



# CO APCD Advisory Committee

February 9, 2021



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**VALUE** IN HEALTH CARE

# Agenda

- Opening Announcements
- Operational Updates
- Public Reporting
- Analytics and Data Quality
- Committee Bylaws Update
- Public Comment





# Operational Updates

Peter Sheehan ●

CIVHC VP of Client Solutions & State Initiatives

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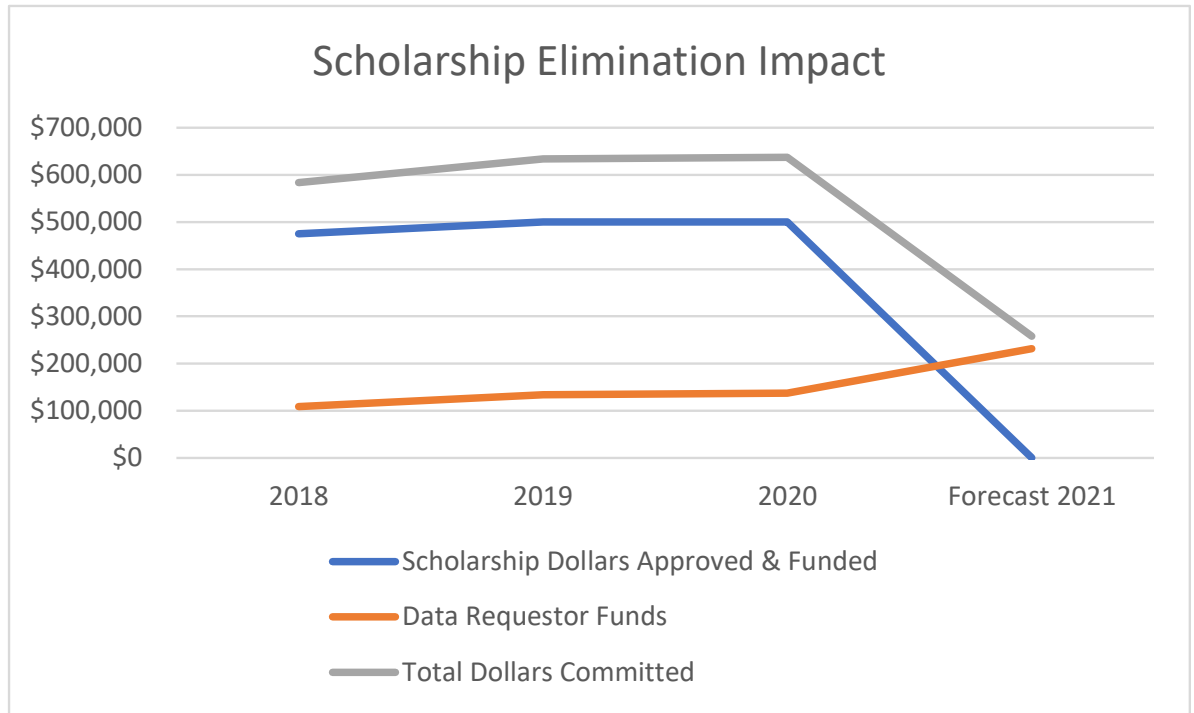
Kristin Paulson, JD, MPH ●

CIVHC Chief Operating Officer



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FY 2021 Impact of Loss of Scholarship Program				
	2018	2019	2020	Forecast 2021
Scholarship Dollars Approved & Funded	\$475,344	\$500,000	\$500,000	\$0
Data Requestor Funds	\$108,500	\$133,819	\$137,321	\$231,726
Total Dollars Committed	\$583,844	\$633,819	\$637,321	\$258,503



# Projected Impact of Scholarship Elimination

Scholarship Elimination Impact				
Licensing Fees for All Scholarship-Eligible Projects				
		Forecast		FY '20 - '21
	FY 21 YTD	FY 21 Year-End	FY 20 Actual	Difference
<b>Non-Profits/Associations</b>	\$14,868	\$57,452	\$164,998	(\$107,546)
<b>Academic Researchers</b>	\$127,661	\$156,461	\$365,240	(\$208,779)
<b>Govt Entities</b>	\$2,813	\$17,813	\$107,083	(\$89,270)
	<b>\$145,342</b>	<b>\$231,726</b>	<b>\$637,321</b>	<b>(\$405,595)</b>
Note: CIVHC FY 21 Budget assumptions include retaining 50% of FY 20 associated revenue = \$318,660				



