



**COLORADO**

Department of Health Care  
Policy & Financing

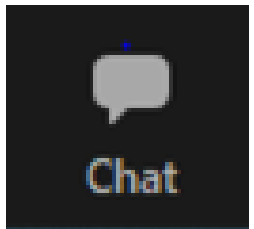
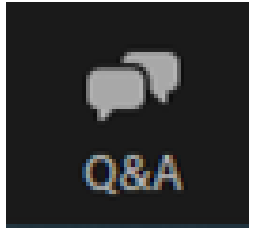


# **HCPF Annual Stakeholder Webinar**

August 27, 2024 • 8-11 a.m.

# Webinar Logistics

- >2,100+ Registrants: Questions for Speakers: Use Q&A feature on the toolbar. We may not get to every question live.
- Materials will also be posted to [CO.gov/HCPF/events](https://CO.gov/HCPF/events)
- Presentations, links and other materials will be posted in the Chat. Otherwise, the Chat is closed and is being used for presenter communications.
- Please leverage the event pop-up polls to help us capture aggregate perspectives.
- Accessibility: American Sign Language, audio only, Spanish interpretation, closed captioning



# Today's Agenda

**8:00 a.m.** - Welcome & Overview

**8:20 a.m.** - HCPF Highlighted Initiatives for FY 2024-25

**Q&A**

**9:35 a.m.** - Public Health Emergency Unwind Panel Discussion  
Where we are now, insights, opportunities, what's next

**Q&A**

**10:55 a.m.** - Closing Remarks



# HCPF in Fiscal Year 2024-25



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

- **Covering 1.26M**
  - **40%+** of Colorado's children and **40%+** of births
  - **4%** of members use long-term services & supports (LTSS)
- **\$16.0B Total Funds, \$5.0B General Funds**
  - **32%** of state's GF operating budget
  - **96%** to Providers, 4% to Admin, incl. 0.5% to HCPF Staff
- **~400** vendor partner contractors we work with
- **>100k** contracted providers
- **95** projects driving 45 goals



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# 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 Fiscal Year 2024-25 – Subset of Priorities (95 projects driving 45 goals)

Member Health	Care Access	Operational and Service Excellence	Health First Colorado Value	Affordability Leadership
<ul style="list-style-type: none"> <li>● Support health related social needs like housing and food security</li> <li>● Transform behavioral health and improve care for high acuity children and youth</li> <li>● Improve health equity in prevention, maternity care, behavioral health</li> <li>● Improve quality of hospital care (Hospital Transformation Program)</li> <li>● Improve child/youth immunizations and prenatal care</li> </ul>	<ul style="list-style-type: none"> <li>● Keep Coloradans Covered</li> <li>● Expand coverage (1115, Cover All Coloradans)</li> <li>● Protect member coverage, benefits and services</li> <li>● Expand provider network, incl. behavioral health, specialists, rural, dental</li> <li>● Regularly review provider reimbursement rates to ensure access to care</li> <li>● Transform home and community based services for people with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>● Improve eligibility systems, experience, county workload, automation, letter clarity</li> <li>● Resource counties</li> <li>● Stabilize LTSS ecosystem for people w/disabilities</li> <li>● Drive service quality across all partners (calls/claims)</li> <li>● Innovate systems; smoothly implement system changes; bolster cyber security</li> <li>● Maximize and close-out ARPA funding</li> </ul>	<ul style="list-style-type: none"> <li>● Address Medicaid costs and trends</li> <li>● Modernize Medicaid delivery system through Accountable Care Collaborative Phase III</li> <li>● Advance value based payments to drive quality, equity, access and affordability</li> <li>● Right care, right time, right place, right price</li> <li>● Ensure appropriate Medicaid payments balancing provider admin</li> <li>● Prevent avoidable ER visits and hospital care</li> </ul>	<ul style="list-style-type: none"> <li>● Manage within difficult state budget limitations</li> <li>● Reduce uninsured rate</li> <li>● Mitigate rising pharmacy cost trends</li> <li>● Increase hospital affordability and price transparency (tools, reports, and policies)</li> <li>● Drive innovation (eConsults, Prescriber Tools, SHIE, cost and quality indicators)</li> <li>● Lead value based payments across payers</li> </ul>

