

<p><b>Transparency</b></p>	<p><b>Potential Recommendations:</b></p> <ul style="list-style-type: none"> <li>● Support consumers’ making informed choices by compiling and reporting existing price, quality and clinical outcome metrics on a publicly-facing website(s) such as but not limited to CIVHC’s All Payer Claims Data Base (APCD). Ensure that the website(s) provides various tiers of timely information based on different consumers’ understanding of price and quality data.             <ul style="list-style-type: none"> <li>○ Create a state employee pilot and make this data available on mobile devices. This pilot would result in a proof of concept.</li> </ul> </li> <li>● Transparency is beneficial to more than just consumers. Create more transparent and publicly available data with a focus primarily around facilities, pharmaceuticals and providers’ prices using resources including but not limited to APCD. Data should be timely and regularly updated for the public.</li> <li>● <del>Transparency should include quality, price, and a choice of options that are available – a system that helps people and payers make choices based on clinical outcomes as well as price.</del></li> <li>● <del>The Commission supports the work of the APCD and feels that the data it will provide can help guide the discussion around cost going forward.</del></li> <li>● Direct CIVHC to use data from the APCD and other sources to provide cost and quality data to clinicians and facilities at point of service. Because quality metrics are emerging, continue to improve these metrics to support desired clinical outcomes.</li> <li>● Support a statewide total cost of care initiative (payments) to get an understanding of state costs relative to others states.</li> <li>● Explore the potential for financial incentives to motivate consumers to use decision aids. Pilot patient decision aids among Medicaid enrollees and/or state employees. Evaluate the pilot and disseminate results to inform the private sector. The pilot should focus on those diseases and/or procedures for which multiple treatment options exist.</li> <li>● <del>It is important for a patient to understand patient responsibility and accountability, and options related to cost and care especially as it relates to out of pocket responsibility and balance billing. If a patient has a significant financial requirement or if the patient controls where money goes, transparency is important and will likely impact their decision making (it should be noted that virtually all cash, direct pay, and concierge practices publish their prices).</del></li> <li>● <b>Move to background</b></li> <li>● <del>The Commission recognized the importance of price transparency as it relates to pharmaceuticals. Added to recommendation above.</del></li> <li>● <del>Support the broad use of transparency tools (i.e. pivot tables, other tools) by the DOI, HCPF, and CIVHC that can be posted on a website for all citizens to access which show costs by provider, and quality outcomes.</del></li> </ul>
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	<p><b>Parking Lots Items:</b></p> <ul style="list-style-type: none"> <li>● <del>This warrants more attention, including possibly utilizing an advisory committee dedicated to the topic of transparency. Important to get the on-the-ground sentiment related to this topic.</del></li> <li>● <del>Strengthen the state’s ability to provide Explanation of Benefits (EOB) to clients when they incur a charge to identify potential provider fraud. Law passed this year</del></li> <li>● <del>Align with value based payment efforts (needs to be defined). Develop a shared common understanding of quality versus cost (metric), to be a better purchaser.</del></li> <li>● Disclosure and the publishing of fees/ taxes imposed on providers.</li> </ul>
<b>Workforce</b>	<p><b>Potential Recommendations:</b></p> <ul style="list-style-type: none"> <li>● Support and allow people to have meaningful access to primary care service. Including but not limited to:             <ul style="list-style-type: none"> <li>○ <del>Supporting</del>Encourage where possible health care professionals being able to practice at the top of their scope of practice.</li> <li>○ Work with CDPHE, community colleges and others to improve the supply and practice of nonprofessional individuals such as community health workers and other community members that can support efficient and cost effective community based delivery models.</li> </ul> </li> <li>● <del>Direct and support CDPHE to Develop a workforce policy body that aligns</del> state efforts, data sets, and assesses community needs to assess workforce needs on-going.</li> <li>● Request the Commission on Family Medicine make revisions to HRSA related to the federal Graduate Medical Education (GME) programs rules and regulations.             <ul style="list-style-type: none"> <li>○ Seek additional slots in training programs in areas of CO workforce need.</li> <li>○ Seek flexibility in GME requirements, especially in primary care, rural, and underserved training programs.</li> </ul> </li> <li>● Investigate pathways to assist health care professionals seeking rapid entrance to the CO workforce and for those that are foreign trained.</li> <li>● Promote and support health care providers practicing in identified rural and underserved areas by increasing funding, eligibility, and policies for efforts that reduce debt load for those willing to serve in these areas including but not limited to the Colorado Health Service Corps.</li> </ul> <p><b>Parking Lots Items:</b></p> <ul style="list-style-type: none"> <li>● <del>Evaluate the adequacy of reimbursement for primary care and how that impacts access. These concepts are included in last bullet of payment</del></li> <li>● <del>Fund primary care adequately (incentives).</del></li> <li>● <del>Continue the Medicaid primary care provider bump in reimbursement rates.</del></li> <li>● <del>Align workforce efforts with value based payment efforts.</del></li> </ul>
	<p><b>Recommendations:</b></p>

**Payment and Delivery Reform**

- ~~Create a body to develop Support efforts to align the use of~~ common quality metrics across payers. ~~Direct payers to use these~~ to drive in order to drive value-based payment models and enhance public reporting of provider performance on quality and costs.
