

# COLORADO COMMISSION ON AFFORDABLE HEALTH CARE

## Meeting Minutes

5-9-2016

### COPIC, Mile High Room

**Commissioners present:** Bill Lindsay (chair), John Bartholomew, Sue Birch, Jeff Cain, Alicia Caldwell, Rebecca Cordes, Greg D'Argonne, Steve ErkenBrack, Ira Gorman, Linda Gorman, Marcy Morrison, Marguerite Salazar, Cindy Sovine-Miller, Chris Tholen, Jay Want, Larry Wolk

**By phone:** Dorothy Perry

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#### I) Approval of Minutes

- A) The Commission meeting minutes from April 11<sup>th</sup> were approved unanimously with no changes.

#### II) Josh Archambault, The Foundation for Government Affordability

- A) Josh Archambault from the Foundation for Government Affordability provided a presentation to the Commission titled “Curing the Health Care Headache” focused two different health care reforms that have shown to work in practice. The [presentation](#) can be found on the Commission website.

#### B) Commission questions/discussion:

- 1) Colorado has put to rest issues with old timely eligibility system over last five years and now have the nation’s finest real-time eligibility system. Are there other data feeds that are around to build in to Colorado’s system?
  - (a) One example, in the PERA system there is an issue with name matching if you don’t provide an individual’s exact name – i.e., include jr., sr., etc. We have also found that a vendor’s reach is far deeper than what states are active in; vendors have greater capacity with different data points than states do. Sometimes it is cheaper to use a vendor than create a new data collection point.
- 2) Do other comparative states have more centralized systems or do they have local/county partners?
  - (a) That would involve a longer discussion process about flow of information. It looks different state by state.
- 3) Does it always require legislation to do this or are state Medicaid agencies able to do this on their own? In states where there is a requirement for legislation what kind of push back has there been from different sectors?
  - (a) This program can be done both ways – agency process and through legislation. Pushback on legislation sometimes comes from agency folks worried about change in their processes.
- 4) Are there other states that have put in similar efforts and not realized savings?
  - (a) Not there yet, the states we have looked at implemented in this program the last year. From experience looking at the data, it seems hard-pressed to find states that have lost money.
  - (b) The Commission would like to see a list of states that are pursuing this model to see which ones are most similar to Colorado.
- 5) Are there states that have been able to work with the Feds on client fraud with their Medicaid expansion?
  - (a) Not that we are aware of as a special agreement around that issue.

#### C) Commission questions/discussion on Shopping:

- 1) Are there any states that have implemented smart shopper on Medicaid programs?
  - (a) No, it is a little trickier with how to implement and how it effects eligibility.

### III) Topic Recommendations, Commissioners and CHI

- A) CHI provided one pagers to the Commission on different recommendations to pursue in the issue areas of Provider Reports, Consumer Transparency Tools, Value Based Insurance Design and Patient Decision Aids. The proposed recommendations from CHI were deliberated by the Commission to include as an additions to the Topic Recommendations the Commission has already come up with to date. The [one pagers](#) provided by CHI can be found on the Commission website.
- B) Commission discussion of recommendations:
- 1) [Provider Reports](#):
    - (a) There is a challenge to the data itself within provider reports. There is also a sloppy lexicon around defining who is a provider.
    - (b) Putting more data and transparency out there encourages critical review of the data. If you're the worse provider, you probably don't know you are and hopefully if you realize you are you would try to be better.
    - (c) It is critical to have transparency of cost since health care costs keep increasing and this information helps explain to employees why those costs are increasing.
    - (d) There is trouble with a common data base around pricing. Need to look at where to find the best, most accurate information.
    - (e) Most tools for cost comparisons are very difficult to navigate and hard for a lay person to understand. There needs to be some requirements for understanding. There also needs to be an emphasis on improving the quality of measurements.
    - (f) Need to look at numbers that are comparable so it's not as confusing to consumers. It should also consider the fact that carriers can contract at different levels and negotiate different terms.
    - (g) Need to look at what the value add is and what the other alternatives are - how this is different than other programs out there.
    - (h) Need to think about what transpires when you rate information and how it is presented to the public.
    - (i) Main takeaways: Transparency is important and needs to include price and quality; quality metrics is emerging; using data from multiple sources; and promoting transparency in benefit plans.
  - 2) [Consumer Transparency Tools](#):
    - (a) The Commission heard from Castlight and Blue Book who both have an app that employees can look at to price compare. Is APCD equipped to take data and put it into that type of platform?
      - (i) APCD is developing a new website that will include a mobile technology with alternative means to access technology.
    - (b) Need to talk about how to give decent incentives opposed to information/websites that consumers may or may not want.
    - (c) Need to look at options for different types of procedures.
    - (d) People are buying plans based on cost only then come back and complain about having a high deductible plan. We need to get somewhere in the middle so people have a better understanding of what they're buying instead of just looking at the cost.
    - (e) It is critical to include "based on clinical outcomes as well as price" in the transparency recommendation.
    - (f) Would like to see APCD removed from the recommendation and wonder why we would put a specific vendor in our recommendation?
    - (g) We are talking about a consumer with different types of health care issues and there are some that all this information may be overwhelming. How can we build a process that

consumers can delve as deep as they want into any given procedure? This is not a simple process and is very complicated.