# CIVHC Financial Assistance Initiative

FY 21 Financial Assistance Initiative						
Project #	Project	Data Requestor	Data Fee	Financial Assistance	Final Fee	% Discount Applied
21.107	Hospital Transparency	Grand River Health	\$10,584	\$2,646	\$7,938	25%
21.77	Improving Palliative Care Outcomes for Latinos	University of Colorado	\$20,000	\$5,000	\$15,000	25%
20.82	Savings Estimate Top Outpatient Procedures	CBGH	\$13,860	\$6,930	\$6,930	50%
21.25	ED Use - Outcomes & Patterns of Care	UCLA	\$18,816	\$3,763	\$15,053	20%
21.104.4	Vaccination Administration Fee	Colorado DOI	\$3,750	\$938	\$2,812	25%
21.32	High Utilizers & Serious Illness*	Mile High Health Alliance	\$15,000	\$7,500	\$7,500	50%
21.47	Lung Cancer Screening	Colorado Cancer Coalition	tbd	tbd	tbd	tbd
		<b>Totals</b>	\$82,010	\$26,777	\$55,233	
*Estimates						

FY 21 State Agency/Legislative Requests Produced as Public Reports			
Project #	Project	Data Requestor	Data Fee
21.06	Nurse Midwife Reimb	Office of the Governor	\$0
21.94	Kidney Disease	Legislative Request	\$0
21.108	Colon Cancer	Legislative Request	\$0



# 90/10 Staffing Updates

- Positions Hired:
  - Data Quality Manager – Ann Jones
  - Health Care Analyst – Dagmar Velez
- Positions to be filled:
  - Data Quality Analyst
  - Health Care Data Analyst
  - Manager of Analytics and Reporting
  - Data Operations Program Assistant (to be posted)



# Federal APCD Funding No Surprises Act – Sct 115

- HHS Grant Program
  - \$2.5 million over 3 years
  - Improvements to existing APCDs
  - Implementing new APCDs
  - The earliest funds could be available is Oct. 1, 2021
- Standardized Reporting Format
  - Voluntary reporting to State APCDs by group plans
- Issues not fully addressed:
  - Submission of ERISA data
  - Protection of proprietary data
  - Development of a national database





# CIVHC Strategic Plan FY21-25

## Key Strategies

- Diversify portfolio / consultative services and new analytics
- Actionable analytics based on high quality data
- Partnerships to contribute to new uses of claims data
- Customer service, processes, and infrastructure

## Alignment with State goals

- ✓ Affordability
- ✓ Data Quality
- ✓ Employer Support/Self-Funded in CO APCD
- ✓ State Agency Support
- ✓ Statutory Mandate
- ✓ Data Literacy
- ✓ Operations/ Sustainability



# CIVHC Operating Plan FY21-22

## Serve more stakeholders with enhanced analytic capabilities

- Standard Reports for employers and others
- DataMart
- Medicare Reference Based price analyses
- De-ID portal for data access
- COVID-19 analyses

## Improve the quality and utility the CO APCD

- Partner with payers and employers to add self-funded lives
- Work to collect new data (Rx, vital stats, etc.)
- Geocode CO APCD for better demographics
- Use EOP to guide quality improvements
- Create standard structures to support analyses

# CIVHC Operating Plan FY21-22

## **Strengthen partnerships and help inform policy**

- Expand relationships w/existing stakeholders: employers, payers, providers, and more
- Produce and expand public reporting
- Educate through CIVHC events and at local conferences
- Public/program support for older adults, chronically ill, palliative care (CDPHE)
- Engage with legislators to provide data support

## **Improve infrastructure & customer service program**

- Develop customer service roadmap and CIVHC goals
- Define roles, realign to fill gaps
- Track project completion and improve turn around time
- Create and implement comprehensive compliance program
- Revise documentation and internal policies

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- Operational Updates
- **Public Reporting**
- Analytics and Data Quality
- Committee Bylaws Update
- Public Comment





# Public Reporting

Cari Frank, MBA ●

CIVHC VP of Communication and Marketing

Executive Director Kim Bimestefer ●

Colorado Department of Health Care Policy & Financing



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# National Hospital Transparency Bill