Employees, contractors, members, providers, partners, advocates, counties and medical assistance sites, stakeholders, and the legislature help guide our work. More info at: [CO.gov/HCPF/performance-plan](https://CO.gov/HCPF/performance-plan)

# HCPF Executive Leadership, Supported by Hundreds of Amazing, Dedicated HCPF Employees Who Help Us Achieve Your Priorities



**Kim Bimestefer,**  
Executive  
Director, CEO



**Todd Jorgensen,**  
Chief of Staff



**Chris Underwood,**  
Chief Administration  
Officer



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



**Bonnie Silva,**  
Office of  
Community  
Living Director



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



**Bettina Schneider,**  
Finance Office  
Director, CFO



**Parrish Steinbrecher,**  
Health Information  
Office Director, CIO



**Ralph Choate,**  
Medicaid  
Operations Office  
Director, COO



**Rachel Reiter,**  
Policy,  
Communications  
and Administration  
Office Director



**Charlotte Crist,**  
Cost Control and  
Quality  
Improvement  
Office Director



**Tom Leahey,**  
Pharmacy Office  
Director



**Alicia Masell,**  
Human Resources  
Director



# Fiscal Year 2024-25 HCPF Priorities

# Transforming Behavioral Health

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

## Invest and Build

### State and Federal Grants

- \$139M in HCBS ARPA
- Support for AI/AN, children and youth, rural health, indiv. with disabilities
- 283 BH community partner grant projects
- 250 sites expanded integrated care, intensive outpatient services
- Workforce development, training and technical assistance

## Align Across Systems

### Health Related Social Needs

- Over 700 people moved out of homelessness through pilot
- Proposal pending for housing and nutrition supports
- Connect member to BH services within 14 days of release: from 10 to 35%
- Proposal pending to cover re-entry services for incarcerated people including MAT

## Improve Access & Quality

### Expanded Benefits

- Inpatient mental health coverage up to 60 days
- Partial hospitalization SUD coverage
- Supportive housing benefit including tenancy and pre-tenancy support
- Mobile Crisis
- Secure Transport

**Thank you for your engagement, your voices make our policy better!**





# Prospective Payment System (PPS) for Comprehensive Safety Net Providers

## Stakeholder Engagement

- Collaborative development work with CMHCs, SUD providers, BH providers, advocates, actuaries, financial experts, community partners, and state agencies
- PPS model feasibility study, testing for impact
- Extensive research, best practices, and stakeholder engagement

## PPS Advantages

- Incentivizes serving individuals with complex needs, providing multiple touch points and outreach
- A stable payment model for more flexible funding
- Guaranteed payments known in advance
- Based on actual cost of care, unique to each provider



# Medicaid System of Care



# Drive Value Based Care

Bettina Schneider,  
HCPF Chief Financial Officer

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

Target: 50%+ in VBP by 2025 (currently 36%)

Part	Program	Participation
Hospital	Hospital Transformation Program	100% of hospitals
Primary Care	→ capitation, 16% rate increase	~530k/55% members (+2,285%)
Prescription Drugs	<ul style="list-style-type: none"> <li>● Value-based arrangements</li> <li>● Prescriber Tool</li> </ul>	<ul style="list-style-type: none"> <li>● 5 (+50%)</li> <li>● ~12k/50% prescribers (+15%)</li> </ul>
Maternity Care	Bundled payments care episodes	~30% deliveries (+7%)
Behavioral Health	Capitated Behavioral Health Program	100% of Comprehensive Safety Net Providers

- **Nursing Homes:** pay-for-performance program to increase quality
- **Cost and Quality Indicators, eConsults:** to drive right care, right place

