

COLORADO MULTI-PAYER COLLABORATIVE

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Background

The Colorado Multi-Payer Collaborative (Collaborative) includes public and private health care payers working to strengthen primary care. Established in the spring of 2012, the Collaborative originated as part of the Centers for Medicare and Medicaid's Comprehensive Primary Care (CPC) initiative. At its inception, the Collaborative consisted of ten payer organizations, both regional and national, and public and private, working together to coordinate efforts and support CPC practices. The Collaborative has since expanded to include every public and private payer currently operating in Colorado. The Collaborative is committed to continuing to build on the initial efforts to expand and support primary care transformation throughout Colorado, and is currently focused on supporting CPC, SIM, CPC+, and regional data aggregation.

This charter outlines the agreements and protocols by which the Colorado Multi-Payer Collaboration (Collaborative) has agreed to voluntarily collaborate. It also describes the governance functions and major agreements of the Collaborative to date. This charter is intended to be a working document that continues to capture the major functions, decisions and work of the Collaborative as it continues to evolve.

Organizational Membership

The Colorado Multi-Payer Collaborative includes both public and private payer partners. Not all payers are participating in each project supported by the Collaborative, however, all payers are committed to payment and practice transformation in Colorado. Current membership includes:

- Anthem Blue Cross/Blue Shield of Colorado
- Centers for Medicare and Medicaid/Center for Medicare and Medicaid Innovation
- Cigna
- Colorado Choice Health Plans
- Colorado Department of Health Care Policy and Financing
- Kaiser Permanente
- Rocky Mountain Health Plans
- United Healthcare

Antitrust Statement

The Colorado Multi-Payer Collaborative operates in compliance with federal and state antitrust laws. In the course of its activities, no financial information from participating payers is shared.

During meetings and other activities, including all formal and informal discussions, each participant refrains from discussing or exchanging information regarding competitively sensitive topics. Such information includes, but is not limited to:

- PMPM
- Shared savings
- Information about market share, profits, margins, costs, reimbursement levels, or methodologies for reimbursing providers, or terms of coverage



Success

The Collaborative uses the following definition of success to guide their work together:

A shared commitment to increased quality, improved efficiency, higher value, and continuous improvement and diffusion of innovative and successful strategies through increased system accountability, improved health outcomes and experiences for patients and providers, and decreased total cost of care.

As the Collaborative evolves, it intends to revisit and amend this vision to ensure its currency and utility.

Guiding Principles

The Collaborative identified principles to guide their collaborative work, including:

- Processes are as critical as content
- The Multi-Payer Collaborative should be an anchor for multi-payer work in Colorado
- When a topic involves two or more payers, discussion should occur within the Collaborative
- All participants should assume positive intent by other participants

Decision Making Protocols

The Collaborative has agreed to use the following guidelines for decision-making:

- There will be full and complete discussion by all participants
- Consensus will be used to make decisions whenever possible, where consensus is defined as “I can live with it” among participants
- In the event consensus cannot be reached, a vote will be taken and majority opinion will rule
 - Each payer organization will have one vote
 - Consultants, staff, and contractors to the Collaborative will not vote
- There is no binding authority on any participating organization
- Participating organizations agree to look out for each other’s interests

Structure & Configuration

The Collaborative meets monthly to work on organizational alignment and consistency among payers in support of practice transformation and improved patient outcomes. Across Colorado, other stakeholders will continue to work on health reform. The Collaborative will seek opportunities to interact, share lessons and coordinate efforts.

Roles & Responsibilities

The Colorado Payer Collaborative prioritized the importance of convening, facilitation, project management and data aggregation as key to sustaining transformation efforts, and as functions that are best provided by organizations outside of the Collaborative. As a result, the Collaborative has jointly identified, selected and funded 1) a convener/facilitator/project manager; and 2) a data aggregator.



Facilitation & Project Support

In August 2012 the Collaborative issued an invitation for Colorado-based organizations to apply to be the convener, facilitator and/or project manager specific to the CPC Initiative. Five organizations submitted applications, and three of these organizations were interviewed by the Collaborative. The Collaborative did not find a match with the characteristics they sought for these roles, at that time. As a result, the Center for Evidence-based Policy (Center) was asked to continue to convene, facilitate, and project manage. The Collaborative reviews its contract with the Center annually.