- (h) What is the role of the physician in providing information and transparency? We should recognize doctors in this recommendation.
- 3) [Patient Decision Aids](#):
  - (a) How much of this information is already provided? Is there a value add to doing this?
  - (b) Many providers are so busy and can't give patients much of their time and this is the problem. Professional assistance in decision making is hard to receive other than looking up information on your own. Need some kind of assistance which would require changing the system.
  - (c) More in this area is better so people have a variety of information to make a decision.
  - (d) Recommendation to create a pilot program to gauge effectiveness and test if there are cost savings.
- 4) [Value Based Insurance Design \(VBID\)](#):
  - (a) This is a natural extension from transparency. Challenge will be defining high value vs. low value.
  - (b) Value Based depends on a lot of subjective things that should be considered.
  - (c) Should look at things consumers can get without seeing a physician.
- C) Due to time constraints, the Commission will come back to the proposed recommendations on Rate Settings and Bundled Payments during their next meeting in June.

#### **IV) Colorado Medical Price Compare, CIVHC**

- A) CIVHC provided a presentation to the Commission on the Colorado All Payers Claims Database (APCD) work, highlighting specific examples from around the state. [Data](#) provided by CIVHC can be found on the Commission website.
- B) Commission discussion:
  - 1) The information provided by CIVHC was put together from questions the Commission had about cost variations across Colorado.
  - 2) Why is there an allowed amount? That seems to be driven by the plan rather than what the actual practice costs.
    - (a) The allowed amount is what is being paid for a particular event in total sum. It is important to look at who the payer is in relationship to the query. These are medians for all commercial payers.
  - 3) Who catalogues information on age of CAT scan or MRI, i.e., an inventory on devices being used? Value should be a consideration.

#### **V) Rural Health Care Access & Affordability, Chris Tholen & Steve ErkenBrack**

- A) Commissioners Chris Tholen and Steve ErkenBrack provided a presentation on rural health care access and affordability. The [presentation](#) can be found on the Commission website.
- B) Commission discussion:
  - 1) What is the average hospital occupancy rate in Colorado?
    - (a) Somewhere around high 60 to 70 percent of operational beds.
  - 2) How do you factor in hospital level of care and involvement in the CACP program?
    - (a) Did not look at those specific factors but what we are seeing is that migration is happening across all payers at a steady pace.
  - 3) It would be great to use the cost information slide on the legislative report.
  - 4) Troubled looking at the juxtaposition from what the Commission heard from CIVHC on cost variations and this presentation's focus on out-migration – how do these fit together?

- (a) General idea is that folks are leaving their local zip code to an urban area for medical care.
- 5) Many hospitals are advertising in markets outside of their local areas. It seems to be a marketing issue driving this.
  - (a) The cost for the insurance piece stays with the patient no matter where they are treated.
- 6) Many of these problems existed before the implementation of the ACA. Whether or not ACA is there, these problems will still exist.
- 7) The Commission needs to look at all problems across industries. There are other things to mature in Colorado before we put in place more heavy handed interventions. Need to be gentler on rushing towards the challenges of the ACA because there are also many opportunities the ACA has brought to Colorado.
- 8) The Legislature passed a bill requiring the Department of Insurance to do a study looking at a single geographic rating area. The report will be ready soon and would like to bring it to the Commission when it is complete.

#### VI) **Public Comment**

- A) George Swan, retired hospital administrator: The whole conversation is at PhD level, it is very rich and engaging. Would like to say the presentations are better if there are some hyperlinks in the pivot tables where the source of the data came from. I saw updated results from CIVHC and downloaded one on utilization into a pivot table; there is a lot of information there. When I downloaded from CIVHC there are 15 different tables, I took the 15 tabs and made one pivot table with quartiles that is so much better than an average. I'd urge you to look at the pivot table and see how it can help inform the kind of questions that came up today. The big issue in November is the three options in Colorado – Obama Care, Trump Care or Colorado Care. They are all begging for information and all three will be decided by motions of facts. There needs to be some kind of macro, five year projection, of each of these alternatives with underlying detail including population base. Need data that is useful at the local level to be brought together in a useful way. Better transparency begets better transparency.
- B) Alison Levy: There was talk amongst researchers on choosing health care within the exchange. It goes towards literacy and numeracy. If you don't have these you make bad decisions. These studies should be put up on the web. The use of symbols also helps with different levels of education.

#### VII) **Planning Group Update**

- A) May 27 - Greeley and Sterling meeting
  - 1) The Greeley and Sterling meetings on 5/27 will be rescheduled to a different date in June to avoid the Friday before Memorial Day weekend.
  - 2) Keystone will work with Commissioners on finding new dates in July to reschedule.