

Dept of Health Care Policy & Financing (HCPF) SMART Act Hearing

Joint Health and Human Services Committees
January 22, 2025

Kim Bimestefer, Executive Director

Cristen Bates, Behavioral Health Initiatives and Coverage Office Director

Adela Flores-Brennan, Medicaid Director

Alicia Masell, Director of Human Resources

Rachel Reiter, Policy, Communications & Administration Office Director

Bettina Schneider, Finance Office Director

Bonnie Silva, Office of Community Living Director



COLORADO

Department of Health Care
Policy & Financing



Health First Colorado
(Colorado's Medicaid program)



Child Health Plan *Plus*



Buy-In Programs



The Colorado Indigent Care Program



Long Term Services and Supports



Senior Dental Program



Family Planning



Cover All Coloradans



Federal Match, Corrections Continuous Coverage



Health Related Social Needs



School Health Services

Colorado Department of Health Care Policy & Financing (HCPF)

State Dept that administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs

- Covering ~**1.3 million**, including **22%** Coloradans, **40%+** state's children, **40%+** births
- **\$16.0B** Total Fund, **\$5.0B** General Fund, ~**1/3** state budget
- **96%** budget pays providers, **4%** admin including **0.5%** staff

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



COLORADO
Department of Health Care
Policy & Financing

Resource available at CO.gov/hcpf/HereForYou

Colorado Medicaid

Brand is
“Health First
Colorado”



87%

live in urban counties



18%

live in Denver county



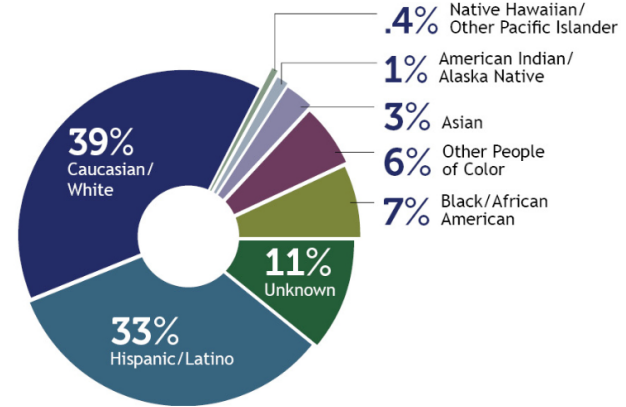
11%

live in rural counties



3%

live in frontier counties



Due to rounding, percentages may not total 100%.

2024 FEDERAL POVERTY LEVELS by Family Size*

FAMILY OF 1	FAMILY OF 4
\$20,028	\$41,496

*Some earning more may still qualify



55%

Adults are ages 19 - 64



39%

Children/Adolescents are ages 18 and younger



6%*

Adults are ages 65 and older

*Adults age 65 and older includes people partially eligible for Health First Colorado



44%

of Colorado births in calendar year 2023 were covered through Health First Colorado and Child Health Plan Plus



4%

of Health First Colorado members use long-term services and supports programs



COLORADO
Department of Health Care
Policy & Financing

Source: FY 2023-24 data via HCPF Annual Report CO.gov/HCPF/2024-report-to-community

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 priorities include 96 projects driving 45 goals, 12 WIGs and 4 Cabinet WIGs; summary:

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

Our employees are foundational to this work. As such, HCPF's priority is inclusive employee engagement. ⁴