- Encourage experimentation with new forms of pricing and reimbursement including but not limited to:
  - Use of reference pricing for all payers
  - ~~Condition based payments;~~
  - ~~Episode of payment for a procedure; and~~
  - Warrantied payment for services, and
  - **Bundled Payments**
    - Adoption of bundled methodologies as appropriate for all payers including in the State’s employees’ purchase of certain procedures and conditions.
    - ~~Pilot Support~~ a voluntary bundled payment program for:
      - State employees: Hips and knees, back surgery and congestive heart failure
      - Pre-Medicare state retirees: Continue for hip and knee replacements, pilot for back surgery and congestive heart failure
      - Medicaid: Chronic illness such as diabetes, asthma or heart failure
    - ~~Pilots~~ **Bundled payment programs** will include:
      - Patient satisfaction measures
      - An evaluation of the effectiveness on cost and quality to inform the state and private sector and to augment the limited evidence that currently exists
      - Defined bundles that are consistent with other pilots (to the extent possible)
- ~~Adoption of payment structures in Medicaid, such as braided or bundled funding, that address clients’ social determinants of health~~
  - ~~Merge or more meaningfully align state agencies (health authority)~~
  - ~~Braid funding for housing~~
  - ~~Expand Medicaid ACC medical home model to braid in funding for social services~~
- ~~Study traditional rate-setting the potential for equalizing payments in rural communities across all payers. and global budgets for all hospitals as well as for Medicare and commercial payers in rural hospitals~~
- ~~Implementation of public reporting and fiscal incentives for provider cost and outcome performance based on claims data analysis~~ **Covered in transparency**
- ~~Encourage experimentation with new forms of pricing and reimbursement in arenas such as:~~ **Covered above in bundled payment**
  - ~~Use of reference pricing for all payers~~

	<ul style="list-style-type: none"> <li>○ <del>Further expand of Bundled payment in PERA</del></li> <li>● <del>Expand programs that invest more in primary care in order to reduce hospital utilization to other RCCO regions Covered in last bullet</del></li> <li>● Create a pilot for state employees to adopt and test Value Based Insurance Design (VBID) approach to benefit design for all payers including the State’s employees, (e.g., high value services with low or no copay, lower value services with higher copays, etc.) in order to provide proof of concept for the marketplace.</li> <li>● Enhance primary care reimbursement using value-based models like the primary care medical home (PCMH) and integrated care models, and include adequate funding to fully implement these systems.</li> </ul> <p>Parking Lots Items:</p> <ul style="list-style-type: none"> <li>● <del>Assessment of the various types of evolving reimbursement models</del></li> <li>● Set a state target for increased system-wide spending on primary care, <del>which has been shown to lower overall health care costs in R.I.</del></li> <li>● Encourage the Direct Primary Care model.</li> </ul>
<b>Market Competitiveness</b>	<p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul> <p><b>Parking Lots Items:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul>
<b>Social Determinants</b>	<p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>● Adoption of payment structures in Medicaid, such as braided or bundled funding, that address clients’ social determinants of health <b>(Moved from payment)</b> <ul style="list-style-type: none"> <li>○ More meaningfully align state agencies on health and health care (health authority)</li> <li>○ Pilot braided funding models for high utilizers for housing (MA showed savings)</li> <li>○ Expand Medicaid ACC medical home model to braid in funding for social services</li> </ul> </li> <li>● Enhanced per Member per Month (PMPM) payment in Medicaid through the RCCO's for high need, high cost complex patients, who have been identified as such through Statewide Data Analytics Contractor (SDAC) data, hospitals, healthcare organizations, community