



HCPF Annual Stakeholder Webinar

July 19, 2022 • 9-11 a.m.



Thank You for Engaging!

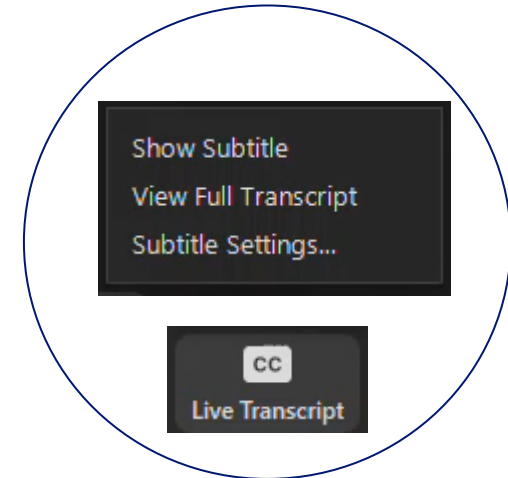
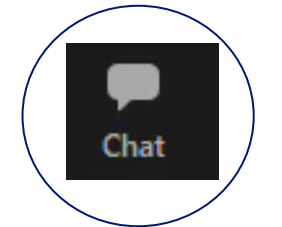
Today's Agenda

- Member focus story
- Kick off by LtG Primavera
- Focus Overview from Kim
- Office Director Overview
 - Celebrate FY2021/22 accomplishments
 - Share FY2022/23 priorities
- Invite feedback & comments



Webinar Logistics

- **Questions for Speakers:** Use Q&A feature on the toolbar
- **930+ Registrants:** May Not get to all questions
- **Please respond to the polls as they pop up.** Great feedback source!
- **Presentations, links, materials:** will be posted in the Chat
 - Otherwise, the Chat is closed (used by presenters)
 - Materials will also be posted to [CO.gov/HCPF/events](https://www.colorado.gov/hcpf/events)
- **Accessibility:**
 - ◆ American Sign Language interpreter
 - ◆ Spanish interpretation can be accessed through the Zoom toolbar by clicking on Interpretation
 - ◆ Live captioning can be accessed through the Zoom toolbar. Select “Live Transcript”, then select “Show Subtitle” to display the captions



Opening Remarks



Dianne Primavera
Colorado
Lieutenant Governor

Serving 1.65M Coloradans, up 32% or 400k \$14.2B Total Funds, \$4.1B General Funds



- Covering 1 in 4 Coloradans
- 43% of the state's children
- 43% of births
- 4.1% of members use long-term services & supports (LTSS)



Health First Colorado
(Colorado's Medicaid Program)



Child Health Plan *Plus*



Buy-In Programs



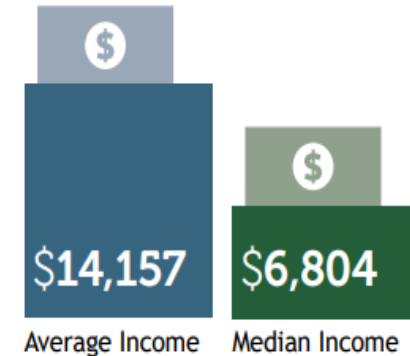
The Colorado Indigent
Care Program



Long-Term Services and
Supports



Dental Program



About Health First Colorado Members

Fiscal Year 2020-21 Demographics

Partnership Accomplishments. Thank You!

- **Supported membership growth**, up 32%/400k.
 - **Achieved service targets**
 - **Improved eligibility service:**
 - Letters, renewal process, PEAK
 - **Expanded provider network** 28% to 95k
- **Supported Medicaid workforce** via 2% inc. reimbursements across the board, \$15/hr wages (HCBS, Nursing Homes)
- **Directed federal \$\$ to transformation**
 - Behavioral Health
 - HCBS
 - Rural Hospitals
- **Leading states in preparing for the public health emergency** end to help ensure **coverage continuity**
- **Kept PMPM Medicaid cost trends flat**
- **Advanced value based payments (VBP)** to reward quality outcomes, equity and affordability
- **Leveraged 6.2pt add'l Fed funds**, creating a **\$926M GF gain** (10 quarters)
- **Kept Dept's admin overhead < 4%**
- **No major operational issues** despite > 130+ claim system changes (since late 2019)

Managing “Big Boulders”

