



COLORADO

Department of Health Care
Policy & Financing



HCPF Annual Stakeholder Webinar

August 8, 2023 • 9-11 a.m.

Thank You for Engaging!

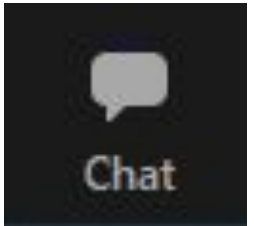
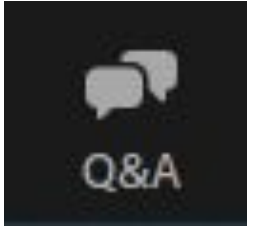
Today's Agenda

- Member focus story
- Overview from Exec Director
- Office Director Overviews
 - Keep Coloradans Covered
 - Celebrate FY 2022-23 accomplishments
 - Share FY 2023-24 priorities
- Invite partner feedback and comments



Webinar Logistics

- Questions for Speakers: Use Q&A feature on the toolbar.
- >1,500 Registrants: we may not get to every question live.
- Presentations, links and other materials will be posted in the Chat. Otherwise, the Chat is closed and is being used for presenter communications
Materials will also be posted to CO.gov/HCPF/events
- Please leverage the event pop-up polls. These events help us capture aggregate perspectives.
- Accessibility: ASL, audio only, Spanish interpretation, closed captioning



July Enrollment: 1.7M Covered



- Covering 1 in 4 Coloradans
- 40%+ of Colorado's children
- 40%+ of births
- 4% of members use long-term services & supports (LTSS)

2023 Federal Poverty Levels (FPL)		
by Family Size:	Family of 1	Family of 4
Child Health Plan <i>Plus</i> *	\$38,637	\$79,500
Health First Colorado**	\$19,392	\$39,900

*Upper Limits Listed

**Some earning more still may qualify



Health First Colorado
(Colorado's Medicaid Program)



Buy-In Programs



Long-Term Services and
Supports



Child Health Plan *Plus*



The Colorado Indigent
Care Program



Dental Program

Partnership Accomplishments - *Thank You!*

Supported membership growth, enrollment peaked 1.8M, up +550K/44% in April 2023 since March 2020

- Expanded provider network by 26%
- Member/Provider Call Centers hold time <1 min
- Implemented hundreds of system changes - claim, eligibility - without major operational issues (since late '19)
- ~1/3 renewals automated

Controlling Medicaid Costs to Protect Members & Providers:

- Admin <4% compared to carriers 13.5%+. **96%** budget pays providers for member care.
- Medicaid PMPM trend: 2.0%.
- Returned \$1.6B to JBC from 6.2% added FMAP.

Offering most affordable plan in CO:

- No premiums. No deductibles. Eliminated most member copays eff. July 2023

Driving Transformation:

- Behavioral health
- Long term care / services & supports
- Rural hospital supports
- Health equity
- Innovations (Prescriber Tool Phase I & II, eConsults, Cost & Quality Indicators)