HCPF Executive Leadership, Office Structure



Kim Bimestefer,
Executive Director, CEO



Chris Underwood,
Chief Administration Officer



Alicia Masell,
Human Resources Director



Bonnie Silva,
Office of Community Living Director



Bettina Schneider, Finance Office Director, CFO



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



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



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

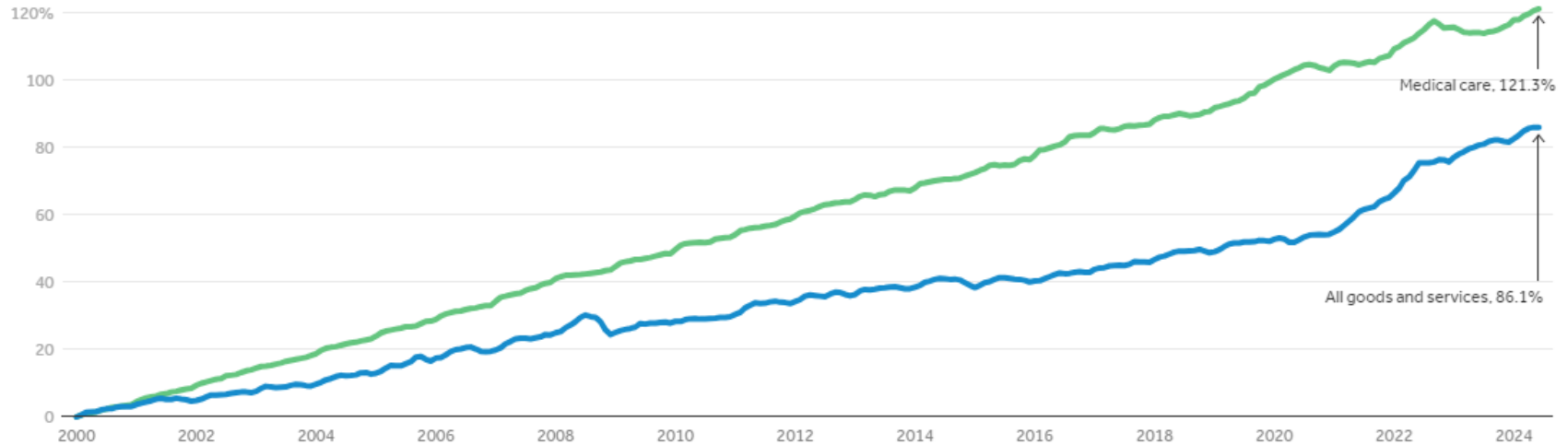


Medicaid's Cost Trends Put Continual Pressure on CO Budget

Medical Trend vs TABOR Revenue Trends

- On average, medical inflation grows significantly faster than general inflation. As Medicaid cost trends outpace TABOR revenue growth, Medicaid will continue to put pressure on the state budget.
- Since 2000: medical inflation increased by 121.3%, prices for all goods and services increased by 86.1%

Cumulative percent change in Consumer Price Index for All Urban Consumers (CPI-U) for medical care and for all goods and services, January 2000 - June 2024



Note: Data are not seasonally adjusted. Medical care includes medical services as well as commodities such as equipment and drugs.

Source: KFF analysis of Bureau of Labor Statistics (BLS) Consumer Price Index (CPI) data • [Get the data](#) • PNG