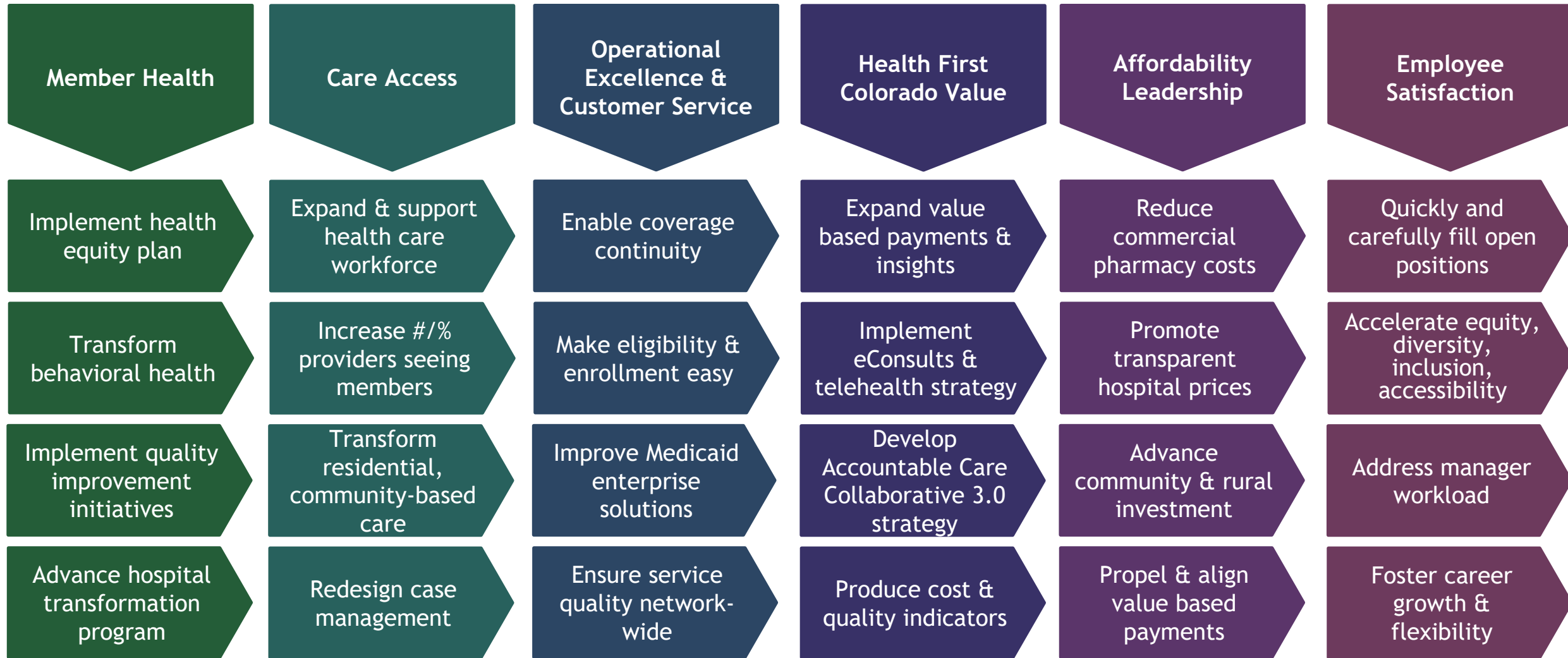
- **Balance inflation, provider rates, workforce access, affordability**
- **Coverage continuity** after Public Health Emergency (PHE) ends (655k continuous coverage)
- **Transform home & community based services (HCBS) thru ARPA (\$530+ M); addressing HCBS gaps (DOJ)**
- **LTSS Case Management System Redesign**
- **Transform Nursing Homes & PACE**
- **Transform behavioral health through ARPA, BHA & HCPF work. Support BHA. (\$115M+\$450M)**
- **Modernize Rural Care thru OeHI GF/FF (\$11M), ARPA stimulus (\$10M) & HTP (\$60M)**
- **Accountable Care Collaborative 3.0**
 - Providers of Distinction, eConsults
- **Value based payment** advancement & alignment across public/private payers
- **Health Equity:** Vaccine uptake, BH, Maternity, Prevention
- **Health care workforce** growth; **COVID** management transition
- **Enterprise solutions** innovation, improvement and integration
- **HCPF workforce** recruitment, retention, equity, diversity, inclusion

Managing over 75 Dept projects, 70 ARPA projects, implementing 50-60 bills/yr., 30+ audits at any given time

Six pillars help focus our work, centered around our Mission



Within the pillars, priority projects help us achieve more than 25 Dept FY2022/23 Goals



HCPF Executive Leadership, Dept. Structure



Kim Bimestefer,
Executive Director
CEO



Todd Jorgensen,
Chief of Staff



Chris Underwood,
Chief Administrative
Officer, CAO



Ralph Choate,
Medicaid Operations
Office Director, COO



Bonnie Silva,
Office of Community
Living Director



Cristen Bates,
Interim Medicaid Director,
Health Programs Office



Bettina Schneider,
Finance Office
Director, CFO



Parrish Steinbrecher,
Health Information
Office Director, CIO



Tom Massey,
Policy, Comms &
Admin Office Director



Charlotte Crist
Cost Control & Quality
Improvement Office
Director



Tom Leahey,
Pharmacy Office Director

Quality & Health Equity

Aaron Green, MSM, MSW, Health Disparities
and Equity, Diversity & Inclusion Officer

Peter Walsh, M.D., Chief Medical Officer

Charlotte Crist, Cost Control & Quality
Improvement Office Director

Department Health Equity Plan Fiscal Year 2022-23

Closing the Gap
A Health Equity
Plan Addressing
Health Disparities
and Improving
Outcomes for Health
First Colorado
(Colorado's Medicaid
program) and Child
Health Plan Plus
Members
July 1, 2022



New! Dept. Health Equity Plan

- Applied health equity lens across all programs and initiatives
- Stratifying data analytics to identify disparities
- Health Equity Plans in RAE/MCE contracts effective. 7.1.22
- Aligned with Governors Executive Order 175, SB21-18, CDPHE/OHE to address health disparities
- Internal EDIA work (over 25 events) for staff

Focused efforts around vaccinations (COVID-19), maternity and perinatal health, behavioral health and prevention

- Ongoing effort to close COVID-19 vaccination disparity gap
- Maternity research and reporting
- Behavioral health investments and transformation
- Increase access to prevention and expansion of quality care

Health Equity Community Engagement

**External lever:
Stakeholder Engagement
(Members, Providers,
Partners)**

- Engaged stakeholders in meaningful dialogue, feedback, grassroots strategy
- Town halls, listening sessions
- Completed 12 public meetings Jan-June
- Health Equity Website
CO.gov/HCPF/health-equity

Targeted and intentional conversations, input from stakeholders across all of Colorado

- Members with lived experience (Member Experience Advisory Council)
- Regional Accountable Entities (RAEs), Managed Care Entities (MCE's)
- Ongoing Community stakeholders from all intersectional identities
 - African American, American Indian/Alaska Native, LGBTQIA+, Disability, Non-English speakers, Immigrants, Refugees and more!