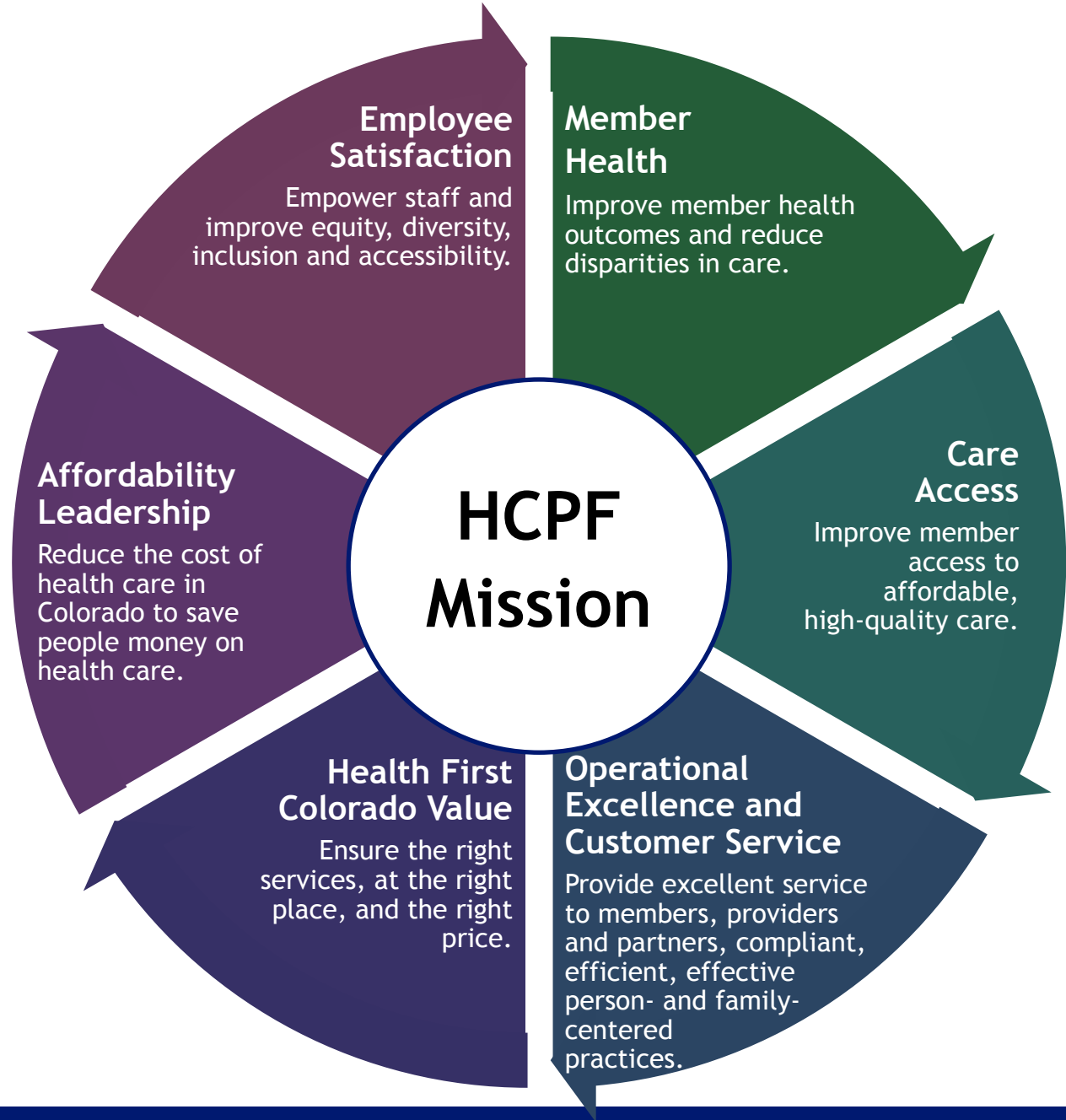
Advanced Affordability

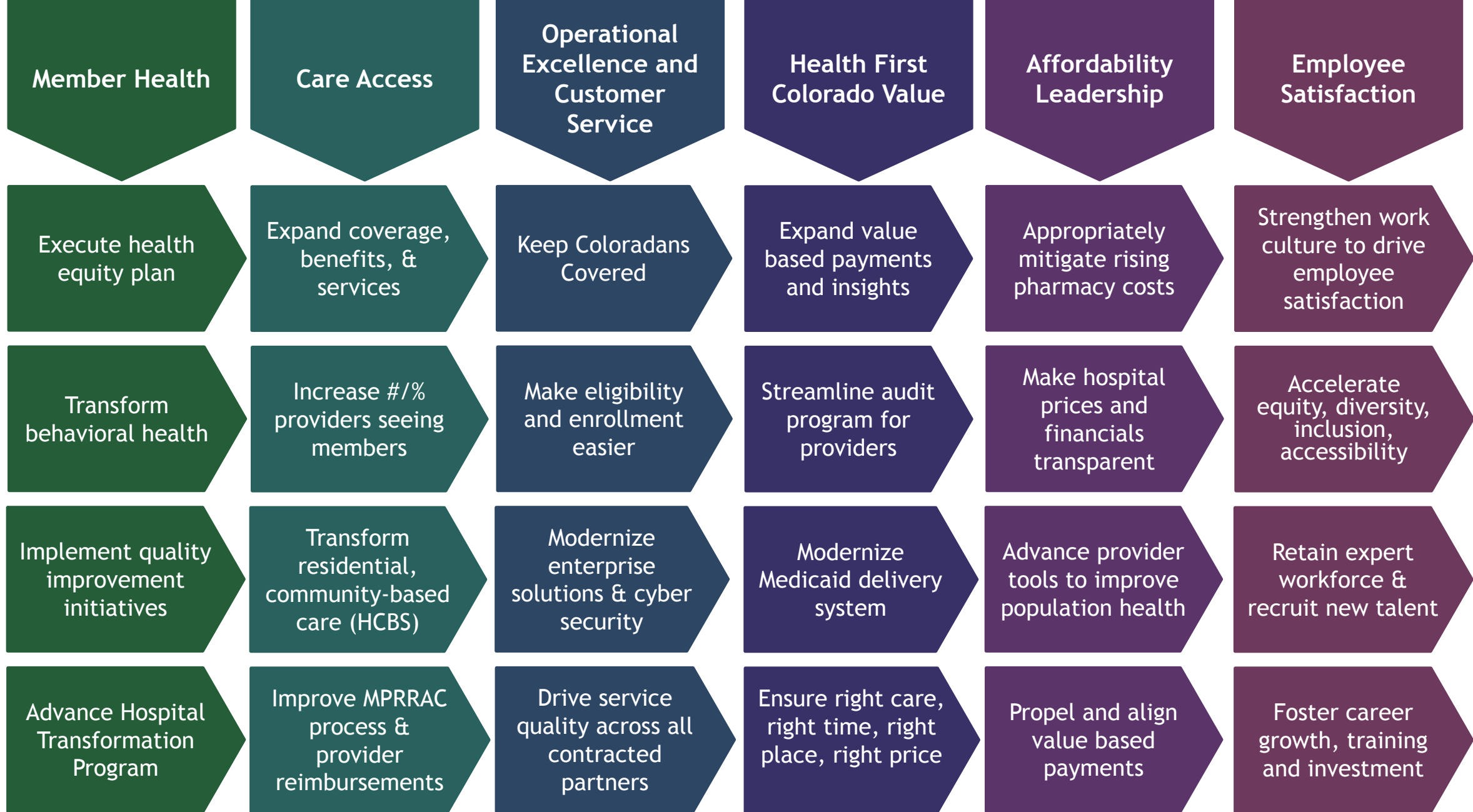
- Hospital & Prescription Drugs
- Value based payments
- Policies, programs, tools to save people money on health care

Managing 1/3 state's budget at \$15.5B TF, \$4.5B GF, ~400 contractors, ~100k providers, implementing 50+ bills/yr., navigating 40+ audits on HCPF at any given time.

Six pillars focus our work to achieve that Mission:

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado





HCPF Executive Leadership, Office Structure



Kim Bimestefer,
Executive Director, CEO



Todd Jorgensen,
Chief of Staff



Chris Underwood,
Chief Administrative Officer



Adela Flores-Brennan,
Medicaid Director,
Health Policy Office Director



Bonnie Silva,
Office of Community Living Director



Cristen Bates,
Office of Medicaid & CHP+ Behavioral Health Initiatives & Coverage Director



Bettina Schneider,
Finance Office Dir., CFO



Parrish Steinbrecher,
Health Information Office Dir., CIO



Ralph Choate,
Medicaid Operations Office Dir., COO



Rachel Reiter,
Policy, Communications & Administration Office Director



Charlotte Crist
Cost Control & Quality Improvement Office Director



Tom Leahey,
Pharmacy Office Director

HCPF Tackling “Big Boulders”

- **Balance inflation, provider rates, workforce access, affordability**
- **Keep Coloradans Covered** post Public Health Emergency continuous coverage
- **Facilitate health care workforce** growth and address gaps in access
- **Drive quality, equity, access, affordability:** eConsults, Prescriber Tool, cost and quality indicators
- **Advance value based payments** to reward quality, equity, access, affordability
- **Transform behavioral health (\$550M)**
- **Promote health equity:** behavioral health, maternity, prevention
- **Transform long term care:** home and community based services (HCBS) thru ARPA (\$550M); nursing homes; case management redesign; for people with disabilities
- **Support struggling providers:** safety net, nursing home, HCBS, special needs, BH, rural, etc.
- **Modernize how Medicaid delivers care:** Accountable Care Collaborative Phase III
- **Modernize Medicaid benefits systems**
- **Investing in Our PEOPLE is critical!**



So much to celebrate and much more work to come!

Medicaid - Vehicle to Address Emerging Nat'l Opportunities

- Jan 2023: **93M** in Medicaid & CHIP (>25% of pop): 86M Medicaid, 7M CHIP
- **Social determinants of health**
 - Health-related social needs/supports like food and housing
 - BH investments: Permanent supportive housing, wraparound services, crisis response, justice diversion
- **Expanding coverage and supports vulnerable populations**
 - Cover All Coloradans eff. 1/1/2025
 - 1115 waiver examination - Ages 0-3, Housing Insecurity, Corrections, Food
- **Provider Value Based Payments:** reward quality, equity, affordability
- **Interoperability** across other human services programs, to increase enrollment in other services that support those who need assistance

Keep Coloradans Covered

Rachel Reiter, Policy, Communications and
Administration Office Director

Partnering to Keep CO Covered

PHE Unwind Goals

Member continuity of coverage

Smooth transitions in coverage

Minimize impact to eligibility workers & staff

Thank you!