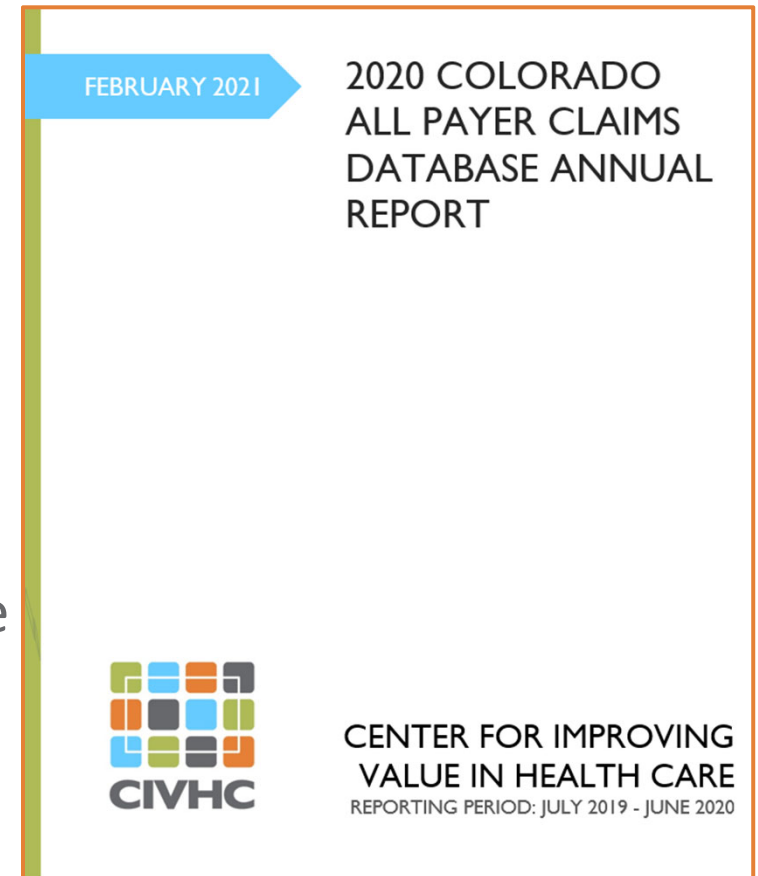
- Starting January 1, 2021, each hospital operating in the U.S. required to provide:
    - Machine-readable file with all items and services, and
    - Display at least 300 “shoppable services” in a consumer-friendly format to include:
      - gross charges, discounted cash prices, payer-specific negotiated charges, and de-identified minimum and maximum negotiated charges.
- <https://www.cms.gov/hospital-price-transparency>
- Potential opportunity for CIVHC to support this effort, especially for rural hospitals, in the future



# CO APCD Annual Report Review Process

## Items included per legislation:

- Uses of the data
- Public studies produced by the administrator
- Cost of administering the database, sources of funding, and total revenue taken in
  - Recipients of the data, purposes for the data requests, and whether a fee was charged
  - Fee schedule displaying the fees for providing custom data reports



**2020 report draft included in meeting materials packet.  
Please email any feedback to Cari or Steph  
no later than Friday, February 19<sup>th</sup>.**

# CO APCD Insights Dashboard

- Number of Claims and People in the CO APCD by:
  - Payer type (All, Medicaid, Medicare, Commercial)
  - Claim type (medical, dental, pharmacy)
  - Year
  - Self-insured vs. Fully insured
- Percent of the Population Represented by:
  - Payer Type
  - As a percent of the total population
  - As a percent of the total insured population
  - At the County and Statewide-level
- Behavioral Health Services: Trends in claims and utilization





