

**STATE OF COLORADO
INTERAGENCY AGREEMENT
SHORT FORM**

Paying State Agency Department of Health Care Policy and Financing (HCPF)	Agreement Numbers 21-164976 Encumbrance Number or Financial System Designation
Performing State Agency University of Colorado, School of Public Health at Anschutz Campus	Agreement Performance Beginning Date The Effective Date
Agreement Maximum Amount Term State Fiscal Year 2021 \$87,449.00 Total for All State Fiscal Years \$87,449.00	Agreement Expiration Date June 30, 2021 Terms Payment is due 30 Calendar Days upon receipt of a valid invoice. Disputes are governed by Fiscal Rule 3-5, Section 4.2. Agencies shall report any outstanding balance on Exhibit AR_AP at Fiscal Year-end.
Agreement Purpose and Obligations of the Parties House Bill (HB) 19-1176 Health Cost Savings Act of 2019 (HB-1176) creates a Task Force to analyze health care financing systems in order to give the General Assembly findings regarding the systems costs of providing adequate health care to residents of the state and in connection with making an appropriation. The Task Force will select a Contractor who can provide a detailed, unbiased analysis of fiscal costs and other impacts of the following: The current health care financing system in which residents receive health care coverage from private and public insurance carriers or are uninsured, a multi-payer universal health care system in which all residents of Colorado are covered under a plan with a mandated set of benefits that is publicly funded and paid for by employer and employee contributions, and a publicly financed and privately delivered universal health care system that directly compensates providers.	
Exhibits and Attachments The following Exhibit(s) and/or Attachment(s) are included with this Agreement: 1. Exhibit A – Statement of Work 2. Copy of Bill	
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For the Performing State Agency: Name: Beth McManus Email: Beth.McManus@cuanschutz.edu	

EXHIBIT A – STATEMENT OF WORK

1.0 PROJECT SCOPE

- 1.2 House Bill (HB) 19-1176 Health Cost Savings Act of 2019 (HB-1176) creates a Task Force to analyze health care financing systems in order to give the General Assembly findings regarding the systems costs of providing adequate health care to residents of the state and in connection with making an appropriation.
 - 1.2.1 The Task Force will select a Contractor who can provide a detailed, unbiased analysis of fiscal costs and other impacts of the following 3 models:
 - 1.2.1.1 The current health care financing system in which residents receive health care coverage from private and public insurance carriers or are uninsured,
 - 1.2.1.2 A multi-payer universal health care system in which all residents of Colorado are covered under a plan with a mandated set of benefits that is publicly and privately funded and paid for by employer and employee contributions; and,
 - 1.2.1.3 A publicly financed and privately delivered universal health care system that directly compensates providers.
 - 1.2.2 Each analysis shall describe how the systems provide the following:
 - 1.2.2.1.1 Services required by the federal act,
 - 1.2.2.1.2 Medicare-qualified services,
 - 1.2.2.1.3 Medicaid services and benefits equal or greater to current (with equivalent provider compensation rates),
 - 1.2.2.1.4 Medicaid services and benefits for individuals with disabilities who don't meet asset or income qualifications, and who have the right to manage their own care and the right to durable medical equipment,
 - 1.2.2.1.5 Coverage for women's health care and reproductive services,
 - 1.2.2.1.6 Vision, hearing and dental services,
 - 1.2.2.1.7 Access to primary specialty services in rural Colorado, and other underserved areas or populations,
 - 1.2.2.1.8 Behavioral, mental health and substance use disorders services.
 - 1.2.3 Using existing literature, the analysis shall describe the costs to society of high health care costs, which may include:
 - 1.2.3.1 Cost of emergency room, urgent care and intensive care treatment for individuals who are unable to afford preventive or primary care in lower-cost settings,
 - 1.2.3.2 Cost in lost time from work, decreased productivity or unemployment for individuals who, as a result of being unable to afford preventive or primary care, develop a more severe, urgent or disabling condition,
 - 1.2.3.3 Cost of bankruptcies – cost to the individual and the providers not paid,