# Transforming the Medicaid Delivery System

David Ducharme,  
HCPF Accountable Care Collaborative Division Director



# Thank you to all Stakeholders for your participation throughout this process!

October 2022 – March 2024



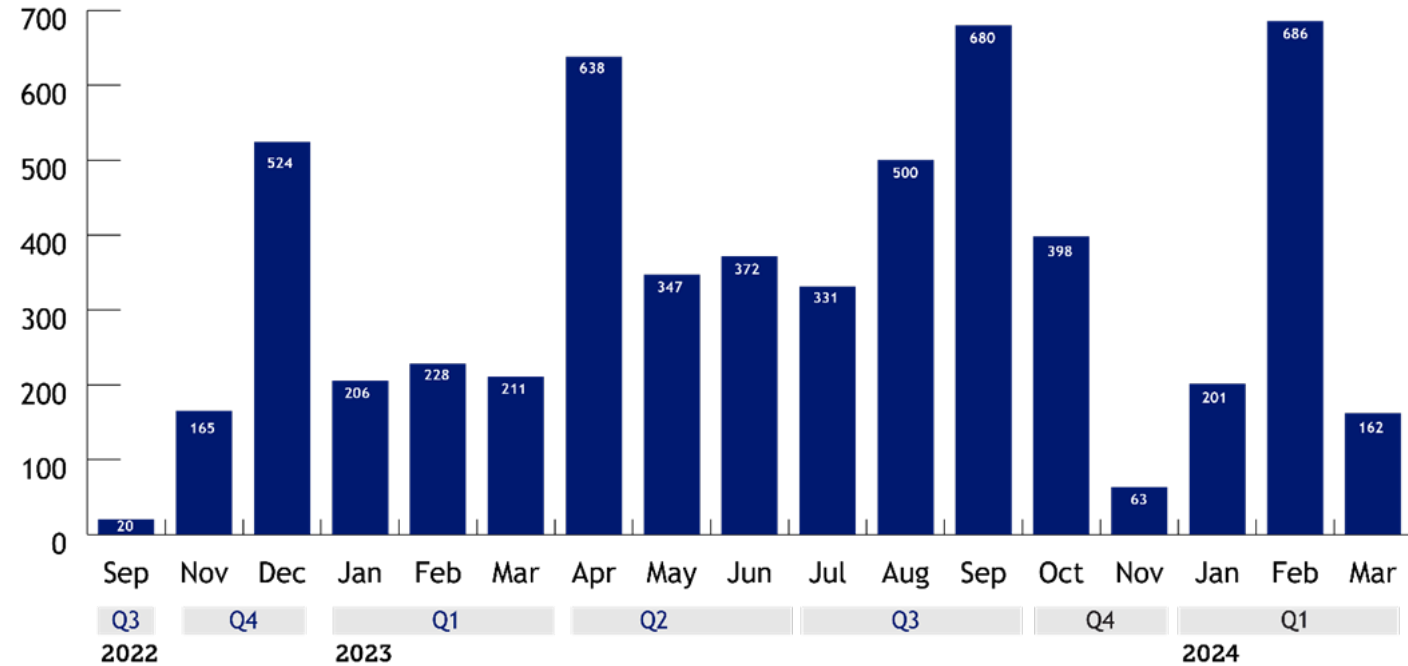
**135**  
Presentations

13 Members-Only Presentations

**5,732**  
Attendees

Includes participants who attended multiple presentations

Participants in Stakeholder Meetings



**10** Surveys

**489** Responses

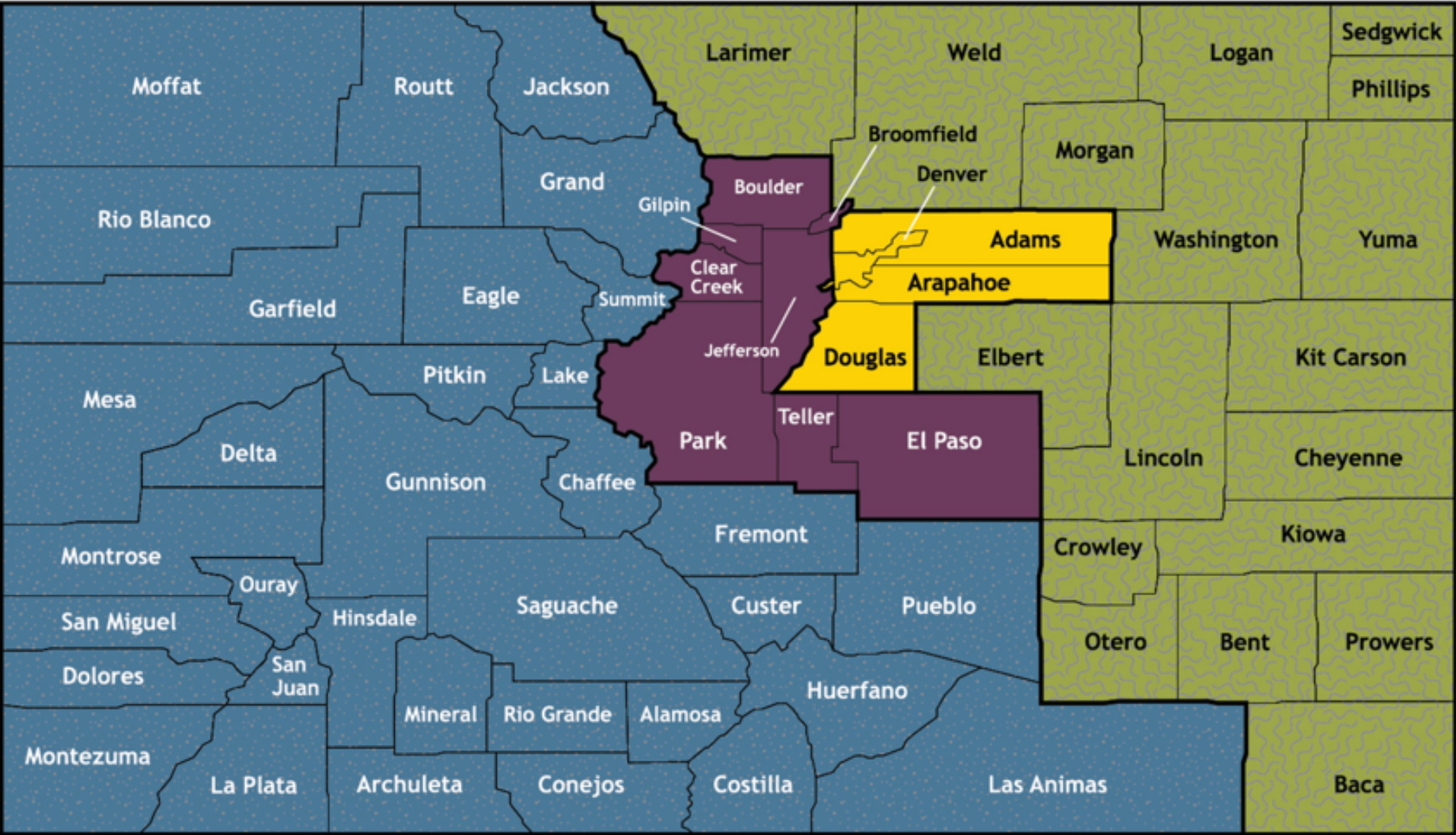
55 Member Responses  
208 Provider Responses

**3,113** subscribers to the HCPF monthly ACC newsletter

**37%** Open Rate



# Final ACC Phase III RAE Map



## Regions & Approximate Enrollment

- Region 1 - 170,700
- Region 2 - 149,200
- Region 3 - 284,400
- Region 4 - 383,500

# ACC Phase III RAE Requirements

-  **Improving Member Experience**
  - Improve RAEs' communication with members
  - Member incentives for key activities (maternity)
-  **Accountability for Equity and Quality**
  - Quality metric alignment with CMS/NCQA measures
  - Community-based health equity plan
-  **Improving Referrals to Community Partners**
  - Connect members to health-related social needs supports like housing/food assistance
-  **Care Coordination**
  - Standardized care coordination model
  - Clearer requirements for transitions of care and collaboration with other agencies

