



COLORADO

Department of Health Care
Policy & Financing

MINUTES OF THE RULE HEARING OF THE EXECUTIVE DIRECTOR OF HEALTH CARE POLICY and FINANCING

The Capitol Center
303 East 17th Avenue, 11th Floor Conference Room

June 5, 2017

1. Call to Order

Executive Director Birch called the meeting to order at 1:01 p.m.

A. Staff Present

Susan E. Birch, Executive Director; Chris Underwood, Deputy Executive Director; Jennifer Weaver, First Assistant Attorney General; Paul Ritzma, Legal Director; Chris Sykes, Rules Coordinator; and Dan Hutchinson, Staff Support

2. Announcements

Director Birch announced that it is the policy of the Department to remind everyone in attendance that this facility is private property. The capacity of the meeting room is 105. Please do not block the doors or stand around the edges of the room. Please turn cell phones off while in the meeting room as they interfere with the recording equipment.

3. Introduction of Rules

1) Document 01 ED 16-12-19-A

Revision to the Executive Director of Health Care Policy and Financing Rule Concerning the All-Payer Claims Database, 10 CCR 2505-5, Section 1.200.1, 1.200.3 and 1.200.5 (Alejandro Vera, Health Information Office, and Tracey Campbell, Center for Value in Health Care)

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

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Mr. Vera provided an overview of the proposed rule revisions. Ms. Campbell testified that the Data Submission Guide (DSG) changes made this year are in response to feedback received from payers. Amongst the changes, the NPI field changed from voluntary to mandatory to align with current practices. Drug codes claims are now identified, and also changing for clarification and reporting reasons.

Director Bich addressed the comments received from AHIP and CAHP. Last fall outreach was done and there is a process in place for carriers to request a waiver. There was not a significant number of concerns at time of outreach regarding the DSG. Codes were updated to include standardized language from other APCD's.

Mr. Underwood discussed the outreach plan to address concerns moving forward. Outreach will begin again in the fall, with webinars and emails designed to collect data and address concerns on the next version of the DSG.

Sarah Orange, CAHP AHIP, provided public testimony regarding premium payment information, a concern that was removed after a meeting.

A discussion about submitting data 30 days at end of the month for more timely data. The new data manager can perform monthly. Currently four states – MA, NH, ME, CT – have a 30 day window. Department and fiscal agent compliance is ready to comply when the proposed rule becomes effective in August of 2017. Compliance of carriers to begin submitting information will be in November. Communications were provided to all submitters with new updated changes to submit test files. AHIP CAHP request to deny the 30 day window and stay with the current 45 day. Multistate carriers like the relaxed timeline in Colorado. CIVHC will be held accountable to assist carriers for transparency in costs. CIVHC to work collaboratively with Health Plans and assist on feedback. Grant a waiver, when available.

1.200.5.A – Why is the addition - to add quality, value to the rule? Not a limitation, no set definition in statute or federal guidance. A need to further clarify what the improvement in health care will be and tie to the triple aim.

There was no public testimony regarding the third set of proposed changes.

1.200.5.B – The data release committee will review the requests with qualifiers. Four SOP's developed regarding data release. They are – Colorado APCD Public Data Release; how to release annual reports to the Government, the public website, spot analysis and data bytes; reports with no PHI; and reports containing PHI.



External Stakeholders to review external reports before public dispersion. The industry is aware and makes use of the reports. The reports will be shared with HCPF blessing.

Executive Director Discussion

- Adopt as written and proposed.
- Premium amounts are delayed, alternative payment models also pending more research. Continued work to standardize data with the National Association of Health Data Organizations is being performed, to create more standard data sets.

4. The meeting was adjourned at 2:00 p.m.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Rules Administrator at 303- 866-4416 or chris.sykes@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

