Hospital Collaboration Agreement Application Appendix

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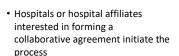
Hospital Collaboration Agreement Application Criteria

The following criteria, pursuant to § 25.5-1-1001, C.R.S. (2023), enacted via the adoption of Senate Bill 23-298, must be met for the proposed Hospital Collaboration Agreement to be considered:

- All hospitals participating in the agreement/arrangement must:
 - 1. Have fewer than fifty beds
 - 2. Be a county public hospital, a hospital affiliate, or a hospital established, maintained, or operated directly or indirectly by a health service district
- Engaging in at least one of the following activities:
 - 1. Ancillary clinical services, acquisition of equipment, clinic management, or health-care provider recruitment
 - 2. Joint purchasing or leasing arrangements, including the joint purchasing or leasing of:
 - Medical and general supplies
 - Medical and general equipment
 - Pharmaceuticals
 - Temporary staffing through a staffing agency
 - 3. Consulting services with a focus on public health in rural or frontier communities and non-hospital-specific innovations in health-care delivery in those communities
 - 4. Purchasing joint professional, general liability, or property insurance
 - 5. Sharing back-office services, such as sharing a business office, accounting and finance services, human resources, and risk management and compliance services, but not including sharing service charging expenses or rates among hospitals
 - 6. Sharing data services, including shared services for electronic health records and data extraction and analysis services, charge management, and population health analysis
 - 7. Negotiating with health insurance or government payers, which negotiations are limited to:
 - Shared care protocols intended to improve patient management and outcomes, including implementation of evidence-based protocols, clinical pathways, and recognized best practices in the care and treatment of patients, including clinical therapies, nutrition, exercise, diagnostic testing, and medication management
 - Collaborative efforts with payers to promote appropriate and essential services to be provided in the local community
 - Management of prior authorization requests
 - Analysis of aggregate data to compare costs of procedures and to analyze patient outcomes

Hospital Collaboration Agreement Application Process

Initiation



Eligibility Review

 Hospitals check if they meet the eligibilitycriteria outlined in the bill, including being rural or frontier hospitals

Draft Collaborative Agreement

 Hospitals will draft a collaborative agreement that outlines the specific activities they intend to undertake together

Submission to Department of Health Care Policy and Financing and Division of Insurance

 Hospitals jointly submit the proposed collaborative agreement to the Department of Health Care Policy and Financing (HCPF) and, if applicable, the Division of Insurance

Review by HCPF and Division of Insurance

- HCPF and, if applicable, the Division of Insurance review the proposal to ensure it complies with rules and may request additional information
- After all information has been received, allow 15 days for review

Referral to Attorney General's Office

 If HCPF and, if applicable, the Division of Insurance find potential benefits in the proposal, the proposal is referred to the Attorney General's Office

Review by Attorney General's Office

- Attorney General's Office reviews the proposed collaborative agreement to determine if any anticompetitive concerns outweigh the benefits of the collaborative activity
- Allow 45 days for the Attorney General's Office to make a determination

Additional Information Request

- Attorney General's Office may request more information related to the proposal
- Allow additional 45 days following receipt of requested additional information

Approval or Denial

- If approved, the collaborative agreement moves forward
- If denied, hospitals have the option to request reconsideration

Reconsideration

- Reconsideration may be requested by resubmitting the proposal, and additional materials, information, or other evidence related to benefits or anticompetitive harm, to the Attorney General's Office within 30 days after the denial
- Allow 45 days from date of reconsideration request

Annual Review

 The Department of Health Care Policy and Financing (HCPF), Division of Insurance (if applicable), or Attorney General's Office may conduct annual reviews to ensure compliance and confirm that the measured outcomes of collaborative activities meets the expectations described in the proposal. Hospitals should measure impacts of the agreement throughout the year in preparation for this review.