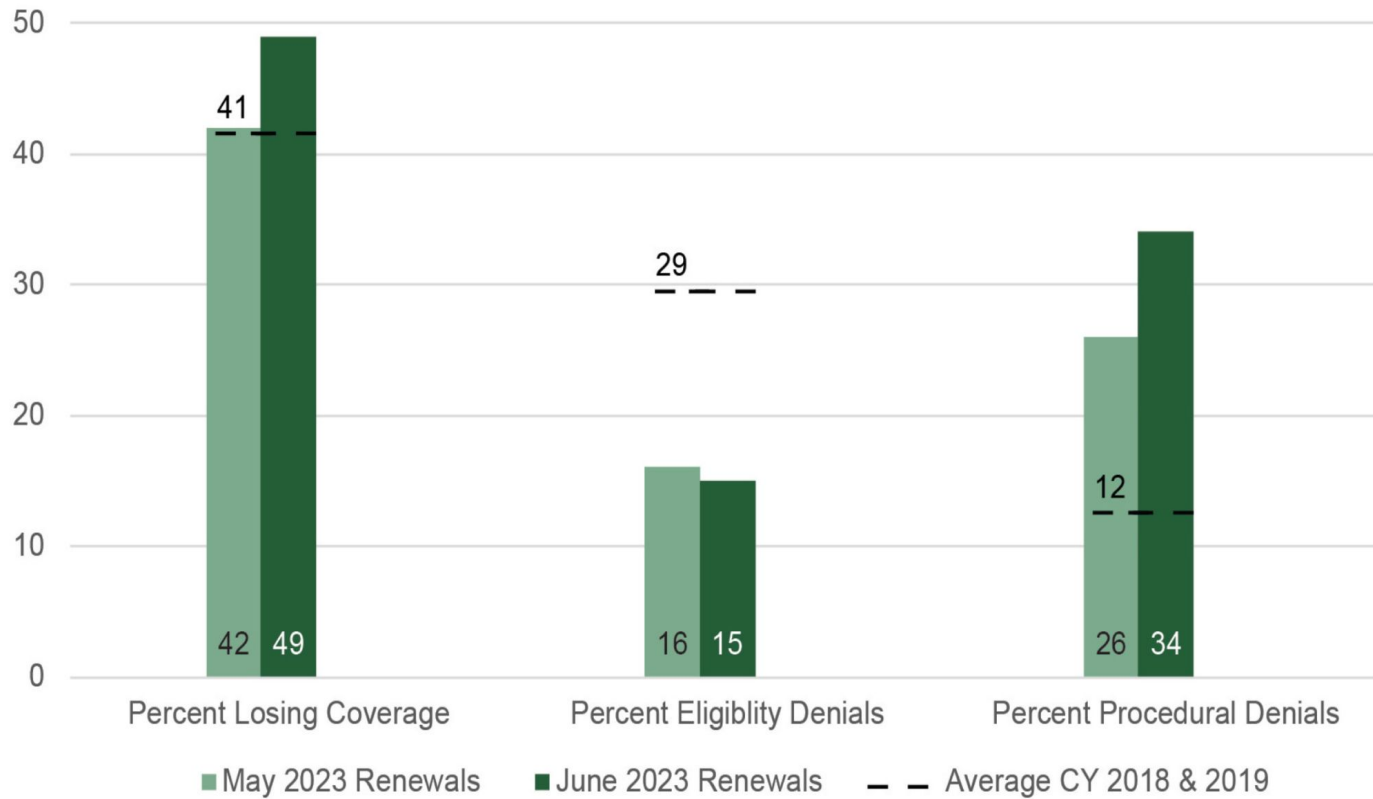
Progress so far:

- Process improvements making it easier to renew
- Maximizing auto-renewals (<30%)
- Eligible children auto enrolled into CHP+
- Continuous engagement with partners on process and outreach
- Support for counties including more funding
- Robust communication resources - will be adding more for focus populations - Back to School
- 34% increase in emails & text sign ups since April '22 via Update Your Address campaign
- At least 4 outreaches if haven't renewed

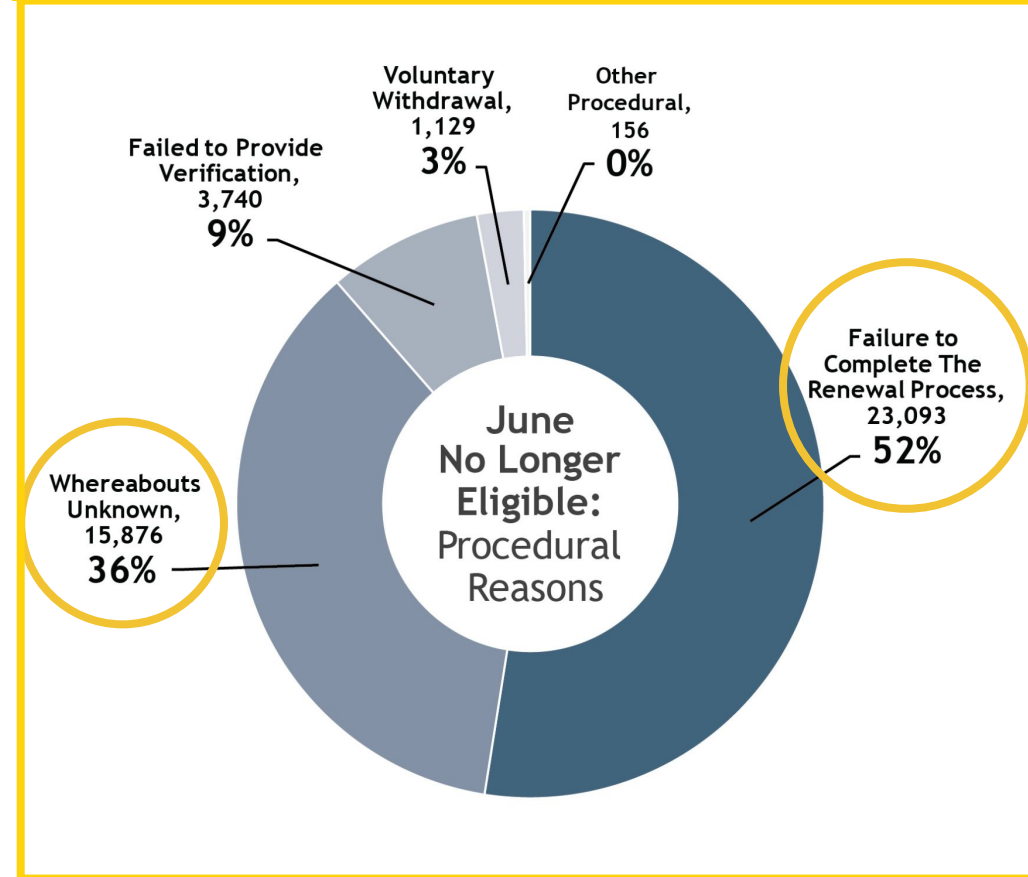


Historical Comparison

Monthly Renewals 2023, CY 2018/19 Average



June Data Outreach Opportunities



Focus Area: Long Term Care Renewals

Top priority: Ensure individuals with disabilities and members who qualify for long term care stay covered.