Quality Data Management

Quality dashboards
focused on disparity
metrics and performance
measures

- Develop robust dashboards that stratify data
- Provide current or most updated disparity data
- Embed health equity lens in metric deliverables & analytics



Stratify data by race/ethnicity, gender, language, geography, disability and other available identifiers

- Quality data
- Centers for Medicare and Medicaid Services (CMS) Core Measures
- Department goals and measurements
- Changes to Medicaid application; Access to data

Quality Improvement Priorities



Improve quality

- Enhance ability to measure CMS Adult and Child Core Measure Set
- Enhance transparency around quality metric performance
- Align RAE, CHP+, and other incentive program metrics with CMS Core Measures
- Produce cost & quality indicators to assist with referrals and member insights (Providers of Distinction)
- Emerging ability to incorporate lab data from EHR that ties incentives to reward better health outcomes and quality improvement



Improve member experience - more detailed data (CAHPS), including culturally sensitive care

eConsults support PCPs and improved referrals

- eConsults allow asynchronous electronic clinical communications between Primary Care Medical Providers and Specialists
- Enable expanded care in PCP office, improving access while reducing Specialist “no-shows”
- Enable referrals to higher performing docs, reducing disparities & improving quality
- Drive affordability while improving care access, quality, health equity
- Supported by value based payments that reward results: quality outcomes, health equity, affordability
- eConsult Platform anticipated go live: **Summer/Fall ‘23**

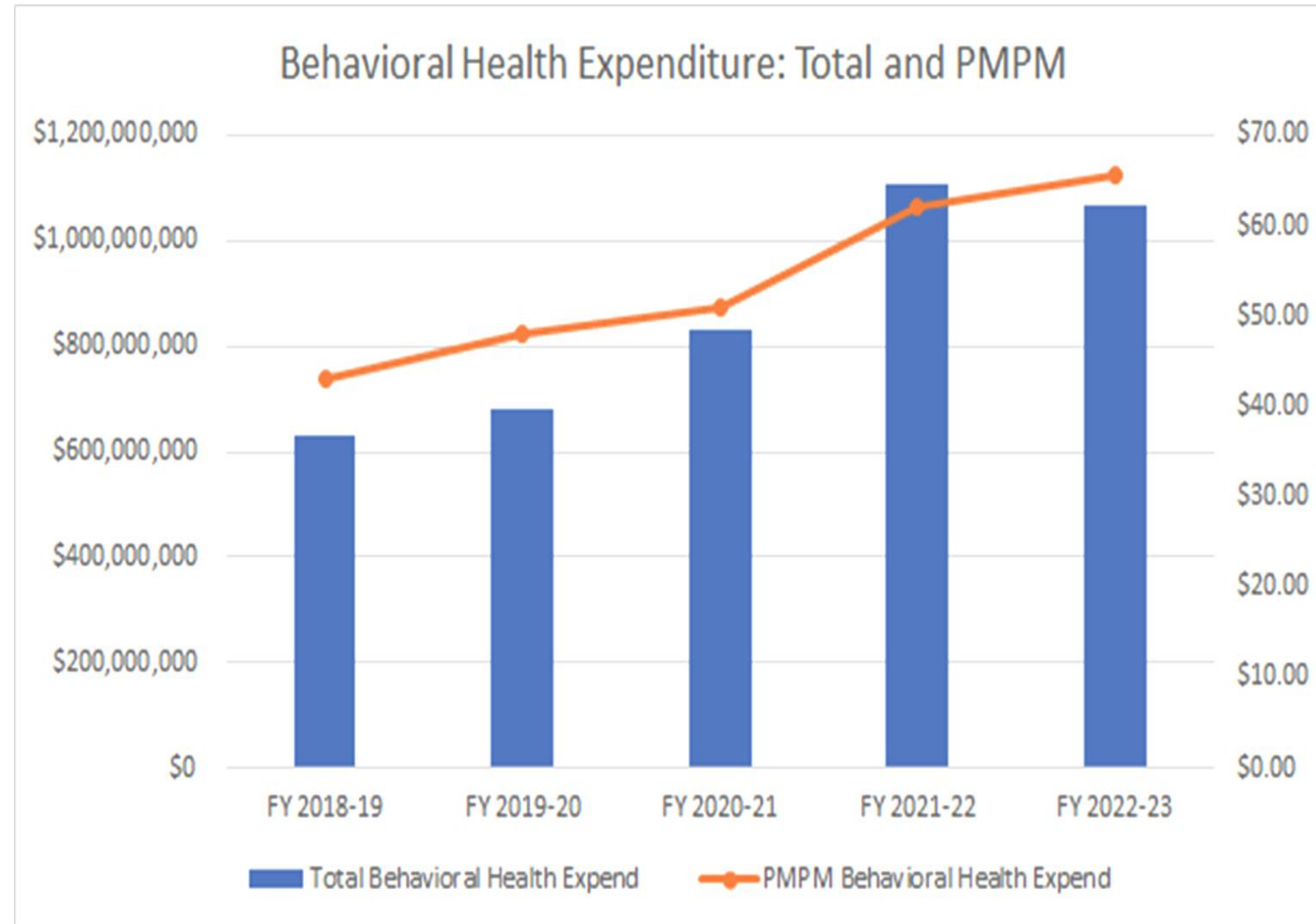


Health Policy

Cristen Bates, MPH
Interim Medicaid Director

Behavioral Health Transformation

- Increasing \$\$ to behavioral health (+\$400M since 2018)
- >10,000 active behavioral health providers (1,100 added in last year)
- Growing the safety net, with federal supports