# ACC Phase III RAE Requirements



## Payment Structure Reform

- Align with HCPF alternative payment models
- 3-tier PCMP payment model aligned with the Division of Insurance Multi-Payer Primary Care Collaborative



## Children and Youth

- Standardized screening, assessment and High Fidelity Wraparound
- Implement Intensive Behavioral Health Services



## Behavioral Health Transformation

- Increased accountability and performance standards for utilization management
- Alignment with BHA



## Technology and Data Sharing

- RAEs will support practices in implementing data and technology innovations like eConsult and SHIE

# Transforming Colorado's Long-Term Services and Supports System

Bonnie Silva,  
HCPF Office of Community Living Director



# Long-Term Services & Supports

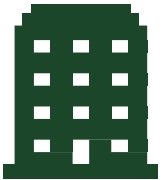


## Community-Based Care

Including Home & Community-Based Services (HCBS), Long-Term Home Health, Private Duty Nursing, or State General Fund Programs



## Program of All-Inclusive Care for the Elderly (PACE)



## Institutional Settings

Nursing Facilities, Intermediate Care Facilities, or Hospital Back-Up Program

## Total Served in LTSS

# 83,187

~4% of Total Medicaid Population  
About \$4B in Expenditures

## Cross Disability & Age

Physical Disabilities

Cognitive Disabilities

Mental Health

86% with at least one Chronic Condition

87% adults; 13% children/youth

# Long-Term Services and Supports Vision

Transform all aspects of the delivery system- Coloradans with disabilities receive the right supports, in the right place, at the right time

## Increase Person-Centered Case Management Services

- Case Management Redesign
- Launch of the Care & Case Management System

Coordination

## Supports to Ease Transitions & Allow for Choice in Setting

- Community Transitions and Diversions

Choice

Access

## Access to Services that Fit Individual Needs

- ARPA HCBS Initiatives
- Community First Choice
- Workforce Development



# Stabilizing Long-Term Services and Supports

Several concurrent challenges have impacted the state's LTSS system:

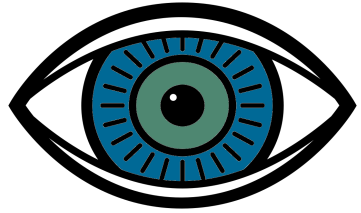
1. Increased county workload due to the PHE unwind
2. Issues with the implementation of IT system changes
3. Complications with the transition of members to new case management agencies

The impact of all three occurring at once - which was not intended - is causing short-term challenges. HCPF is committed to the following actions:

- Protecting coverage for LTSS Members
- Paying providers timely to protect access to services
- Identifying and resolving known IT issues
- Reducing case management & county backlog
- Addressing appeals & escalations backlog

Our top priority is ensuring ongoing coverage for LTSS members while mitigating payment delays for LTSS providers so members can access needed services

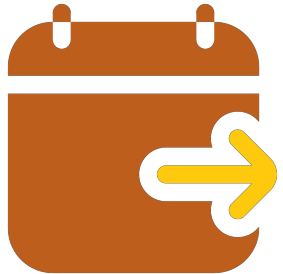
# Case Management Services



**Vision:** Provide quality case management services to all individuals regardless of age, disability, or waiver leveraging a modern IT application.

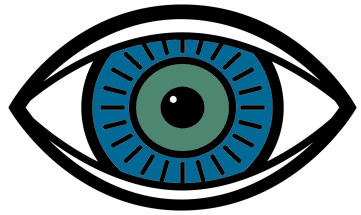


**Work Being Done Today:** As of July 1st we now have 15 agencies, down from 44, serving all waivers in 20 defined service areas! Stabilization of the newly launched Care & Case Management IT system & addressing eligibility issues.



**What's Next:** Develop more robust training, increase quality, & ensure accountability for Case Management Agencies. Create a robust CCM System that supports Case Management operations; and launch a new person-centered assessment & support plan.