- Partnerships and coordination with RAEs, Case Management Agencies, facilities and counties
- LTC % of member procedural denials now is very similar to pre-pandemic
- Still very important work to do to ensure LTC members who qualify, stay covered.
 - **Whereabouts Unknown:** We have better contact, address information for LTC Members, meaning this population should be receiving their renewal and verification notices
 - **ASK:** These members to take action early
 - **ASK:** For those that do not complete the renewals in time, complete it within 90 days of the renewal to avoid a coverage gap or having to reapply.
 - **HCPF is evaluating options** - policy, outreach, support - to ensure that LTC members who qualify, stay covered.

Increasing Awareness: We need your help!

Print and hang flyers
in public areas to
increase member
awareness

Take Action
Toolkit/flyers

Keep CO Kids
Covered/flyers

#KeepCOCovered
Toolkit

With health insurance, they'll be ready for whatever the school year brings.

Kids who have health coverage are better prepared to do well in school and succeed in life. Health First Colorado (Colorado's Medicaid program) offers free or low-cost health insurance for kids and teens. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. Families of four earning up to nearly \$39,000 annually or more may qualify.

Go to HealthFirstColorado.com or call **1-800-221-3943** to learn more about affordable health coverage for your family.








Are your employees losing
**Medicaid
Coverage?**

Help them enroll in your employer-sponsored coverage



Do You Have Medicaid or CHP+? Get Ready to Renew!

-  Update your contact information and sign up for notifications in the Health First Colorado app or your PEAK account.
 -  When it's your time to renew, **complete, sign and return your paperwork right away.**
 -  Return documentation through the Health First Colorado app, online at co.gov/PEAK, or by mail.
 -  Need help? Scan the QR code to find your County Department of Human Services or visit hfcgo.com/renewals
- 

What if I no longer qualify?

Other health coverage options include:

- **Employer coverage**, check with your employer to learn about options, rules and deadlines.
- Coverage through a **family member's** health insurance.
- Coverage through **Connect for Health Colorado** (Colorado's official health insurance marketplace).
- Coverage through **Medicare**, for people age 65 or older or people under 65 with certain disabilities.
- Coverage for **active or former military, naval, or air service** through Tricare (active) or VA (veterans).

temporarily stopped eligibility reviews for people enrolled in Child Health Plan Plus (CHP+), in accordance with federal funding to normal operations. This means your employees or Colorado or CHP+ could lose their health coverage any time. It's important for employees and their employers. Data isn't get the care they need, get sicker, and cause financial hardship. We appreciate your partnership to Keep Colorado Covered, employers and our care providers. More

- 3. If you don't provide employee benefits, encourage your employees to find coverage through Connect for Health Colorado.**
 - 2 out of 3 customers can find a plan for \$25 per month or less and may qualify for very low or \$0 monthly premiums.
 - Employees can go to connectforhealthco.com/we-can-help or call the customer service center at 855-752-6749.
- 4. Remind employees they can re-apply for Health First Colorado if they lose coverage.**
 - If a person no longer qualifies because they missed the deadline to respond or their situation changes, they can reapply for Health First Colorado at any time.
 - To get free help filling out an application for Health First Colorado or CHP+ coverage, or to learn about other coverage options, call and make an appointment at a certified application assistance site: apps.colorado.gov/apps/maps/hcpf.map.



Care Delivery System, Quality & Health Equity

Charlotte Crist RN-BC, CCM, CPHQ, Cost
Control & Quality Improvement Office Director

Peter Walsh, M.D., Chief Medical Officer

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

ACC Phase III Vision for July 2025

Why: Goals

- ★ Improve quality care for members
- ★ Close health disparities and promote health equity for members
- ★ Improve care access for members
- ★ Improve the member and provider service experience
- ★ Manage costs to protect member coverage, benefits, and provider reimbursements

What: Priority Initiatives

- Improved Member Experience
- Accountability for Equity and Quality
- Referrals to Community Partners
- Alternative Payment
- Care Coordination
- Children and Youth
- Behavioral Health Transformation
- Technology and Data Sharing

How: Pathways to Success

- Simplifying Systems
- Incentivizing Better Outcomes

THANK YOU to >3,000 stakeholders who have attended >70 stakeholder meetings. We appreciate your voiced support for our high-level Phase III priorities.

Public meeting schedule is here: [website](#).

Join this [email list](#) to receive notifications about ACC & upcoming meetings.

Easing utilization management for members and providers

- **Purpose:** quality assurance, patient safety review and ensuring program sustainability
 - Evidence-based guidelines and quality standards
 - Important tool to provide efficient care in the most appropriate setting that best serves the patient and helps control spend in an environment of rising healthcare costs
- **Improvements:**
 - Working to standardize program expectations like turnaround times, approval rates and provider satisfaction results
 - Looking at ways to improve prior authorization review processes across all utilization management programs to decrease provider burden and improve access to timely care

Prudent cost controls and innovations battle medical trend *to protect member benefits, provider reimbursements and eligibility access while increasing quality and closing disparities.*

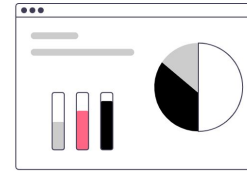


Quality Improvement Priorities



Improving quality

- Enhanced ability to report CMS Adult and Child Core Measure Set, including Behavioral Health Core Measures
- Enhanced transparency around quality metric performance
- Aligned RAE, CHP+, and other incentive program metrics with CMS Core Measures
- Producing cost & quality indicators to assist with referrals and member insights
- Incorporating lab data from EHR that ties incentives to reward better health outcomes and quality improvement



Improving data insights

- Quality dashboards focused on disparity metrics and performance measures
- Stratified data by race/ethnicity, gender, language, geography, disability and other available identifiers



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

Applying health equity lens across programs and initiatives



Progress

- Stratified data analytics to identify disparities, Health Equity Dashboard
- Health Equity Plans in RAE/MCE contracts eff. 7.1.22
- Stakeholder engagement: 18 health equity public meetings, >2,000 stakeholders participating by Oct. 2023

Focus Areas

- Maternal health - published Vol. 2 Health First Colorado Maternity Report
- Behavioral health - investments and transformation
- Prevention - increase access and engagement to improve quality care and health outcomes

Looking Ahead

- Continue progress on health equity plan
- Based on disparity data, identify key populations, actionable strategies to close gaps
- Utilize CMS core measures in focus areas
- Cultural responsiveness and member experience

Health Policy

Adela Flores-Brennan (she/her)

Medicaid Director and Health Policy Office Director

HCPF's Roadmap To Improve Maternal Health Care and Equity

Centering Member
Experience

Value Based
Payments

System Reforms

Program Expansions

ACC Phase III

Member Incentives

Technical Changes



An Analysis
of 2020
Health First
Colorado
Births

**Maternal Health
Equity Report**

Published April 2023



 **COLORADO**
Department of Health Care
Policy & Financing



COLORADO
Department of Health Care
Policy & Financing

View the report at: CO.gov/HCPF/publications



Reducing Barriers to Care Access

- Eliminated all member copays, except inappropriate use of ER/ED
- Waived CHP+ enrollment and renewal fee
- Extended postpartum coverage to 12 months
- Removed cap for adult dental
- Increased access to equitable maternal health

THANK YOU General Assembly and JBC for your partnership to enable these important advances!