Federal Stimulus: Driving Behavioral Health Transformation

- Community grant funding
- Mobile Crisis & Secure Transport
- Increasing high-intensity outpatient services, preventing hospitalization, and giving people additional wraparound services
- Step-down services for youth with complex needs
- Culturally competent training for providers
- Integrated care grants



Safety Net Accountability

- **Cost Transparency:** Watch for the Behavioral Health Rates Report
- **HCPF leading payment claims and data collection for state-funded behavioral health services**
 - Single process for eligibility and billing starts July '23
- **Value-Based Payments (VBPs) for Safety Net Providers**
 - More flexible funds, based on patient outcomes in July '23
- **Universal Contract and Reducing Administrative Burden**
 - Contract for providers in the public system, clear and aligned role for all parties, connected to VBPs

Impact of a Historic BH Legislative Session

Behavioral Health Administration HB22-1278

- Redefining the safety net
- Improved provider networks and less paperwork
- Shared vision

Beds HB22-1303, HB22-1283, SB22-148

- 125 new “step down/step up” adult beds
- Funding for youth residential beds
- New Tribal SUD facility

Community Programs HB 22-1302, HB22-1268, SB 22-156

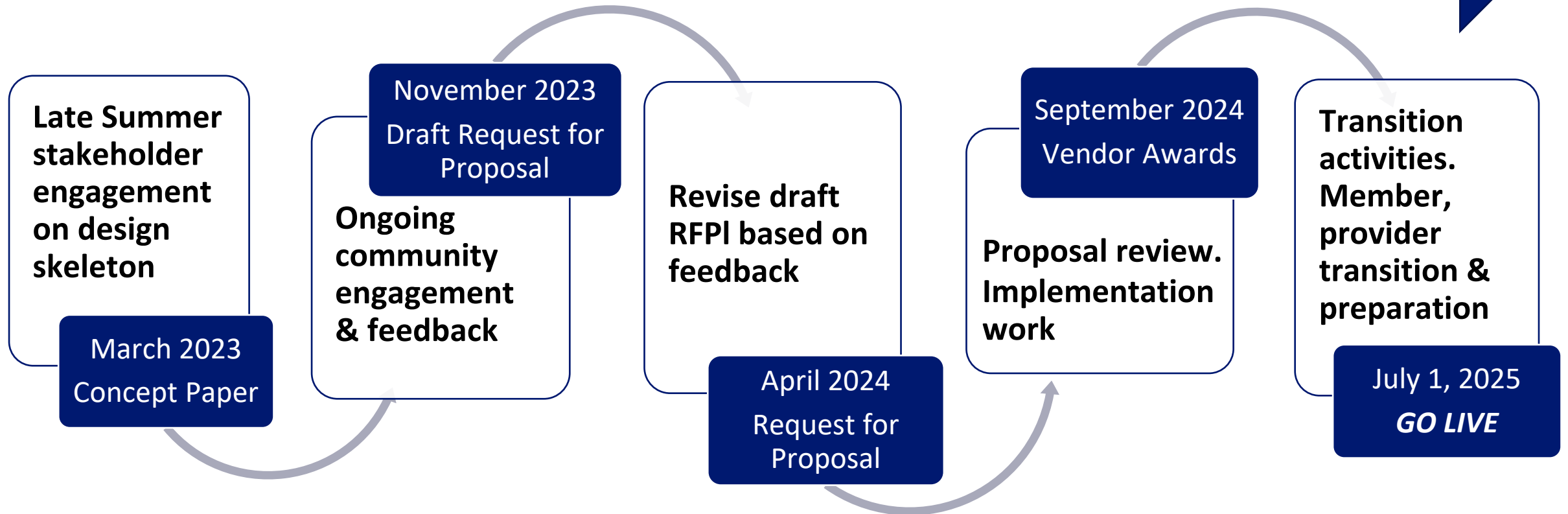
- Increased access to integrated care grants
- Transparency for rates, reducing paperwork, addressing conflict of interest
- Care coordination alignment and technology

Connecting Children & Families to Coverage

- Coverage for family planning and related services for more people
- Longer coverage after pregnancy/birth (90 days to 12 months)
- CHP+ health plans held to higher quality standards
- Historic passing of Health Benefits for CO Children and Pregnant People (HB22-1289):
 - Waives CHP+ enrollment and renewal fee
 - Creates lactation benefit
 - Creates Medicaid & CHP+ look-alike programs for children and pregnant people without documentation

Accountable Care Collaborative Phase III: *We Need Your Voice*

Ongoing Stakeholder Activities



Medicaid Operations & IT Support

Ralph Choate, Chief Operations Officer, Medicaid
Operations Office Director

Parrish Steinbrecher, Chief Information Officer, Health
Information Office Director



PHE unwind operations & automation

Thank you!
This was a massive collaboration across our stakeholders, advocates, partners, counties, legislators and State staff

- Feds extended PHE again thru Oct. 13
- System and process preparations are in place for unwind to start after PHE ends
 - 69 unique projects
- CMS praised our preparedness
 - 14-month plan to revalidate existing members on their next scheduled review date
 - Implementing innovations and automation to improve the member experience during the unwind and beyond

Expanding access to care by growing network

28% expansion of provider network over the last few years

95,000 providers in our network (11,700 added in the last year)

- We are working to further increase the frequency that providers see Medicaid members
- **>10,000** are active behavioral health providers (1,100 added in last year)
- **2/3** of telemedicine visits are for behavioral health services

Thank you Regional Accountable Entity and Managed Care Organization partners in this important work to expand our network of care

Thank you General Assembly for supporting our providers' ability to see members by increasing reimbursement and minimum base wages for certain direct care workers

Improving member experience

Giving Coloradans their Day Back

- Ensure service quality
 - Dashboards & scorecards - tangible measures to evaluate member experience across ALL partners
 - Member Contact Center average hold time for fiscal year 2022 was 35 seconds. We are challenging all partners to meet responsiveness industry standards
- Self-service in PEAK & Medicaid mobile apps for most common member needs, ie:
 - renew coverage
 - update address, household, income
 - get new digital member card
 - find a provider
 - new applicants

How do we achieve this?