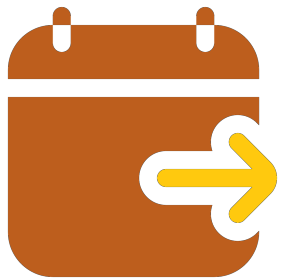
# American Rescue Plan Act (ARPA) Home & Community Based Services (HCBS)



**Vision:** Leverage the one-time funding to enhance, expand, and strengthen the states' HCBS system



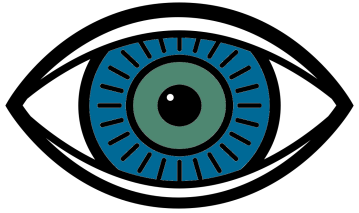
**Work Being Done Today:** Implementing 61 unique initiatives using \$550M to meet the vision and close all projects by 3/31/25. Report on the incredible outcomes of the work, such as the impact of \$100M distributed in grants, significant wage increases for direct care workers, and launch of Community First Choice.



**What's Next:** Track & monitor the long-term impact of our short-term investments



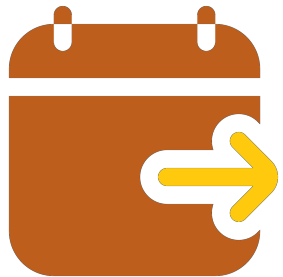
# Community First Choice (CFC)



**Vision:** Making HCBS accessible for more Medicaid members with expanded options & availability of self-directed care

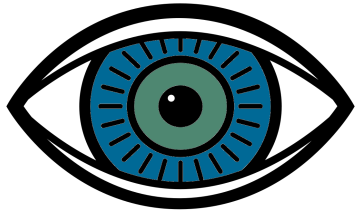


**Work Being Done Today:** Building CFC infrastructure with the support of the [Community First Choice Council](#) to include: working on system design, regulation updates, planning with CMS, development of trainings, and more



**What's Next:** Ongoing robust stakeholder engagement leading to the launch of CFC: Members may be authorized for CFC services at their yearly service planning meeting, beginning 7/1/25

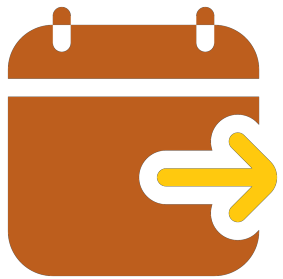
# Direct Care Workforce Investments



**Vision:** Enhance the system to better train, support, & advance direct care workers, to ensure high quality services

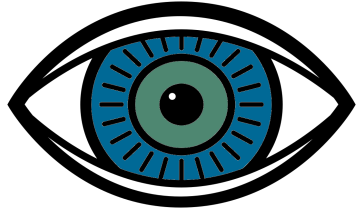


**Work Being Done Today:** Expanding the collection & analysis of workforce data, moved wages from \$12.41/hr to \$17/hr (\$18.29 in Denver), developing & providing free training, adopting rural workforce sustainability efforts, and building career pathways



**What's Next:** Working towards livable wages, utilizing data to better enhance recruitment and retention, expanding training opportunities, and continuing to build out career pathways

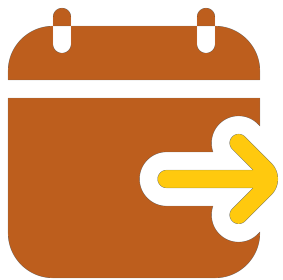
# Community Transition/Diversion Initiatives



**Vision:** Support LTSS members in choosing where they prefer to live and receive services through information sharing and service development



**Work Being Done Today:** Provided transition & HCBS information in 181 Medicaid nursing facilities (NFs) resulting in over 300 referrals to transition support services. Conducting stakeholder engagement, and developing rules and regulations for additional programs.



**What's Next:** Implement programs that will add: Presumptive eligibility for LTSS to speed up access to services; increased transitions from NFs; and additional supports for individuals in the community identified as high risk for needing NF care



# Ways to Engage



**Informational Updates** - one-way announcements or updates (not seeking feedback, no action required) - could include webinars or memos



**Opportunities for Input and Deadlines** - two-way opportunities that include stakeholder input/feedback - could include meetings, collaboratives, workgroups, or survey requests



**Training and Technical Assistance Opportunities**



**All Events** - simplified list of upcoming meetings and deadlines with a link to our public calendar to RSVP to events or add them to your own calendar

# Advancing Health Related Social Needs

Adela Flores-Brennan,  
Colorado Medicaid Director, HCPF

# Health Related Social Needs (HRSN)

**Opportunity:** Social needs can account for 40% of a person's health.

**Vision:** Promoting health & wellness by covering services & supports that address health related social needs with the greatest impact on health.