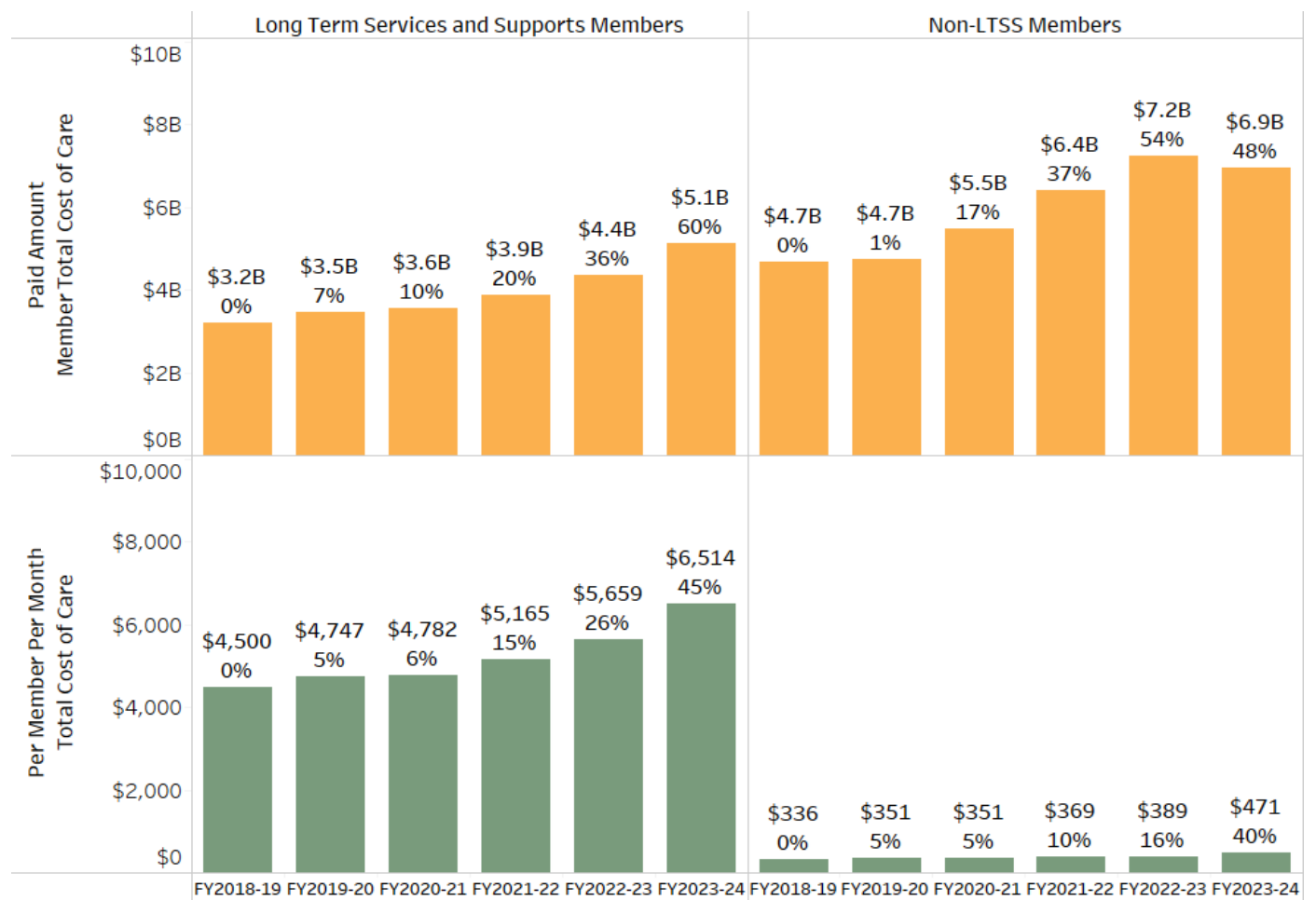
Peterson-KFF
Health System Tracker

Medicaid Non-LTSS

~95% of members:
56% of spend

Medicaid LTSS