- 1.2.3.4 Costs to and effects on individuals who do not file bankruptcies but are financially depleted due to medical costs,
- 1.2.3.5 Medical costs caused by diversion of funds from other health determinants (such as education, safe food supply or safe water supply),
- 1.2.3.6 Other collateral costs as determined by the Task Force.
- 1.2.4 Each analysis shall describe possible sufficient and fair funding systems that may be viable for each system and that may raise revenue from:
 - 1.2.4.1 General fund,
 - 1.2.4.2 Federal waivers under Medicaid and the federal act,
 - 1.2.4.3 Progressive income taxes,
 - 1.2.4.4 Payroll taxes, split between employer and employee,
 - 1.2.4.5 Other taxes,
 - 1.2.4.6 Premiums based on income.
- 1.2.5 Each analysis shall include the following:
 - 1.2.5.1 Include 1st, 2nd, 5th, and 10th year costs,
 - 1.2.5.2 Set compensation for licensed providers at levels that result in net income that will attract and re-train necessary providers,
 - 1.2.5.3 Include benefits reimbursed at 120% of Medicare rates for Colorado residents temporarily living out of state,
 - 1.2.5.4 Define, describe, and quantify the number of uninsured, underinsured, and at-risk insured individuals in each system,
 - 1.2.5.5 Include the provision of benefits that are the same as required by federal act,
 - 1.2.5.6 Identify health expenditures by payer,
 - 1.2.5.7 Identify out-of-pocket charges including coinsurance, deductibles and copayments.

2.0 STATEMENT OF WORK

- 2.2 The Contractor shall perform an unbiased cost analysis and other analysis of the following 3 models:
 - 2.2.1 The current health care system in which residents receive health care coverage from private and public insurance carriers or are uninsured,
 - 2.2.2 A multi-payer universal healthcare system in which all residents of Colorado are covered under a plan with a mandated set of benefits that is publicly funded and paid for by employer and employee; and,
 - 2.2.3 A publicly financed and privately delivered universal health care system that directly compensates providers.

- 2.3 The Contractor shall complete one Report outlining all Work that includes the following for all 3 models:
 - 2.3.1 Stakeholder Engagement Plan.
 - 2.3.1.1 The Contractor shall develop a Stakeholder Engagement Plan that includes an analysis conducted with and interpreted within the context of feedback from the Task Force and stakeholders in consultation with the Contractor.
 - 2.3.1.2 Key stakeholders shall include attendees that are able to address alternative policy elements as suggested HB-1176.
 - 2.3.1.3 Key stakeholders shall include the following as suggested in the legislation:
 - 2.3.1.3.1 Health systems,
 - 2.3.1.3.2 Hospitals,
 - 2.3.1.3.3 Providers,
 - 2.3.1.3.4 Patients/consumers, and
 - 2.3.1.3.5 Others as determined by the Task Force.
 - 2.3.2 Population Analysis.
 - 2.3.2.1 The Contractor shall complete a Population Analysis to include key metrics and elements involving the impacted population. These elements are determinants of health care utilization and therefore, costs.
 - 2.3.2.2 Key metrics shall include the following:
 - 2.3.2.2.1 Insurance status and source,
 - 2.3.2.2.2 Age,
 - 2.3.2.2.3 Sex,
 - 2.3.2.2.4 Race,
 - 2.3.2.2.5 Type of coverage,
 - 2.3.2.2.6 Geographical elements,
 - 2.3.2.2.7 Employer type by size,
 - 2.3.2.2.8 Others as determined by the Task Force.
 - 2.3.3 Cost Analysis.
 - 2.3.3.1 The Contractor shall complete a Cost Analysis with the goal to estimate per capita health care spending within each population category under the base-case scenario and the proposed new health systems.
 - 2.3.3.2 The Cost Analysis shall:
 - 2.3.3.2.1 Indicate the assumptions and adjustments needed to estimate spending for each population category.