## Already in place

- Eligible HCBS members may qualify for Home Delivered Meals if they are transitioning into the community or have other qualifying circumstances
- Supportive housing services for members with a disabling condition and a history of homelessness





# Proposed: Housing and Nutrition Waiver Amendment



- Pre-tenancy and housing transition navigation services
- Rent/temporary housing up to 6 months, including utility costs
- One-time transition and moving costs
- Tenancy sustaining services



- Nutrition counseling and instruction
- Medically tailored meals
- Home-delivered meals or pantry stocking

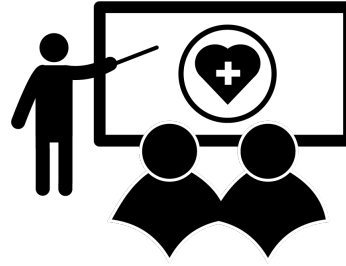
Submitted 8/13. Federal review and comment period to 10/1.  
Federal consideration (Date TBD) Effective 7/1/25

# Other Advances to Improve Equity, Access, Outcomes



## Maternal Health Equity

- Certified Professional Midwives and Certified Midwives
- Doulas
- Lactation Consultation



## Community Health Workers

- Health education & promotion, System navigation
- Roll out July 1, 2025
- Available to community-based organizations



## Improving Access

- eConsult
- Improvements to PT/OT/ST
- Improvements to vision and hearing benefits for children

# Colorado Social Health Information Exchange

Stephanie Pugliese,  
Colorado Office of eHealth Innovation Director

# Why Invest and Focus on Health Related Social Needs (Social Health)?

Health Related Social Needs are connected to many avoidable health outcomes, risks and increased use of costly healthcare services:

- Emergency visits
- Re-admissions
- Emergency transportation
- Difficulty managing chronic conditions
- Worse outcomes for people who are living with diabetes, HIV, following strokes

Research has shown that social factors are more than twice as impactful on individual health than clinical care.

# Colorado Social Health Information Exchange (CoSHIE) Will Support Social Health

- **For people:**
  - Reduced time spent on own case management
  - Streamlined access to care
- **For providers:**
  - Connect people to resources in their community more quickly
  - Spend less time on paperwork
- **CoSHIE releases starting 9/30/24**
  - Behind the scenes, in systems aimed at coordinating care
  - Building a network with a focus on system connections and safe data transfer



# Colorado Social Health Information Exchange (CoSHIE)

## Timeline and Rollout

### ★ Wave 1

- Core architecture development
- Accelerating Home & Community Based Services transitions referrals
- Sharing individuals' housing needs with their care team

Fall 2024

### Wave 2

- SHIE portal
- Sharing housing voucher status
- Integrating 211 community resource inventory (CRI) data
- Sharing Medicaid enrollment with care team
- Continuing integration of housing needs data with care teams
- Begin integrating SHIE Regional Hubs

Spring 2025

### Wave 3

- Informing care team of Medicaid member incarceration transitions
- Collate referral data from commercial closed loop referral platforms
- Continue integrating the SHIE Regional Hubs (ongoing)
- Exchanging Homelessness Risk Assessment Information
- Sharing referrals to support justice involved individuals with mental and behavioral health needs

Summer 2025

### Wave 4

- Sharing social care referrals across platforms
- Continue integrating the SHIE Regional Hubs (ongoing)