~4.7% of members:
42% of spend at
higher trend



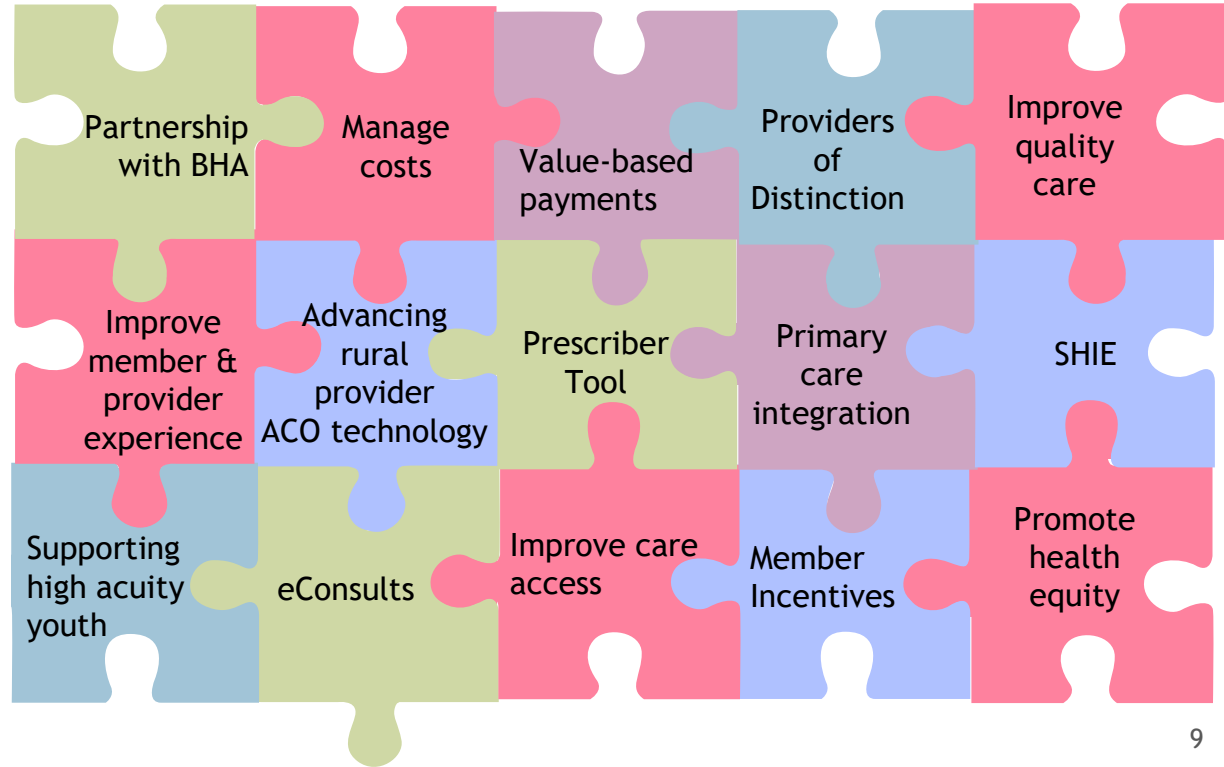
Sustainability Plan to Better Managing Medicaid Claim Trends