mental health centers. The PMPM would pay for the multidisciplinary team: a medical provider (NP/PA), behavioral health provider, care coordinator, health coach, and a hospital based community health worker. The team would work intensely with the patient and link (or re-link) them into a medical home in the community once the patient completes the program. Should consider a shared PMPM for PCP and facility for care coordination. Metrics could then look at admission and ED visit rates. After program maturation there could be incentive metrics for performance to earn part of the PMPM. Core components for success include:             <ul style="list-style-type: none"> <li>○ Close hospital partnerships for real time referrals and bedside enrollment</li> <li>○ Behavioral health therapist as part of the team</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Access to data: claims data, cost and utilization, and pre/post assessment for PH/BH capabilities within one EMR.</li> <li>● <del>Pursue a Delivery System Reform Incentive Payment (DSRIP) Program Amendment to the State’s Section 1115 Medicaid Demonstration Waiver to align with goals of the Colorado Opportunity Project (COP) already in process</del></li> <li>● Continue to support investments in Nurse Family Partnership (Every \$1 spent savings of \$5.70 for high-risk mothers; \$1.26 for low-risk mothers)</li> <li>● Create a pilot to identify urban, low-income patients with asthma from zip codes with high Emergency Department (ED) visits or hospitalizations due to asthma, and offer enhanced care including nurse case management and home visits.</li> <li>● Ask the legislature to provide financial support to measure the actuarial return on investment for public health</li> </ul>
	<p><b>Parking Lots Items:</b></p> <ul style="list-style-type: none"> <li>● Funding mechanisms for adverse childhood experiences / toxic stress</li> </ul>
<b>Regulatory Costs</b>	<p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul>
	<p><b>Parking Lots Items:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul>
<b>Administrative Costs</b>	<p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul>
	<p><b>Parking Lots Items:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul>
<b>Technology</b>	<p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul>
	<p><b>Parking Lots Items:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul>
<b>Incentive Mechanisms</b>	<p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul>
	<p><b>Parking Lots Items:</b></p> <ul style="list-style-type: none"> <li>●</li> </ul>
<b>Other topics: Pharmaceuticals</b>	<ul style="list-style-type: none"> <li>● Letter from Governor / General Assembly directing federal delegation to take action related to pharmaceutical costs             <ul style="list-style-type: none"> <li>○ Allow Medicare to negotiate prices</li> <li>○ Allow drug importation from other countries</li> <li>○ Adjust the length of patents and criteria by which patents are renewed</li> <li>○ Address the length of exclusivity</li> <li>○ Evaluate rules and timeframes to bring a drug to market</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Study the feasibility of a reinsurance program for specialty drugs                             <ul style="list-style-type: none"> <li>○ Does not directly address price. But allows carriers and employers to spread risk.</li> </ul> </li> <li>• Evaluate the feasibility of a multi state compact for the purchase of non specialty drugs</li> </ul> <p><b>Parking Lots Items:</b></p> <ul style="list-style-type: none"> <li>• Reduce patient cost sharing                             <ul style="list-style-type: none"> <li>○ Does not address price. Carriers would increase premiums to spread costs.</li> </ul> </li> <li>• Require more transparency                             <ul style="list-style-type: none"> <li>○ Provides information needed in competitive markets, but barriers still remain for competition.</li> </ul> </li> <li>• Implement price controls                             <ul style="list-style-type: none"> <li>○ Does Colorado have enough leverage?</li> </ul> </li> </ul>
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