Data Aggregation

In early 2013 the Collaborative began work with CMS and its contractor Telligen to identify specifications and requirements for a data aggregator for the CPC Initiative. The Collaborative created a Data Workgroup (comprised of payer organization and a representative sample of physician leader), which developed and let an invitation for proposals in October 2013. Though a robust and diligent evaluation process, the Collaborative selected Rise Health as the data aggregation vendor in March 2014. The data aggregation tool, Stratus, offered by Rise Health went live to practices in June 2015. Rise Health was purchased by Best Doctors in 2015 and continues to support Stratus.

The current model for data aggregation and project management includes an ongoing Data Workgroup, User Subgroup, and a Data Governance Panel as outlined under *Workgroups* below.

Workgroups

The Colorado Multi-Payer Collaborative has agreed to establish workgroups in instances when additional detail and analysis may be necessary and/or additional technical expertise from payer organizations, not typically represented in payer meetings, is needed. Current workgroups include:

Data Governance Panel

The Data Governance Panel meets the first Tuesday of each month, and is facilitated by the Center. The Governance Panel is comprised of one payer representative and one alternate from each of the payer partners supporting data aggregation. Each payer organization has a single vote in decision making processes, and vendors and other contractors do not vote.

The Governance Panel is intended to provide management, operational guidance, and oversight for Stratus. The objectives of the Governance panel are to ensure project deadlines are met, make decisions regarding changes to Stratus, and identify strategies for improving use of data regionally. The Governance Panel is informed by Collaborative meetings, the Data Workgroup, and User Subgroup. The Governance Panel has decision-making authority for Stratus, and the vendor relationship with Best Doctors.



Data Workgroup

The Data Workgroup meets the third Tuesday of each month, and is facilitated by Best Doctors. The Data Workgroup is comprised of payer and practice representatives who hold user licenses for Stratus. This may include members of payers' data and project management teams, practice care managers or data specialists, and providers. The objectives of the Workgroup are to provide feedback on user experiences, discuss opportunities to improve Stratus and support practice use, and identify innovative project solutions to drive the use of data regionally. The Workgroup operates with the following core principles:

- Communicate clearly, coordinate closely
- Make data accessible to and actionable by CPC practices
- Build on existing market resources
- Keep our eyes on the goal and our feet on the ground
- Achieve agreed business requirements
- Explore multiple approaches, test, and innovate

The Data Workgroup informs the Data Governance Panel of recommended changes, but does not have decision-making authority or oversight of Stratus.

User Subgroup

The User Subgroup meets every Friday, and is facilitated by Rocky Mountain Health Plans, with a focus on the clinical and administrative data integration pilot. The Subgroup is comprised of a limited group of payer and practice representatives. The Subgroup meets weekly to inform discussion at the Data Workgroup and decisions at the Governance Panel. The objectives of the Subgroup are to identify use cases, discuss user experiences, and identify opportunities for improvement.

Cost Sharing

In March 2014, the Colorado Payer Collaborative adopted a tiered approach to sharing costs necessary to the effective operation of the Collaborative. This model has been regularly updated based on changes in participation. The cost sharing model is based on a combination of numbers of lives covered and networked practices, and are based on estimates provided by payer organizations.

Level 1:	Colorado Choice	2%
Level 2:	Cigna & Kaiser	18%
Level 3:	Anthem BCBS, Colorado Medicaid, Rocky Mountain & United	80%

Aligned Messages

The Colorado Payer Collaborative places high value on collaboration and works hard to achieve a common and consistent approach among participating organizations. To this end, the Collaborative is committed to developing aligned messages, used for consistent communication among payer organizations, focused on practice transformation and other related interests of the Collaborative.



Collaborative Work

The Collaborative currently works on three distinct, yet related projects to support practice and payment transformation in Colorado. Each of these projects (e.g., CPC+, CPC Classic, SIM, TCPI) are intended to be complimentary efforts. While not all members of the Colorado Multi-Payer Collaborative are participating in each initiative, Collaborative members are coordinating across initiatives to ensure alignment of payments, metrics and practice support. As an example, many of the Collaborative members are participating in data aggregation that started in CPC Classic and is now being implemented in SIM. Through the Collaborative payers will continue to coordinate efforts and align with the needs of CPC+, SIM, and other regional activities.