Draft Medicaid Sustainability Plan Outline. Six Strategic Imperatives:

- 1) Better address all the controllable factors that drive Medicaid cost trends.
- 2) Leverage and maximize HCPF's ability to draw down additional federal dollars.
- 3) Continue investing in initiatives to drive a Colorado economy and educational system to reduce the demand for Medicaid as Coloradans rise and thrive.
- 4) Make reasonable Medicaid cuts or adjustments. Identify where programs, benefits, and reimbursements are comparative outliers or designed in such a way that we are seeing - or will experience - higher than intended trends or unintended consequences.
- 5) Consider pausing or adjusting recently passed policies not yet implemented.
- 6) Exercise caution in crafting increases to the Medicaid program going forward.

We must battle Medicaid cost trends thoughtfully and responsibly. Accountable Care Collaborative (ACC) Phase III is a powerful part of the solution.

- Medicaid delivery system, ACC, includes programs to control cost trends, improve member care access, quality outcomes and equity.
- ACC Phase III modernizes our tools and programs
- Broad & Inclusive 2 year design process
- July 1, 2025 - June 30, 2032
- Regional Accountable Entities (RAEs) are an important part of ACC



Economy, Unemployment Rate, State & Federal Policy Impact Medicaid & CHP+ Enrollment



Almost
600,000
Coloradans

2014-2017

ACA Medicaid Expansion



About
550,000
Coloradans

Mar 2020-2023

COVID-19 Public
Health Emergency



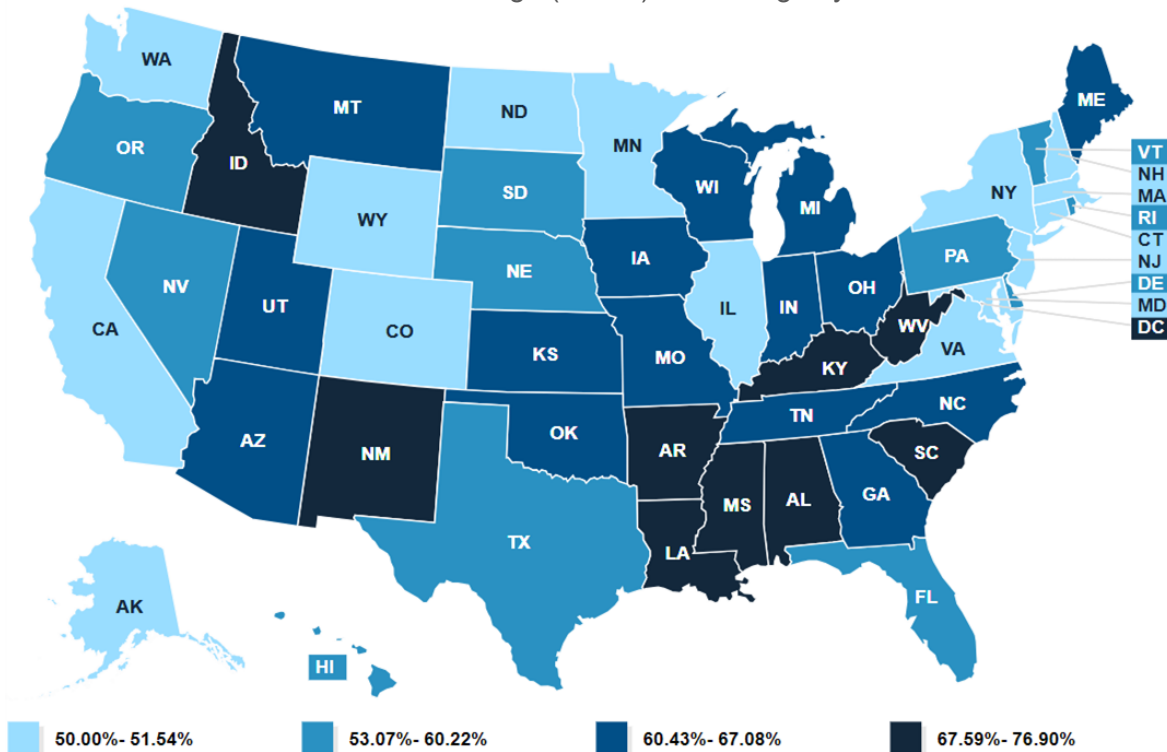
About
519,000
Coloradans

PHE Continuous
Coverage Ended

May 2023-April 2024

Emerging Federal Landscape Will Impact State Policy and Budgets

Federal Medical Assistance Percentage (FMAP) Percentage by State



- FMAP match or block grants
- Medicaid Expansion 400k @ 90/10 (47k add'l = buy-in, parent caretakers, kids continuous coverage)
- C4H Subsidies (77% or 230k+)
- Provider/CHASE Fees
- Medicaid match: Housing, Food
- FQHC Safety Net Funding
- Undocumented Coloradans
 - Cover All Coloradans
 - Public Charge
- Work Requirements

Fiscal Year 2024-25 Wildly Important Goals (WIGs)

December '24

1. Medicaid Efficiency: \$400M by 6/30/27	\$261,587,976*
1a. Medicaid Spending: \$12.1M by 6/30/27	\$1,150,000*
1b. Inappropriate Medicaid Spending: \$387M by 6/30/27	\$260,437,976
2. Automate and Digitize Member Coverage Renewals: 71% by 6/30/26	84%
2a. Auto Renewal of Medicaid Coverage for income eligible (MAGI): 73% by 6/30/26	72%
2b. Online Medicaid Renewals: 53% by 6/30/26	61%
2c. Medicaid Correspondence Improvement: 55 by 12/31/24	55 (met goal)
3. Increase Access to Prenatal Care: 70% by 6/30/27	69%*
3a. Perinatal Outreach to Members: 3,000 by 6/30/27	Not yet reported (Available 2026)
3b. Prenatal Care Performance Improvement: 20 by 6/30/25	7
3c. Increase Access to More Service Options: 100% by 6/30/25	33%
3d. Expand Coverage to More Pregnant Persons: 3,600 by 6/30/25	10,600*

**Preliminary: Not all data is available or final and subject to change upward or downward for this time period through 12/31/24*

HCPF Emerging Legislative Agenda



Respectfully request the General Assembly consider legislation on the following:

- HB 25-1003 Children with Complex Health Needs Waiver
- HB 25-1033 Medicaid Third Party Liability Federal Compliance
- Changes to the Recovery Audit Contractor Program (JBC led)
- Continuation of the Complementary and Integrative Services Waiver
- Medicaid Waiver Reinvestment Cash Fund
- R-16 Financing Reductions

Working Together on Your Legislative Priorities

- **We want to be your partner in working through legislation that has impacts to Medicaid.**
 - We can provide technical policy expertise and help you navigate the complicated world of Medicaid to achieve legislative priorities.
- **Minimum Implementation Timelines:**
 - Changes that request federal approval or system changes: 9-18+ months
 - Changes that are faster would remove or delay other legislative or federally mandated priorities
 - Changes that need state staffing/new contractors or state rule changes only: 3-12 months