Listening to members:

- Calls to the member contact center
- Member Experience Advisory Council
- Surveys
- Complaints and escalations

Ensure audit quality

- Reduced correspondence error rates from 50% to 0.13%
- Partnering with County & Medicaid Assistance resources to achieve standardized performance metrics
- Increase eligibility timeliness (97% in <45 days)
- Improve member application data accuracy (better than the federal 97% accuracy standard)



COLORADO

Department of Health Care
Policy & Financing

Member Experience Advisory Council

Help shape major initiatives. Help evaluate tools and technology. Help educate and reinforce for our internal staff our culture of service to our community.



Handled the 30% membership growth without major operational issues

137 system updates, no major defects, in Medicaid Management Information System (claims management system) since 9/1/19

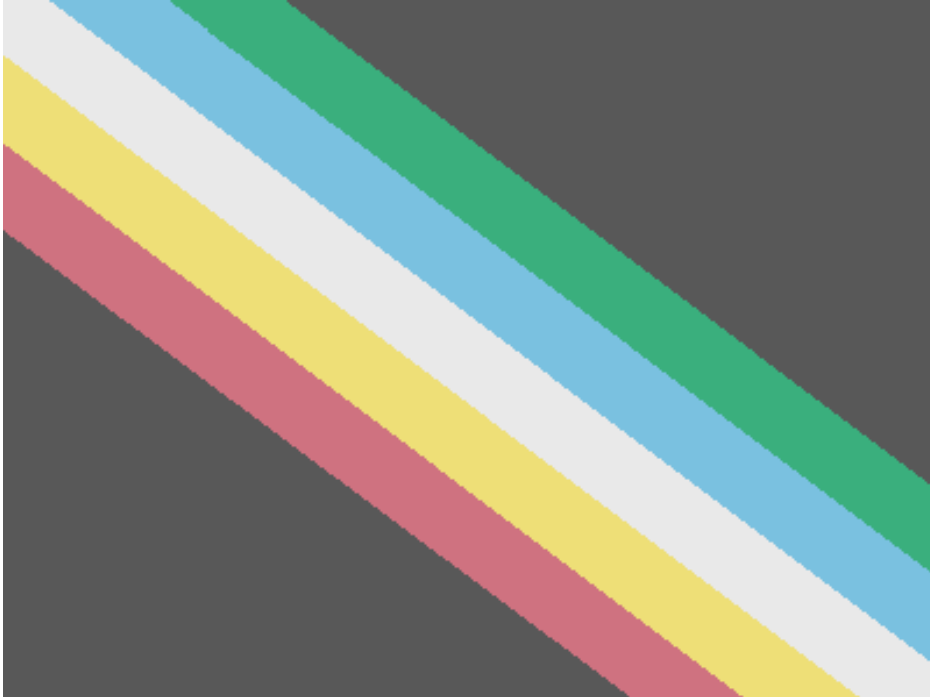
CO leads the way: Medicaid enterprise solutions innovation, systems integration and interoperability

- Making behavioral health claims submission and payment easier & integrated HCPF-BHA-CDHS
- Making sure the systems are upgraded without disruption
- Partnering with RAEs to mitigate disruption thru their system migrations