Coverage for Residents without Qualifying Immigration Status

HB21-009

- Expanded coverage for family planning and related services to people without a qualifying immigration status, through HCPF
- Effective July 1, 2022



Cover All Coloradans (HB22-1289)

- Expands coverage to pregnant people and children, who do not have a qualifying immigration status, through the creation of Medicaid and CHP+ look-alike plans, administered by HCPF
- Effective Jan. 1, 2025
- Leverage CHP+ administrative dollars to directly improve children's health

Initiatives on the Horizon

- Waiver submission for continuous eligibility for children ages 0-3 and people leaving incarceration
- Study on using Medicaid dollars to support food security, housing and other social determinants of health
- Non-Emergent Medical Transportation Request for Proposals (RFP) to improve accountability and member service opportunities
- Dental RFP to improve access, primary care support to improve overall member health, and adding value based payments
- Add new provider types: Doulas and Community Health Workers
- Continual work with stakeholders to identify, prioritize gaps in benefits
- Complete Phase II of Prescriber Tool - sometimes called Social Health Info Exchange (SHIE) - to prescribe programs or help community care coordinators access health improvement programs like prenatal care, diabetes supports, or social determinants of health, such as SNAP, WIC



Behavioral Health Initiatives and Coverage

Cristen Bates, Deputy Medicaid Director,
Medicaid & CHP+ Behavioral Health
Initiatives & Coverage Office Director

Exciting Behavioral Health Transformation and Investment

- Increased annual Medicaid BH spend from \$630M to \$1.2B over last 5 years
- \$550M+ in ARPA stimulus to transform the industry, also \$138M Behavioral Health and Home and Community-Based Services
- Implementing 20+ bills
 - Increase integrated primary/BH care
 - Redefining safety net
 - BHA collaboration, alignment for sustainable change
- +2,220 (+25%) behavioral health providers over 2 years
- Prioritizing gaps in care: Children & Youth, persons w/disabilities, co-occurring DD/IDD, people who are unhoused and have been incarcerated
- Increasing high-intensity outpatient and transition services, mobile crisis
- Adding adult beds, youth residential beds, tribal substance use disorder facility



Benefits Expanding Continuum of Care

Behavioral Health Secure Transport

Provides trauma-informed transportation for a person in crisis from the community to a behavioral health facility, or between facilities.

Mobile Crisis Response

Dispatches teams of behavioral health crisis professionals to de-escalate, and stabilize people experiencing a behavioral health crisis, as well as follow up in the days after to ensure the individual is connected to ongoing care.



These programs reduce reliance on law enforcement and emergency departments, connecting people to care in crisis

New Programs to Wrap Around Support

Supportive Housing Grant

539 people with a history of homelessness and living with complex needs are enrolled in the State Wide Supportive Housing Expansion grant project.

Keeps people housed, out of the hospital.



Integrated Care Grant

Unifying behavioral health services in physical health care locations:

- Focus on rural/frontier areas
- 148 sites selected for grant
- \$30M in funding through 2026



Looking Ahead: Leveraging Joint Systems

Behavioral Health Admin (BHA)

Streamlined systems, unified provider network, universal contracts

Improved rules, aligned for increased and sustainable funding

BHASO and RAE alignment in policy and practice

ACC Phase III

Focus on quality care for children, care coordination

Improved technology, systems, provider and member experiences

Building system capacity through integrated care, provider trainings

Safety Net

2024: enhanced and flexible payment models for safety net providers

Health Related Social Needs: criminal justice, housing, SMI

Build capacity for high-intensity outpatient care (in-home, hospital alternatives)

Community Living

Bonnie Silva,
Office of Community Living Director

Current Primary Office Goals

ARPA Project Implementation

Ensuring that spending and project outcomes remain on track.



Expand community-based care by strengthening transitions and mitigating unnecessary institutional placement

Improve the nursing facility transition and diversion processes, expand services, and ensure proper oversight

Address critical staffing shortages

Wage sustainability, Training, and Implementation of new technologies



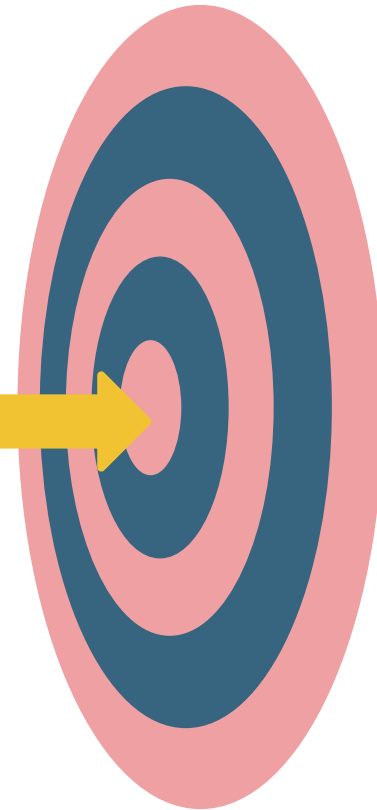
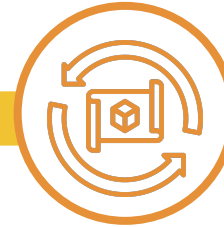
Transform the Nursing Home industry to ensure sustainability

In accordance with HB 23-1228



Implement Case Management Redesign

Federal Compliance, Quality, Simplicity, Stability and Accountability



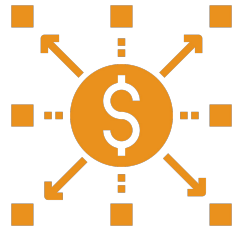
ARPA = American Rescue Plan Act
DOJ = Department of Justice
HB = House Bill

American Rescue Plan Act: Home and Community Based Services



\$262M

Provider Rate Increases
2 projects



Over 90%

Of funding directly benefits
members, families,
providers or workers



\$148M

Grants, Pilots &
Community
Initiatives
21 projects



\$109M

System Improvements
23 projects



\$11M

Research & Analysis
17 projects

- \$550M dollars
- 63 projects - 62 active, 1 complete
- Project progress: 61% complete
- 47% of all funds spent (\$264 million)
- \$72 million in grant funding awarded to date to 283 individuals, providers and community based organizations
- All funds must be spent by Dec. 31, 2024

Bringing Change to Case Management Agencies (CMAs)

- Executive Order and Community Living Advisory Group (CLAG)
- One place to go for all waivers
- Conflict-Free Case Management
- New Care and Case Management System and Assessment and Person-Centered Support Plan Process

