Pete Sheehan

- New Members/Vacant Positions
 - Currently looking for new members for the following seats and would love input from the Committee.
 - Physicians and surgeons

- An organization that process insurance claims or certain aspects of employee benefit plans for a separate entity
 - Small employers that purchase group health insurance for employees
 - Pharmacy benefit managers
 - Statewide association of hospitals
 - Committee Charge and Duties
 - Wanted to review quickly with the group
 - The Committee is charged with supporting the CO APCD and its mission of facilitating the reporting of health care cost and quality information, as well as advising and making recommendations to the Executive Director of HCPF and the Administrator of the CO APCD.
 - The Duties include attending a minimum of two meetings a year in person or via phone, active participation in the meetings, and providing thoughtful and constructive advisory content back to the Committee.
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2019 CO APCD Advisory Committee Meetings – November 12
Proposed 2020 Meetings – February 11, May 12, August 11, November 10