Fall 2025





# Questions?



# Panel Discussion: Coverage

Moderator: Kim Bimestefer, HCPF Executive Director

## Guest Panelists:

**Emily Johnson**, Colorado Health Institute  
Managing Director of Research, Evaluation,  
and Convening

**Scott James**, Weld County Commissioner

**Katie McDougal**, Adams County Director  
of Human Services

**Nina Schwartz**, Connect for Health  
Colorado Senior Director of Policy and  
External Affairs

## HCPF Panelists:

**Adela Flores-Brennan**, Colorado  
Medicaid Director

**Rachel Reiter**, Policy, Communications  
and Administration Office Director

**Marivel Klueckman**, Eligibility Division  
Director

**Nancy Dolson**, Special Financing Division  
Director

# Eligibility performance is improving, but we still have a lot of work to do!

More information available on our [Continuous Coverage Unwind Data Reporting page](#)

	Prepandemic	Unwind	Post Unwind		
	CYs 2018-2019	May 2023- April 2024	May 2024	June 2024	*July 2024
<b>Renewal Rate</b>	57%	55% (after 90 day reconsideration period)	80% (after 60 days of the reconsideration period)	79% (after 30 days of the reconsideration period)	78%
<b>Auto Renewal Rate</b> (ex parte at household level)	N/A	33% - All	59% - All 67% - MAGI	56% - All 66% - MAGI	62% - All 72% - MAGI
<b>Disenrollment Rate</b>	41%	43% (after 90 days)	17% (after 60 days)	18% (after 30 days)	17%
<b>Pend Rate</b>	2%	2-8%	4%	5%	5%
<b>Disenroll: Eligibility</b>	29%	19% (after 90 days)	8% (after 60 days)	8% (after 30 days)	6%
<b>Disenroll: Procedural</b>	12%	25% (after 90 days)	9% (after 60 days)	10% (after 30 days)	10%
<b>Disenroll: Re-Enrolled</b>	42%	33%	N/A	N/A	N/A

# Medicaid and CHP+ Regardless of Immigration Status



- Children under 19 and pregnant people
- Full Health First Colorado and CHP+ benefits
- 12 months postpartum coverage

Begins January 1, 2025

No enrollment cap

# Hospital Price Comparison by Procedure

This tool uses hospital price transparency postings. The information in the tool is limited to what the hospital provides and is only the **hospital/facility price**.  
Note: If prices are not listed, the hospital may not take the insurance or may not have posted prices for that insurance coverage

## Procedure Filters

Code Type: (All) | Category: (All)

## Hospital Filters

Hospital System: (All)

## Geographic Filters

Region: Denver | County: (All)

## Insurance Filters

Insurance Family: (All) | Plan Type: (All)

Reset Filters

Code & Description: MS-DRG 807 - Vaginal Delivery without Sterilization Or D&C without CC/MCC

Hospital Name: (All)

County: (All)

Plan Type: (All)

### MS-DRG 807 - Vaginal Delivery without Sterilization Or D&C without CC/MCC

Hospital Name	File Posted Date	Gross Charge	Medicare Rate	Discounted Cash Price	Payer-specific Negotiated Charge by Insurance Family
	3/10/2023	\$16,380.74	Rate Not Posted	\$6,552.30	
	12/15/2023	\$21,267.89	Rate Not Posted	\$6,380.37	
	2/15/2024	Rate Not Posted	Rate Not Posted	Rate Not Posted	

Legend: Aetna (Blue), Anthem (Orange), Cigna (Red), Humana (Purple), Kaiser (Teal), Other (Green), United Healthcare (Yellow)

The rates in this tool were posted by hospitals and may not be current. Therefore, these rates do not guarantee what may be charged or owed post-procedure. Actual charges are based on the current chargemaster (hospital internal rates) and the care that is actually provided. Rates may differ for several reasons, including, but not limited to; severeness of procedure, complications, supplies, or additional services required. Health Care Policy and Financing (HCPF) recommends that individuals contact hospitals and their insurance providers, if insured, for a more accurate quote. Current Procedural Terminology (CPT) only copyright 2023 American Medical Association. All rights reserved. The Centers for Medicare & Medicaid (CMS) maintains Medicare Severity Diagnosis Related Groups (MS-DRGs) nationally.



# Feedback? Questions?





# Thank you!