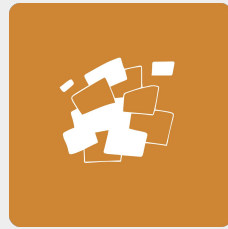
= Case Management Redesign

Case Management Redesign

Key Outcomes

- Federal Compliance
- Quality
- Simplicity
- Stability
- Accountability

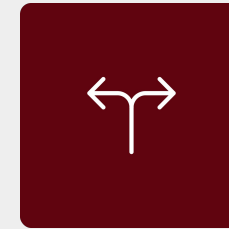
Policy Framework



New Structure



Knowledge



Conflict-Free



Accountability

Assessment & Support Plan Framework



New Assessment
Tool

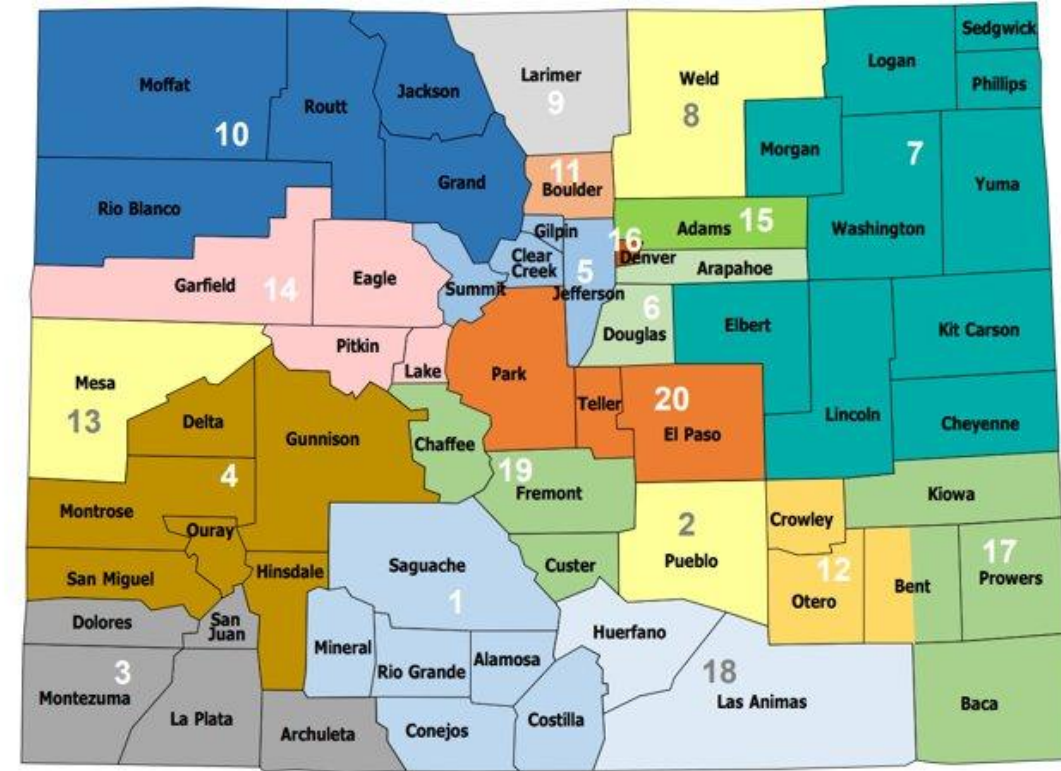
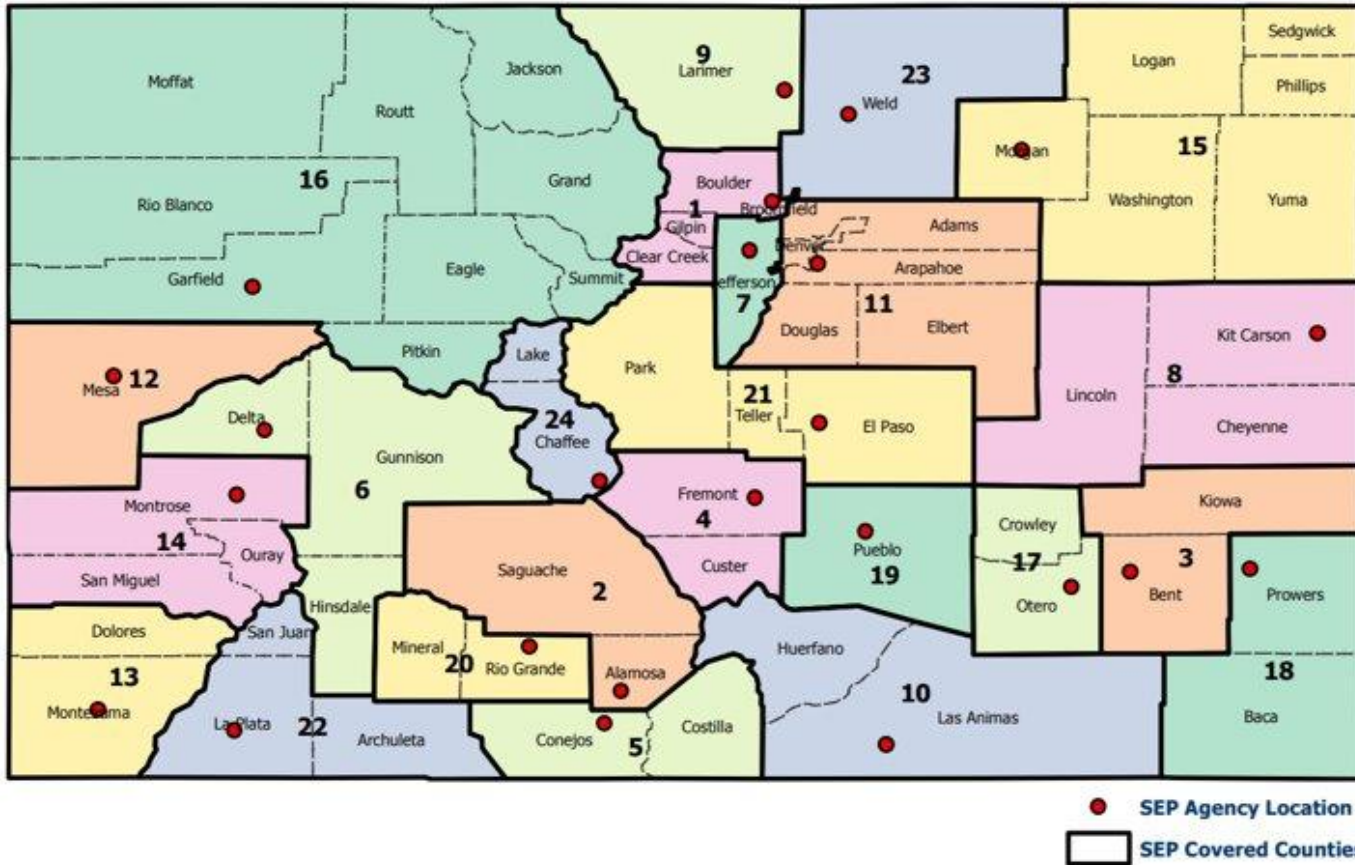


New Person-Centered
Budget Algorithm



New IT System

Current SEP and CCB Regions



New Defined Service Areas

Formerly known as: Catchment Areas

Case Management Agency Regional Map



What is Not Changing?