# CO Insights Dashboard



# Reducing Rx Costs in Colorado – *Cost Drivers and Strategies to Address Them*

2<sup>nd</sup> Edition released 1/11/21

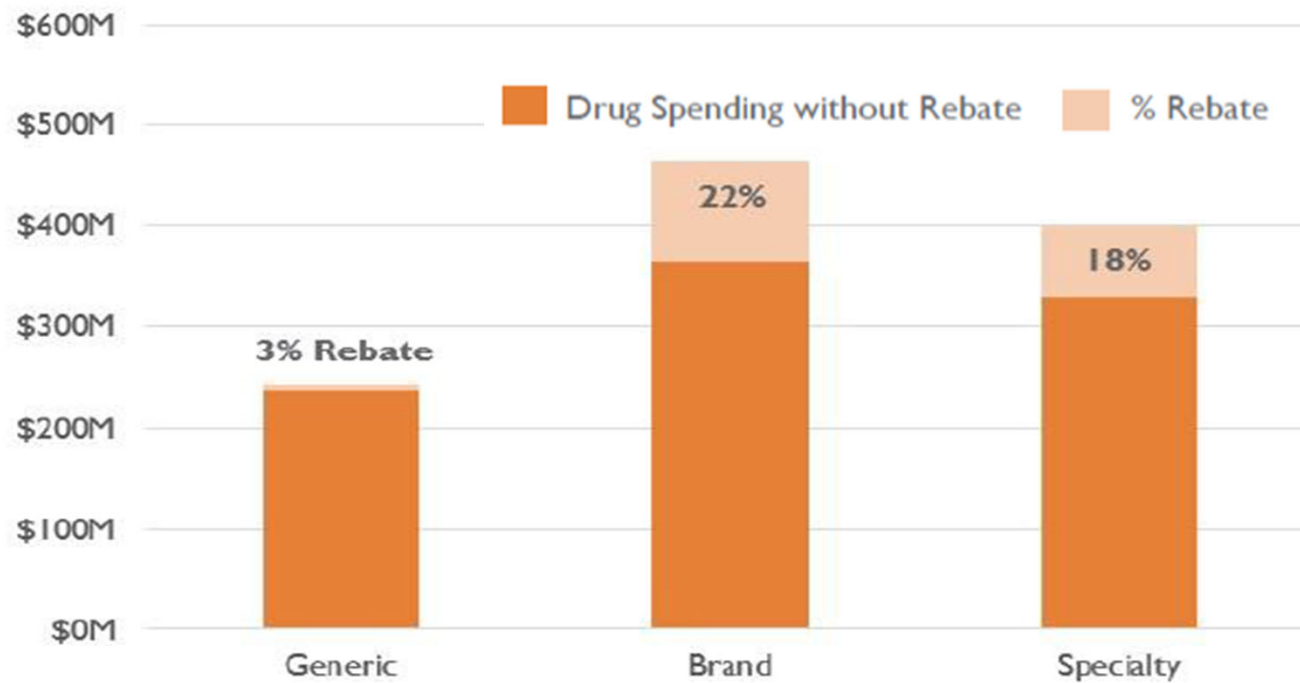
## Colorado All Payers 2018

Drug Type	% prescribed	% of expenditures
Generic	85%	19.6% (\$759m)
Brand Name	15%	39% (\$1.5b)
Specialty Drug	1%	42% (\$1.6b)

# Rebate Pass Through Value

- Commercial Rebates = 18% of Specialty Rx spend, 22% of Brand Rx spend
- Commercial payers received \$179M in rebates, or 16% of 2018 spend (\$1.18 B), up 50% from 11.2% in 2016. (ins only)
- Since 2016, rebates for Specialty Rx increased by 67% (1)

Prescription Drug Spending and Rebates for Generic, Brand and Specialty Drugs for Commercial Payers, 2018



# Drug Importation Savings - Canada & Other Countries

HCPF 50 drug analysis: employers & consumers savings avg.:

- From Canada: 63%
- From Australia: 78%
- From France: 84%

14 biologics analysis savings avg.:

- From Canada: 71%
- From France: 77%
- From Australia: 78%



## MAJOR COST DRIVERS

## SOLUTIONS

Drug prices are affected by multiple levers. Split fed oversight. No statewide accountability to protect consumers.

Create a state **Affordability Board** to address high drug costs. Evolve **federal pricing influence**, i.e.: Medicare & new drugs.

Overutilization of higher cost drugs.

Limit **direct to consumer marketing**, **physician marketing** and detailing. **Rebate sharing**. **Prescriber Tool**.

U.S. pays more for the same drugs than almost any other country

**Drug importation Canada & other countries**. **Affordability Board**. Learn from **Medicaid policy**. **Reform patent and exclusivity policies**, expedite generic approvals.

Complex pricing structures and no competition during patent protection to drive appropriate pricing.

Increase **transparency**. Federal or state intervention to influence **price during patent protection period**.