Community Living

Bonnie Silva,
Office of Community Living Director

July is Disability Pride Month

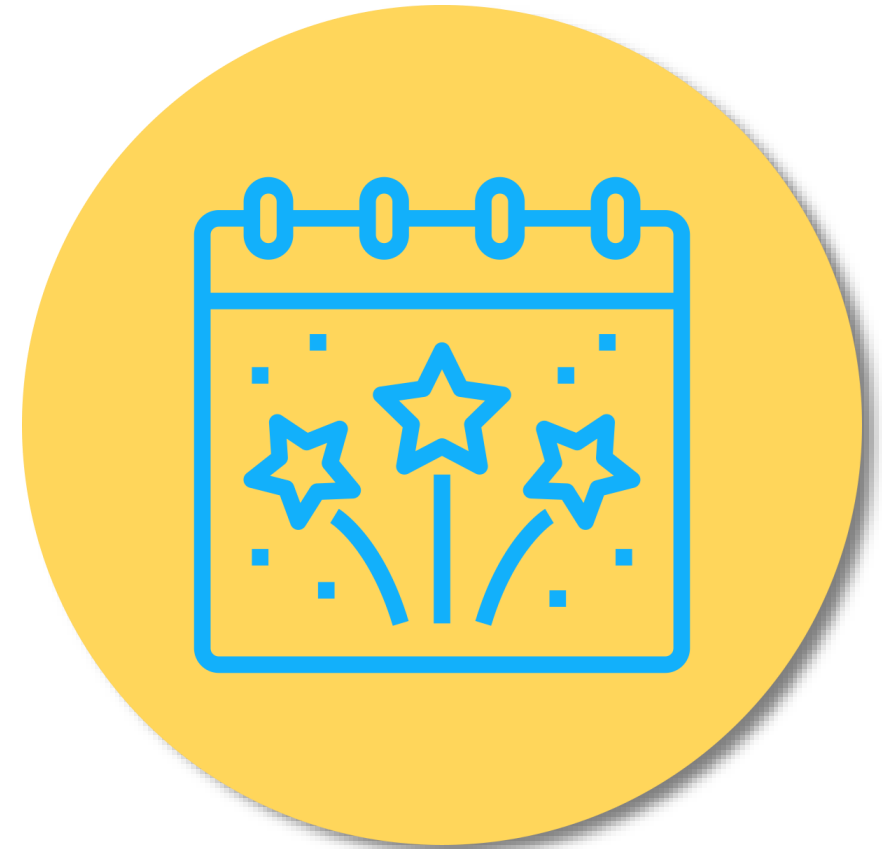


The Disability Pride Flag - Designed in 2010 by Ann Magill, a member of the disability community (updated in 2021).

- On July 26, 2022, we celebrate the 32nd anniversary of the signing of the Americans with Disabilities Act (ADA), the landmark legislation that prohibits discrimination against individuals with a disability
- At the core of what we do is crafting programs and services to support people with disabilities to live in their homes and their communities

Looking Back At Our Successes

- ★ Widespread rate increases
- ★ Becoming a national leader in Electronic Visit Verification (EVV)
- ★ Much needed support for Direct Care Workers
- ★ Transformational ARPA Spending Plan Approval



ARPA HCBS By the Numbers

10% Enhanced FMAP from April 1, 2021 - March 31, 2024 resulting in:

63 Projects

12 Grant & Pilot
Projects -
Approx. \$100M

3,500+

total attendance at
ARPA Stakeholder
Engagement
Opportunities

\$530M reinvestment

90% Directly benefiting the
community *3.5% Admin

20 months left to spend it
End date: March 31, 2024

16,121

page views on the ARPA webpage

Direct Care Workforce Goals



Direct Care Workforce Collaborative

- Launched in January 2021 as a stakeholder-led group
 - **Mission**: Stabilize the direct care workforce by implementing strategies that support priority issues and raise awareness about their value
 - **Vision**: To be recognized as the central hub for action, expertise, and advocacy on the direct care workforce
- **Opportunities for Engagement:**
 - Full Collaborative Meetings (1x/quarter)
 - Action Groups- Three topic focused groups focused on implementing action (1x every other month)

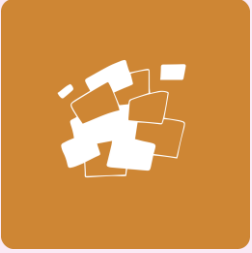
Next [Direct Care Workforce Collaborative](#) Meeting:
Wednesday, September 14, 2022 from 10:00 - 11:30 am
[Calendar Link](#)



Case Management Redesign Key Outcomes

Case Management Redesign Framework

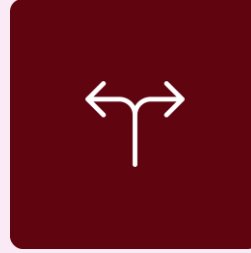
Policy Framework



New Structure



Knowledge



Conflict-Free



Accountability

Assessment & Support Plan Framework



New Assessment Tool



New Person-Centered
Budget Algorithm



New IT System

Nursing Home Transformation

Post-COVID need to reimagine Nursing Facilities: Consider what clients want, their individual needs, and their safety

| Challenge | Approach |
|--|---|
| Staffing Crisis | <ul style="list-style-type: none">● One-time payment to relieve staffing pressure● Annual supplemental payment contingent on paying at least \$15/hour |
| Instability of the Industry & Changing Consumer Preference and Needs | <ul style="list-style-type: none">● In collaboration with stakeholders, develop a state-wide long-term sustainability plan● Review and update provider reimbursement policy to prioritize quality, sustainability and fiscal stewardship methodology |

Program for All Inclusive Care for the Elderly (PACE) Innovation & Leadership

Ensure quality care in an increasingly high demand program

| Challenge | Approach |
|---|--|
| Lack of PACE Specific Oversight | <ul style="list-style-type: none">● Engage with stakeholders to develop, analyze and recommend a PACE oversight structure● Establish, administer, and enforce minimum regulatory standards and rules for the PACE program |
| Growing Demand with Limited Insight into the Type or Quality of Services Received | <ul style="list-style-type: none">● Collect encounter data from PACE organizations to understand the services being delivered● Develop a pay for performance structure driven by key performance metrics |

Department of Justice Findings

- Announced by DOJ in March 2022
- We are taking these findings very seriously
- We have a deep commitment to creating a system that ensures people with disabilities always have the option to receive their care in the community
- Significant investments into further enhancing and expanding our system
- Putting a microscope on the DOJ findings to make sure that any gaps that have been identified, we close