- Access to services
- Waiver eligibility
- Person centered approach
- Required case management
- Local knowledge and expertise

Pharmacy Office

Tom Leahey,
Pharmacy Office Director

Protecting Health First Colorado member access to prescription drugs

- \$1.6B in Medicaid pharmacy costs last FY (gross of rebates)
- >\$8.8M Medicaid pharmacy claims paid
- \$0 deductible, \$0 copay (brand, generic, specialty drugs)
- Over 1,100 pharmacies enrolled in the Medicaid network
- Prescription drugs are the first line of offense and defense in preventing illness and treating chronic and acute disease
- Pharmacy top driver of rising health care costs
- Focus: broad access with low administrative burden while managing costs to protect access and NO Member out of pocket costs

Emerging financial impact of specialty drugs

Threat: <5% of drugs are so expensive, they are driving 50% of Rx costs for Medicaid (\$877M)
(#1 driver of rising Rx costs, Nationally)

Emerging prices:

- **\$3.5M Hemgenix** - potentially curative treatment option for patients with severe hemophilia B
- **\$3.2M Elevidys** - one time gene therapy for select patients with Duchenne Muscular Dystrophy
- **\$3M Skysona** - treats degenerative neurological condition in children
- **\$2.9M Roctavian** - one infusion treatment option for patients with severe hemophilia A
- **\$2.8M Zynteglo** - one infusion treatment for beta-thalassemia, unclear if curative

Solutions:

- Manufacturer value based payment arrangements
- Increasing reimbursements to hospitals to about 95% of invoice
 - Compared to 80% of costs for all non critical access hospitals
 - Forecasting >\$250M spend on pipeline specialty drugs FYs 2022-25
- Multi-state collaborative approach to reducing prescription drug costs

Critical that we control this budget risk going forward.

Operational improvements to Pharmacy Benefit Management (PBM) System

- Change Healthcare awarded Medicaid PBM contract
- Takeover PBMS operations Fall 2025
- Top priority to seamlessly implement the PBMS, >900 contract requirements

Saving People Money on Health Care - Rx

7 recommendations	Progress made on <u>all</u> recommendations
Value-based arrangements for specialty drugs	4 Medicaid value-based contracts hold drug manufacturers accountable for clinical outcomes while sharing 100% of savings on the prescriber tool
Canadian Drug importation	Submitted Canadian drug importation program plan to bring savings to consumers and employers
Rebate Pass Through, Pricing Transparency & Contract Pass Through (or eliminating spread pricing)	<p>HB22-1370: Eff Jan 2024, health insurers required to use all rebates to lower employers & consumers Rx costs</p> <p>HB23-1201: Eff Jan 2025, eliminates “spread pricing,” or up-charging of Rx drugs carriers/PBMs on insured policies and Medicaid - <i>Self-funded employers must opt in by emailing DOI: DORA_INS_RulesandRecords@state.co.us</i></p>
Prescription Drug Affordability Board (PDAB)	Sets upper payment limits on certain drugs - max 18 per year
Prescriber Tool: OpiSafe * Affordability Modules. Soon Phase II	OpiSafe- >5k allocated licenses. Affordability: ~50% Medicaid prescribers while improving member and provider experience. <i>Now bidding module to enable providers to prescribe health improvement programs & Social Determinants of Health supports</i>

Commercial Market Rebates

Year	Brand & SRx
2019	17.8%
2020	18.2%
2021	21.1%

10-25% est. Rx savings for currently impacted employers

More employer choice. Transparency on Rx pricing factors allows employers to make proactive, voluntary decisions on how you wish to leverage the savings; e.g., raise wages, reduce employee out of pocket cost



Medicaid Operations & IT Projects

**Ralph Choate, Chief Operations Officer, Medicaid
Operations Office Director**

**Parrish Steinbrecher, Chief Information Officer, Health
Information Office Director**

Medicaid Operations Priorities

1. **Keep Coloradans Covered.** Mitigate procedural disenrollments through end of the Public Health Emergency as we return to regular renewal processes
2. **Modernize.** Make eligibility enrollment & renewal easier and faster
3. **Procure.** Colorado's Benefits Management System (CBMS) vendor
4. **Improve access.** Increase provider network & work with providers to see more Medicaid members
5. **Ensure appropriate payments.** Work with providers to ensure appropriate billing and compliance with federal and state laws

Improving Member and Provider Experience

Listening to members / Listening to Providers:

- Calls to the Member Contact Center
- Member Experience Advisory Council
- Community-Based Organization Ambassador Program for Spanish-speaking members
- Maternity Advisory Committee
- User testing of websites, PEAK, and Health First Colorado app for accessibility
- Surveys
- Complaints and escalations
- Member storytelling
- Measuring call center statistics internally, among partners, and at the counties
- Measuring quality at every step in our processes



Giving Coloradans Their Day Back

Member Contact Center

- Self-service through online chatbot
- Assist members with reporting changes such as address and newborn updates

PEAK Website

- Now works on a smartphone app (68% of all visitors)
- New streamlined design and flow gives users the same experience, in half the pages
- New “I want help finding benefits” page prompts users with questions to help them find which program areas to apply for



Expanding access to care by growing network

+26% to 100k expansion of provider network over last two years

22,000 providers added to our network in last two years

- Working to further increase the frequency that providers see Medicaid members
- **>11,000** are active behavioral health providers (2,200 added in last 2 years)
- Working with specialists seeing Medicaid patients
- Working with providers to improve the billing audit process

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

Handled the membership growth without major operational issues

Medicaid Management Information System (MMIS) claims payment system updates

- 200+ MMIS system code project implementations since September, 2019
- 250+ Data Warehouse project implementations since September 2019
- No significant defects - keep the systems working silently
- 100+ project in queue for MMIS and Data Warehouse

CO leads the way: Medicaid Enterprise Solutions innovation, systems integration and interoperability

- Making behavioral health claims submission and payment data accessible through system integration...Very large system change
- Partnership with the Office of eHealth Innovation (OeHI)

Colorado Medicaid Enterprise Solutions Data Management

Centers of Medicare and Medicaid Services (CMS) requires states to procure new systems every 10 years

- 4 years of planning and integration

Modular systems environment

- Select the best vendor for the Medicaid Enterprise
- Core foundation established in 2017
- Same MMIS system for providers and members

Data Governance and security

- Systems Integration vendor to manage interfaces
- Modernizing data sharing governance and security controls