Comprehensive Primary Care (CPC) Initiative

The Comprehensive Primary Care (CPC) initiative was a four-year multi-payer initiative designed to strengthen primary care, launched in October 2012. It was designed and initiated by the federal Centers for Medicare and Medicaid Innovation at CMS. CMS collaborated with commercial and State health insurance plans in seven U.S. regions to offer population-based care management fees and shared savings opportunities to participating primary care practices to support the provision of a core set of five “comprehensive” primary care functions. The CPC initiative tested whether provision of these functions at each practice site — supported by multi-payer payment reform, the continuous use of data to guide improvement, and meaningful use of health information technology — could achieve improved care, better health for populations, and lower costs, and can inform future Medicare and Medicaid policy.

The Colorado Multi-Payer Collaborative supported this work by coordinating resources and support for participating CPC practices, including technical assistance, an aggregated data platform, and other foundational supports. The CPC initiative concluded in December 2016.

Data Aggregation

A majority of payers participating in the Multi-Payer Collaborative provide a data sharing tool to participating CPC practices that aims to enhance and improve delivery of care to Colorado residents, as well as reduce overall cost of care. Prior to this project, providers received multiple reports from each health plan and had to log on to several different websites to access patient data, making it cumbersome and inefficient to coordinate a patient’s care. The Multi-Payer Collaborative has contracted with Rise Health to provide a reporting and analytical tool called Stratus™ — a single source for patient-level information that can help care providers save time and resources, and enable them to spend more time with patients.

Stratus allows care providers to access their patients’ claims data from one website. Rise Health has partnered with Colorado’s Center for Improving Value in Health Care and other state and local entities to build the tool and help ensure a comprehensive approach to data aggregation.



State Innovation Model (SIM)

Colorado SIM is a broad-based reform initiative that includes both public and private sector investments in comprehensive, whole person care. Colorado SIM is focused on behavioral health integration with primary care. Recognizing the need for a strong foundation of whole person care, and core competencies for effective integration, Colorado SIM will offer a wide range of transformation support related to leadership, process improvement, team-building, data use, measurement, care coordination, empanelment and stratification, and population health management. Colorado SIM will be designed to include offerings of value to practices at every phase of transformation.

Colorado payers, both public and private, are working together to develop a framework for achieving whole person care through comprehensive practice transformation (see attached). Using this framework, payers will be expanding value-based payments within their own networks to practices engaged in transformation activities, and meeting specific milestones. Practices will be able to participate to advance their knowledge and demonstrated ability to support this model of care, at the level that makes the most sense to them. A wide range of participants, from practices in the early stages of transformation to groups with extensive transformation experience, will be included in the initial cohort. An additional financial stipend will be paid by the Colorado SIM Office to participating practices in consideration of their decision to undertake this course of work.

The SIM Office will select practices participating in Colorado SIM. Payers will direct their own investments toward the sources of care that are most likely to produce a return — which are associated with intermediate and advanced practice competencies in the framework. Colorado payers are also working to align their payment, measurement and data sharing processes in a way that will help practices, similar to what the Multi-Payer Collaborative accomplished with the CPC initiative. It is anticipated that practices who participate in Colorado SIM, and persist in advancing through components of the model, will greatly improve the likelihood of receiving enhanced funding from both private and public payers. Practices will also likely create additional capacity to serve larger groups of patients more efficiently — which can improve sustainability and financial performance even in the absence of reformed payment.

CPC+

CMS' Center for Medicare and Medicaid Innovation (CMMI) is sponsoring the Comprehensive Primary Care Plus (CPC+) initiative, a national advanced primary care medical home model that aims to strengthen primary care through a regionally-based multi-payer payment reform and care delivery transformation. CPC+ includes two primary care practice tracks with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices. CPC+ provides practices with enhanced alternative payments, a robust learning system, and actionable patient-level cost and utilization data feedback, to support practice transformation. CPC+ launched January 1, 2017 and will run through December 31, 2021. CMS has selected 14 regions, comprised of



2,893 practices. In Colorado, five payers are participating in CPC+ to support 207 practice sites.

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