## MAJOR COST DRIVERS



## SOLUTIONS



# of new drugs each year increasingly high-cost, specialty drugs.

**Value-based contracts.** Re-evaluate **federal production incentives.** Fed intervention in **launch prices.**

Use of rebates, which impact prices and are often kept by middlemen.

**Rebate pass through** to reduce costs to employers and consumers.

Disparities in best practices and prices between small & large employers.

**Coalition-led negotiations** to improve discounts, rebates, other pricing. Learn from **Medicaid best practices and policies.**

# Additional New Public Releases

- Three Legislative-related Data Byte requests released:
  - End Stage Renal Disease and Dialysis Dependence
  - Nurse Midwife Payment Evaluation
  - Colon Cancer Screening and Colonoscopy Billing



# Upcoming Public Releases

- Telehealth Services Analysis Update (version 3)
- Medicare Reference-Based Price Report Update
- Low Value Care Interactive Report
- Drug Rebate Analysis Update
- Alternative Payment Model Report
- Shop for Care Update
- Community Dashboard Update





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- **Analytics and Data Quality**
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# Analytics and Data Quality

Kristin Paulson, JD, MPH ●

CIVHC VP of Innovation and Compliance



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# Connecting Consumers to Quality

- Project planning meetings began in December
- Used preliminary data sets from CO APCD and Medicaid to evaluate episodes and determine the procedure for Phase 1 of the project:
  - Gall Bladder Removal
  - Region 3 – Denver Metro
  - Commercial & Medicaid
- Phase 1 results anticipated at the end of April
- Phase 2 analysis begins in May
  - Applying lessons learned in Phase 1



# Data Submission Guide 12

- Technical fixes, clarifications, and additional modifier fields
- Focus on demographic information
  - Improved race and ethnicity field options
  - Federal Poverty Level Indicator
- NEW Value Based Payment Contracts (Pharma)
  - Tracking what drugs are involved (high \$, low volume and lower \$, high volume)
  - Tracking total dollars and prescriptions involved
  - Convening expert panel to clarify definitions



# Primary Care and Out of Network

- Primary Care
  - CIVHC submitted the Primary Care Report with Alternate Payment Model information on 11.25
    - Presented it at the 11/19 Primary Care and Payment Reform Collaborative meeting (available publicly)
- Out of Network
  - CIVHC completed the analysis for the updated professional and emergency fee schedules with 2019 data for use by carriers and provides in calendar year 2021
    - Posted to the DOI website with updated FAQs in compliance with the legislative deadline and updated on [civhc.org](http://civhc.org) as well



# Enhanced Oversight Plan Overview

- Data Governance Plan
  - Action steps for monitoring CO APCD data quality and for investigating, communicating and resolving data quality issues.
- Data Submission Plan
  - Strategy for incorporating higher percentages of covered Coloradans into the CO APCD.
- Quality Data Release Plan
  - Approach to providing high-quality data releases and ensuring requestor satisfaction.

CIVHC will present one of these in-depth at each of the remaining meetings in 2021.

# Agenda

- Opening Announcements
- Operational Updates
- Public Reporting
- Employer/Standard Reports
- Data Quality and Analytics
- **Committee Bylaws and Structure Update**
- Public Comment





# Bylaw Workgroup Recommendations

Cari Frank, MBA ●

CIVHC VP of Communication and Marketing

Bylaws Workgroup



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# Committee Charge, Duties, Bylaws

- **Workgroup:** Rick Doucet, David Keller, Chris Underwood, Nathan Wilkes
- **Purpose of drafting bylaws:**
  - Create structure around Committee participation and attendance and help CIVHC engage the Committee more effectively
- **Additions:**
  - Participation required at 2/4 quarterly meetings (delegate is acceptable)
  - New Vice Chair position and elections every 2 years
  - Includes language on charge, duties, commitment, positions, and elections



# Bylaw Document Next Steps

Bylaws draft included in materials packet,  
please email any  
**feedback to Cari or Steph by Feb 26.**

Barring no significant changes to the Chair and Vice Chair elections language, call for nominations will go out at beginning of March with vote via email prior to May meeting.



# 2021 Meeting Schedule

- May 11<sup>th</sup>, August 10<sup>th</sup>, November 9<sup>th</sup>
  - 9am-11am
  - Virtual until otherwise noted