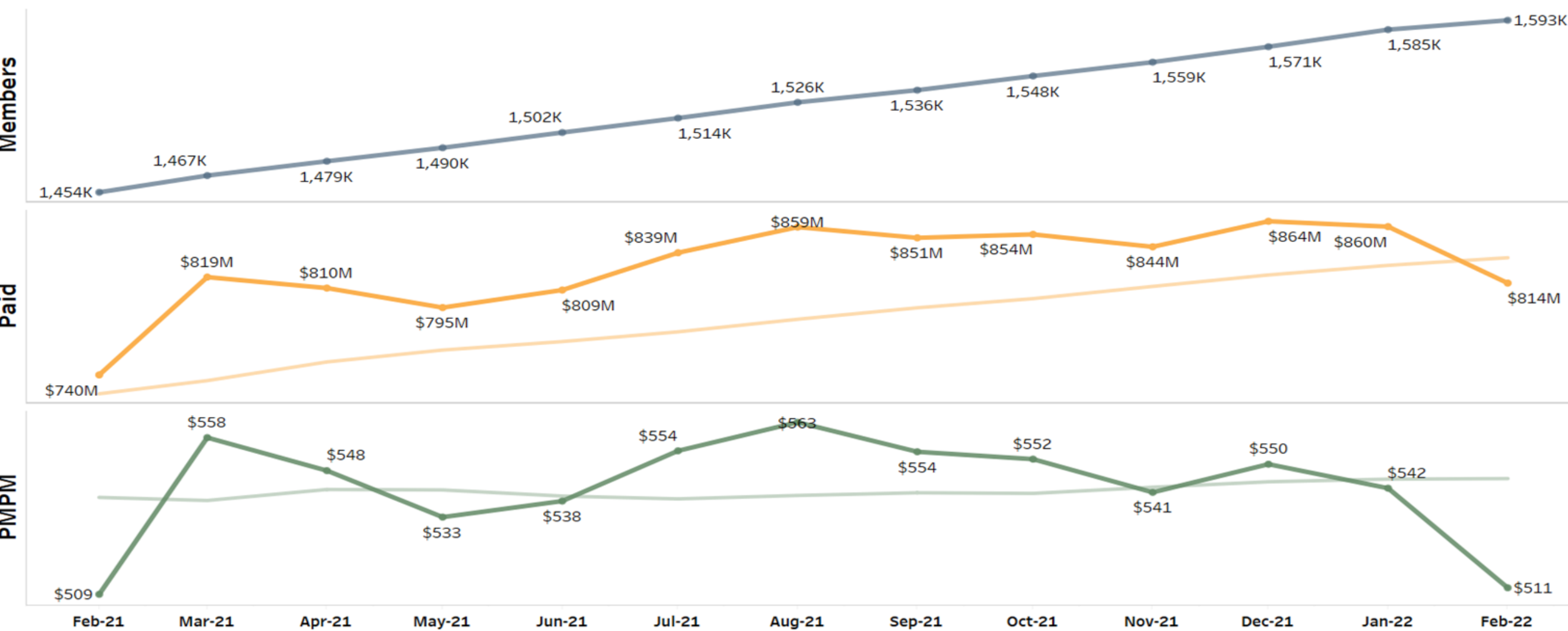
Finance Office

Bettina Schneider, Chief Financial Officer

Forecasting Budgets During Dynamic Transformation: \$14.2B

Executive Dashboard March 2021 - February 2022

| | | | |
|-----------------------------------|---------------------------------------|----------------------------------|---|
| FTE: 1,531K 13.8% ▲ | Paid: \$10,017M 15.1% ▲ | PMPM: \$545 1.2% ▲ | Risk Adjusted: \$548 1.6% ▲ |
| (Members) | (Per Member Per Month) | | |



Budget & legislative highlights



All Members

- Value based payment program investments
- Rural sustainability: \$10M for rural hospitals, \$11M for rural connectivity
- 2% across-the-board provider reimbursement rate increase
- Increased DME, transport & PT/OT/ST services reimbursement rates

Members with Disabilities

- Continues \$15/hr base wage increase for HCBS services post-ARPA
- Support for nursing homes: one-time funding of \$27M for nursing facilities and ongoing funding to support \$15/hr base wage
- Several targeted adjustments for HCBS waiver services

Colorado Payment Shift from Volume to Value

| | Medicaid | Commercial | Medicare Advantage | Traditional Medicare |
|------|----------|------------|--------------------|----------------------|
| 2020 | 15% | 15% | 30% | 30% |
| 2022 | 25% | 25% | 50% | 50% |
| 2025 | 50% | 50% | 100% | 100% |

CMS GOAL STATEMENT

Accelerate %-age of payments tied to quality and value through the adoption of two-sided risk APMs. CMS State Transformation Collaborative: CO, CA, AR, NC

Fee-For-Service (quantity of services). Limited tie to value.

Hospital Transformation Program. ACC2.0/ACO Primary Care. Prescriber Tool. Maternity. Providers of Distinction.

Value: Patient Access & Outcomes, Health Equity, Affordability

Health First Colorado Value Based Care

Better Care, Reduce Disparities, Affordability

Primary care alternative payments

- PCPs choose to receive some or all of their revenue as Per Member Per Month payments
- Stable revenue
- Allow for increased investment in care improvement
- Eligible to share in savings from improved chronic care management by providing high quality person centered care

Maternity bundled payments

- Covers all prenatal care, care related to labor and delivery, and postpartum care for Medicaid pregnant and birthing parents
- Rewards providers for improving outcomes and closing health disparities
- Providers who deliver the baby or who provide prenatal services (but do not deliver the baby) can join the program



Hospital Transformation Program (HTP)

Apr. - July 2021: Applications submitted ☒

Aug. - Nov. 2021: Implementations plans submitted ☒

Dec. - Mar. 2022: Project ramp up ☒

Apr. 2022: HTP Activity begins ☒

July 2022: Interim activity and Community Health Neighborhood Engagement (CHNE) reporting 

Oct. 2022: Program year 2 starts ☐

Jan. 2023: Baseline data reporting ☐

Apr. 2023: First milestone reporting ☐

HTP Website

- ☐ Measures specifications, quarterly reporting guide
- ☐ [Monthly HTP Newsletter](#) with key stakeholder information
- ☐ Training presentations and recordings & more