Finance Office

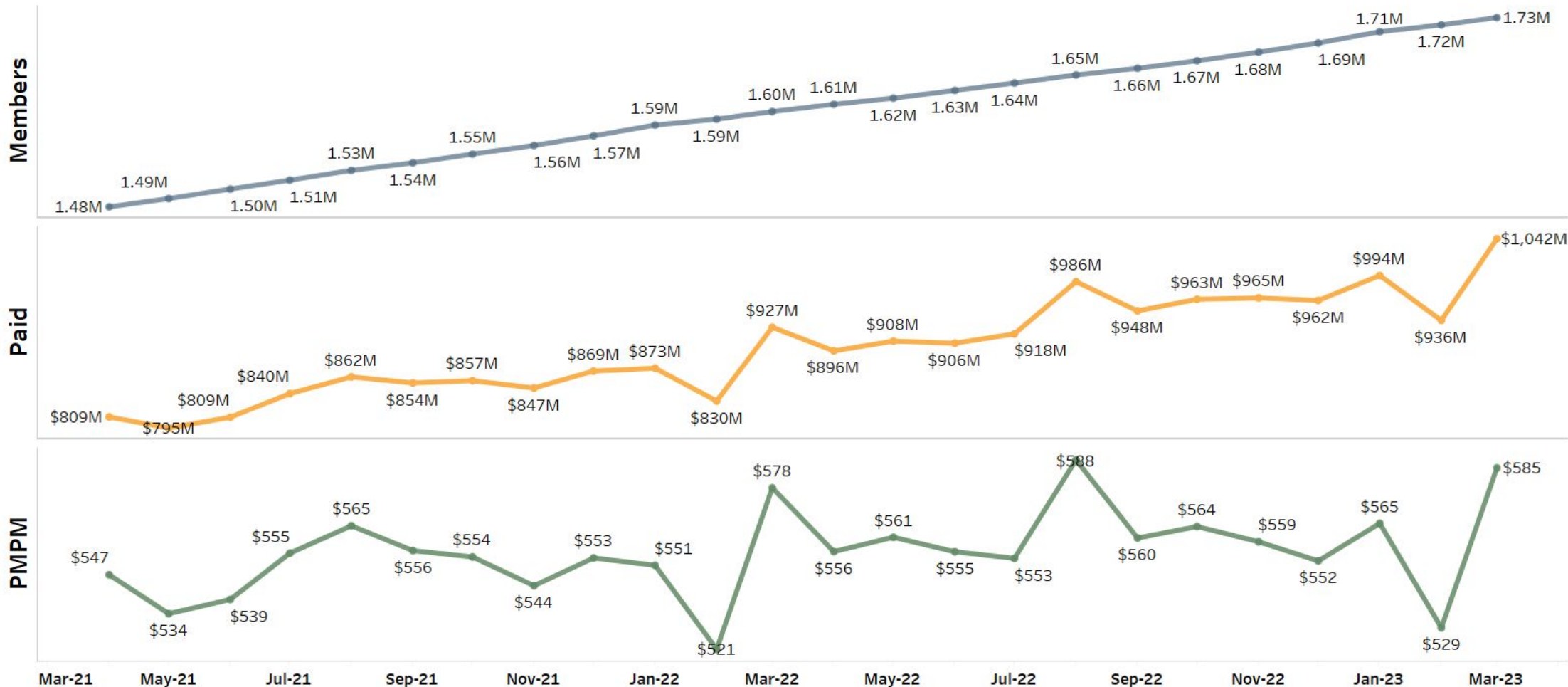
**Bettina Schneider,
Chief Financial Officer**

Controlling Medicaid Trends and Cost Drivers

Executive Dashboard

April 2022 - March 2023

FTE: 1.698M ▲ 10.1% | Paid: \$11,423M ▲ 12.3% | PMPM: \$561 ▲ 2.0% | Risk Adjusted: \$570 ▲ 3.7%



FY 2023-24 HCPF Budget focused to meet the needs of members, providers and health care workforce

- \$15.5B Total Fund and \$4.5B General Fund, ~1/3 state budget
- 3% across the board provider reimbursement rate increase for FY23-24, as well as a 2% increase in FY22-23
- About 96% of HCPF's budget goes to pay our health care providers who provide care to Medicaid/CHP+ members
- Budget also responds to unique provider needs - COVID-19's impact didn't affect providers equally. Our targeted rate increases reflect that reality:
 - Targeted rate increases to care for people with disabilities, including the direct care workforce and nursing homes
 - Struggling hospitals: rural, community and our Denver Health safety net.
 - 16% increase in payments for primary care: providers participating in our Alternative Payment Model for Non-FQHC Providers (APM2)

Thank you, JBC, for your investment in these priority areas

Advance value based payments (VBPs) to incent quality outcomes, equity and affordability

Target: 50%+ in VBP by 2025 (currently 33%)

Part	Program	Participation
Hospital	Hospital Transformation Program	100% of hospitals
Primary Care	→ capitation, 16% rate increase	~530k/37% members (+2,285%)
Prescription Drugs	<ul style="list-style-type: none"> ● Value-based arrangements ● Prescriber Tool 	<ul style="list-style-type: none"> ● 4 (+50%) ● ~11k/50% prescribers (+15%)
Maternity Care	Bundled payments care episodes	~30% deliveries (+7%)

- **Behavioral Health:** ensure safety net accountability
- **Nursing Homes:** pay-for-performance program to increase quality
- **Cost and Quality Indicators, eConsults:** to drive right care, right place

Saving People Money on Health Care: Hospital Costs, Prices and Profits Focus Area

Reports

- Hospital Insights Bulletin 2023
- CHASE, HER, HCBA Annual Reports
- Price Transparency Posting Evaluation
- Breakeven Analysis Write-Up

Policies

- HB23-1226: Hospital Transparency
- SB23-252: Medical Price Transparency
- HB23-1243: Hospital Community Benefit

Tools

- **Breakeven Analysis Tool:** insights into what hospitals need to charge commercial carriers overall to offset the underpayments of public payers
- **Payment Variation Tool (under development):** uses claims data to identify hospitals with higher or lower payments (prices) on specific codes or diagnosis groupings
- **Price Transparency Tool (under development):** enables price comparisons at the procedure level across carrier plans
- **Hospital Cost Reporting Tool:** displays hospital cost, price and profit metrics and trends - by hospital and hospital system

Investing in rural access

- **Improving Rural Access and Affordability** - \$5.5M rural hospital access, \$10.6M rural access and affordability
- **Hospital Transformation Program Rural Support Fund** - \$60M over 5 years to help 23 critical access and rural hospitals modernize (**\$33M out**)
- **Rural Connectivity and Access to Virtual Care** - \$17.4M in federal matching funds over 4 years; **100%** of rural safety net providers now connected to state health information exchange to support rural member access to care and keep care local; incentive payments for rural providers
- **SB23-298** enables rural hospitals to collaborate/cooperate without violating anti-competitive federal or state laws



Feedback? Questions?



Closing Comments

Kim Bimestefer,
HCPF Executive Director