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

Kristin Paulson, JD, MPH
CIVHC Chief Operating Officer
### FY 2021 Impact of Loss of Scholarship Program

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Forecast 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarship Dollars Approved &amp; Funded</td>
<td>$475,344</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$0</td>
</tr>
<tr>
<td>Data Requestor Funds</td>
<td>$108,500</td>
<td>$133,819</td>
<td>$137,321</td>
<td>$231,726</td>
</tr>
<tr>
<td>Total Dollars Committed</td>
<td>$583,844</td>
<td>$633,819</td>
<td>$637,321</td>
<td>$258,503</td>
</tr>
</tbody>
</table>

### Scholarship Elimination Impact

- **Scholarship Dollars Approved & Funded**
- **Data Requestor Funds**
- **Total Dollars Committed**

2018: $500,000 | 2019: $500,000 | 2020: $500,000 | Forecast 2021: $0
Project Impact of Scholarship Elimination

<table>
<thead>
<tr>
<th>Scholarship Elimination Impact</th>
<th>Licensing Fees for All Scholarship-Eligible Projects</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FY 21 YTD</td>
<td>FY 21 Year-End</td>
<td>FY 20 Actual</td>
</tr>
<tr>
<td>Non-Profits/Associations</td>
<td></td>
<td>$14,868</td>
<td>$57,452</td>
<td>$164,998</td>
</tr>
<tr>
<td>Academic Researchers</td>
<td></td>
<td>$127,661</td>
<td>$156,461</td>
<td>$365,240</td>
</tr>
<tr>
<td>Govt Entities</td>
<td></td>
<td>$2,813</td>
<td>$17,813</td>
<td>$107,083</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>$145,342</strong></td>
<td><strong>$231,726</strong></td>
<td><strong>$637,321</strong></td>
</tr>
</tbody>
</table>

Note: CIVHC FY 21 Budget assumptions include retaining 50% of FY 20 associated revenue = $318,660
## FY 21 Financial Assistance Initiative

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

*Estimates

## FY 21 State Agency/Legislative Requests Produced as Public Reports

<table>
<thead>
<tr>
<th>Project #</th>
<th>Project</th>
<th>Data Requestor</th>
<th>Data Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.06</td>
<td>Nurse Midwife Reimb</td>
<td>Office of the Governor</td>
<td>$0</td>
</tr>
<tr>
<td>21.94</td>
<td>Kidney Disease</td>
<td>Legislative Request</td>
<td>$0</td>
</tr>
<tr>
<td>21.108</td>
<td>Colon Cancer</td>
<td>Legislative Request</td>
<td>$0</td>
</tr>
</tbody>
</table>
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
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
Agenda

• Opening Announcements
• 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
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
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 19th.
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

Total Claims
718,523,220

- Medical: 394,667,280
- Pharmacy: 300,127,140
- Dental: 23,728,800

Number of Payers
44

Number of People
7,951,100

*All Years values do not include archived CO APCD data (prior to 2013)*
Reducing Rx Costs in Colorado – *Cost Drivers and Strategies to Address Them*

2nd Edition released 1/11/21

### Colorado All Payers 2018

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>% prescribed</th>
<th>% of expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>85%</td>
<td>19.6% ($759m)</td>
</tr>
<tr>
<td>Brand Name</td>
<td>15%</td>
<td>39% ($1.5b)</td>
</tr>
<tr>
<td>Specialty Drug</td>
<td>1%</td>
<td>42% ($1.6b)</td>
</tr>
</tbody>
</table>
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)

Source: (Kirzinger, KFF Health Tracking Poll, 2019), CIVHC Analysis 2020
Drug Importation Savings - Canada & Other Countries

| Source: Colorado Department of Health Care Policy & Financing internal analysis, 2020 |

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

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

Overutilization of higher cost drugs.

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

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

SOLUTIONS

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

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

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

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

Rebate pass through to reduce costs to employers and consumers.

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
Agenda

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

Kristin Paulson, JD, MPH
CIVHC VP of Innovation and Compliance
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 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
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\textsuperscript{th}, August 10\textsuperscript{th}, November 9\textsuperscript{th}
  • 9am-11am
  • Virtual until otherwise noted