Rural Hospital Investment

- Telemedicine policies and broadband expansion
- Rural Support Fund (\$521,739/hospital/year) for tech, telemed, analytics, staff, behavioral health and more
- \$6.5M over 3 yrs rural HIT/HIE connectivity w/OeHI
- \$11M to connect remaining 60 independent rural providers w/OeHI
- SB22-200 \$10M for rural hospitals



Hospital Price Transparency

- Implement new hospital price transparency law
- Create Colorado hospital price dataset & tools
- Analyze Colorado hospital price dataset
- Stakeholder engagement

| | |
|-------------------------------------|---|
| Nationally leading hospital reports | CO.gov/HCPF/hospital-reports-hub |
| CIVHC data | CIVHC.org/affordability-dashboard-2 |
| Affordability toolkit | CO.gov/HCPF/affordability |

Partner Vendor Accountability

- 96% of budget goes to paying providers
- < 4% administration (vendors and staff)
- Vendor contracts continuously renegotiated
 - More effective pricing/value
 - Service level agreements to drive accountability
- Converting vendor contracts to FTE staff for efficiency, flexibility, areas of core competencies
- Outcome: better member/provider service, efficiency

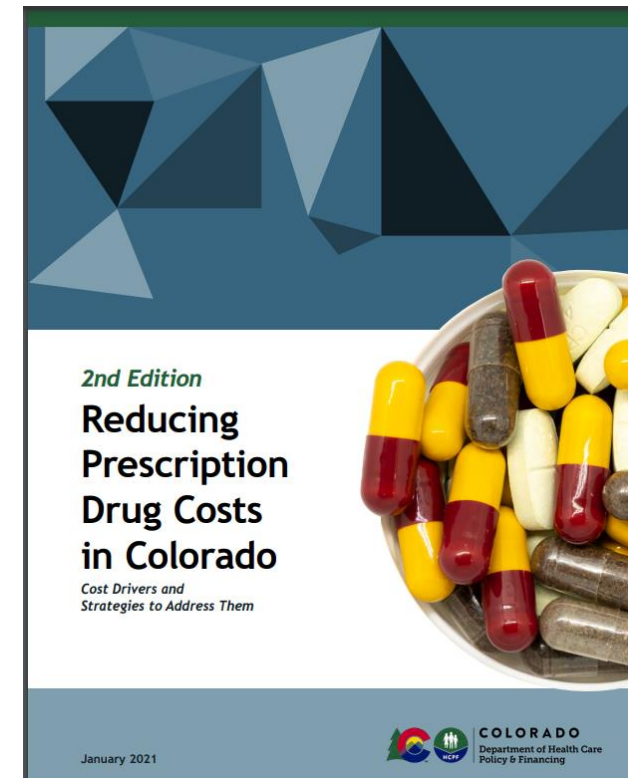


Pharmacy Office

Tom Leahey, Pharmacy Officer Director

Learn from Medicaid Rx Cost Control

- We cover 1.62 million Coloradans & > \$1 billion in gross payments (*largest Rx payer in the state*)
- \$3 copays for brands and generics, no deductible
- Children and pregnant women = \$0 copay
- Rx accounts for 15% of overall Medicaid spend, 5% net of rebates
- **Medicaid overall Rx trend is flat**
- Celebrate that AND Learn from Medicaid Rx policy
- ***Reducing Prescription Drug Costs in Colorado Report*** (Jan. 2021) CO.gov/HCPF/publications



State Opportunities to Reduce Prescription Drug Costs



| 5 recommendations | Progress made on <u>all</u> recommendations |
|---|---|
| Value-based contracts & payments. | Medicaid value-based contracts hold drug manufacturers accountable for clinical outcomes while rewarding prescribers for being part of the affordability solution |
| Drug importation where federally permitted | Finalizing contracts, engaging in final program development & will submit formal SIP application to the FDA to operate the program |
| Rebate & contract pass through (& related savings) to employers & consumers. | HB22-1370: Beg. 2024, health insurers required to ensure 100% of rebates are used to lower costs for employers and consumers |
| Prescription Drug Affordability Board (PDAB) to study Rx costs & set upper payment limits on certain drugs | Authority to review prescriptions drugs and evaluate if certain drugs are unaffordable to Coloradans. Ability to establish an upper payment limit for drugs deemed unaffordable & make other policy recommendations to the General Assembly |
| Prescriber Tool | Shared tool between commercial & Medicaid: OpiSafe- 5,250 allocated licenses. Affordability: 9,153 Medicaid prescribers using the tool (40%) |

Rx is leading driver of rising Commercial Health Care Costs, *Driven by Specialty Rx*

Commercial Rx Volume v. Costs by Class

| Generic | | Brand Specialty | | Brand Non-Specialty | |
|----------|------------|-----------------|------------|---------------------|------------|
| % Volume | % Spending | % Volume | % Spending | % Volume | % Spending |
| 83.9% | 16.9% | 1.5% | 52.4% | 14.6% | 30.6% |

< 2% of prescriptions are so expensive they are consuming more than 50% of Rx spend

Looking ahead

Prescriber Tool - further adoption

Thank you! Hospitals & outpatient practices recent & imminent adoption: UCHealth, Denver Health, Children's, Heart of the Rockies Regional Medical Center, Melissa Memorial Hospital, Southeast CO Hospital, Valley View & more

Prescriber Tool - shared savings model

Stakeholder engagement for the alternative payment model will resume in the coming months to further refine the model designed by the Department

Value Based Payments to Manufacturers on Specialty Drugs

We will continue to negotiate contracts with manufacturers to hold them accountable for their clinical promises to ensure value from high cost specialty drugs. SRx continue to be an affordability challenge





Feedback? Questions?