- 2.3.3.2.2 Utilize baseline health care cost data from several sources that may be used to estimate baseline health care expenditures for individuals who obtain coverage from different insurers. The data shall include, at a minimum, the following:
 - 2.3.3.2.2.1 Medicare,
 - 2.3.3.2.2.2 Medicaid,
 - 2.3.3.2.2.3 Private insurance,
 - 2.3.3.2.2.4 Different demographics,
 - 2.3.3.2.2.5 Types of services such as hospital, physician, pharmacy, and other services.
- 2.3.4 Financing Analysis.
 - 2.3.4.1 The Contractor shall complete a description of financing options to fund the proposed system.
 - 2.3.4.2 The Contractor must ensure that the key parameters of the system are policy-based elements that are informed by the Task Force after consulting with Stakeholders and in consultation with the Contractor.
- 2.3.5 Economic Impact Analysis.
 - 2.3.5.1 The Contractor shall describe as available in the literature, anticipated employment changes in Colorado by sector related to changes in health care financing and anticipated economic impacts of the new system on employers and households.
- 2.3.6 Policy Based Assumption Analysis Report
 - 2.3.6.1 The Contractor shall describe the role active policy plays in impacting any of the key factors regarding providing health care coverage in Colorado.
- 2.3.7 Aggregate Analysis Report.
 - 2.3.7.1 The Contractor may develop an Aggregate Analysis that generates Colorado specific estimates from existing literature without conducting a full microsimulation or surveys.
 - 2.3.7.2 The Contractor shall consider the following possible sources of data to construct the Colorado specific reports:
 - 2.3.7.2.1 Current Population Survey,
 - 2.3.7.2.2 Colorado All Payer Claim Dataset,
 - 2.3.7.2.3 Medical Expenditure Panel Survey.

3.0 DELIVERABLES

- 3.2 The Contractor shall provide a Draft Health Care Financing Report outlining all Work performed in Sections 1.0 – 2.0 to the Department and Task Force for review and approval.
 - 3.2.1 DELIVERABLE: Draft Health Care Financing Report
 - 3.2.2 DUE: No later than May 1, 2021
- 3.3 The Contractor shall incorporate feedback provided by the Department and Task Force into the final report.

3.4 The Contractor shall provide a Final Health Care Financing Report to the Department and Task Force for review and approval. The Contractor shall present the findings to the Task Force upon request.

3.4.1 DELIVERABLE: Final Health Care Financing Report

3.4.2 DUE: No later than May 15, 2021.

4.2 Deliverable Table:

DELIVERABLES: Current Colorado Health Care Financing System Analysis	DATE DUE TO THE DEPARTMENT	AMOUNT OF TOTAL AWARDED FIXED PRICE CONTRACTOR WILL BE PAID UPON ACCEPTANCE OF DELIVERABLE
Health Care Financing Systems Report	By May 15, 2021	\$87,449
TOTAL		\$87,449

5.0 PROJECT KICK-OFF MEETING

5.2 The Contractor shall attend a Project Kick-Off Meeting and perform the following Work:

5.2.1 Schedule and facilitate the Kick-Off Meeting that includes the following attendees:

5.2.1.1 Task Force Members.

5.2.1.2 Contractor Key Personnel and Other Personnel performing the Work.

5.2.1.3 Others as determined by the Task Force.

5.2.2 Present a timeline and Project Plan to complete the Work.

5.2.2.1 DELIVERABLE: Kick-Off Agenda

5.2.2.2 DUE: A minimum of five Business Days prior to the Meeting

5.2.2.3 DELIVERABLE: Meeting Minutes

5.2.2.4 DUE: No later than two Business Days following the Meeting

5.2.2.5 DELIVERABLE: Final Project Plan

5.2.2.6 DUE: No later than two weeks following the Kick-Off Meeting

6.0 KEY PERSONNEL

6.2 The Contractor shall designate people to hold the following Key Personnel positions:

6.2.1 Project Lead

6.2.1.1 The Project Lead shall be responsible for all the Work and serve as the primary point of contact for the Department.