Regulatory Agenda

- Children's Habilitation Residential Program Waiver (CHRP) Waiver Eligibility Expansion - November 2024
- Provider Screening and National Provider Identifier Number - December 2024
- Wellness Education Benefit Revision - January 2025
- Technical Changes to Nursing Home Rules - January 2025
- Continuous Eligibility Updates for Children Under the Age of 19 - January 2025
- Children with Complex Health Needs Waiver - April 2025
- Community First Choice - April 2025
- The Interim Support Level Assessment (ISLA) rule - April 2025

Equity, Diversity, and Inclusion

In accordance with the Governor's Executive Order [2020 175](#), HCPF has implemented the following efforts in accordance with its equity, diversity, and inclusion [plan](#):

- Directly aligned with **Statewide Equity Office** (see [2023-24 Equity, Diversity, Inclusion and Accessibility Report](#))
- All senior executive and executive level leaders and managers have taken at least 1 **Inclusive Leadership Training**
- Successfully supporting **7 Affinity Groups** (Colleague Resource Groups)
- Closed the wage disparity gap for **119 staff** making less than \$50,000
- Launched **mentorship program** to support emerging leaders from diverse backgrounds
- In compliance with **HB21-1110** Accessibility for All
- 60+ staff have been identified to form department **Culture Team** (Phase I and II)
- 150+ staff have completed **cultural awareness training** (plan to offer training to county eligibility sites by April 2025)

Converging Issues Impacting Long Term Services and Supports (LTSS)

Public Health
Emergency Unwind

County Eligibility
Sites

Case Management
Agencies

IT System Issues

Key Strategies for LTSS Stabilization

Protecting Coverage for LTSS Members

- 12-Month extension on level of care
- Paused terminations and prevented terminations
- Introduced new technology and processes for backlog of disability determinations
- Outreached procedurally terminated members
- Implemented escalation process
- Launched website for consistent communication

Paying Providers Timely to Protect Access to Services

- Provided Provisional Provider Payments
- Implemented a Prior Authorization Request (PAR) and Benefit Plan Extensions
- Filled in eligibility gaps for members to cover services provided

Reducing Case Management Agencies (CMAs) and County Backlog

- **Counties:**
 - Backlog reduction plans for the five largest counties
 - County performance monitoring
- **CMAs:**
 - Robust training for new staff
 - Backlog reduction plans
 - Regulatory and policy flexibilities
 - Decrease administrative burden and change for case managers

Identifying and Resolving Known IT Issues

- 52 items to stabilize system from phase 1; 6 remaining
- Public-facing dashboard of additional prioritized items through June 2025; majority reduce CMA admin burden
- Created CMA Super User group; 1:1 weekly support for CMAs
- Direct contract with vendor

Continued Stakeholder Engagement

Stimulus Funding Implementation

ARPA HCBS: HCPF's largest program with 61 unique initiatives

Apx. \$110M distributed through 27 grant programs (examples below):

- *Distributed 1,000 Go-Kits and back-up power devices for member emergency preparedness*
- *Funded nearly 5,000 training sessions and trained nearly 4,500 direct care workers*

Rural Provider Access and Affordability (SLFRF)

- **\$10.6M awarded** to 23 hospitals for 24 projects in hospitals in rural communities
- *Exs: Installation of a new nurse call system; Construction of tiny homes to house patients' families*

Overall Spending Status

- The vast majority of HCPF's stimulus funds are Direct to Agency (\$614.18M)
 - **78.9% is spent (\$484.59M)**; 9.7% is encumbered (\$59.77M)
- HCPF has two SLFRF programs that are still active and were part of last years refinance
 - **Of the SLFRF:** \$17.55M has been expended; \$3.91M is encumbered
 - **Of the Cash Fund:** \$0.3M has been expended; \$19.67M is encumbered
 - HCPF anticipates completing the two grant programs and spending all funds by **December 2026**

HB22-1289: Health Benefits for Colorado Children and Pregnant Persons

- What is Cover All Coloradans?
 - Starting January 1, 2025, Colorado children ages 18 and younger and pregnant people living in Colorado, no matter what their immigration is, can apply to get health coverage through Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+).
- CAC Enrollments
 - CHP+
 - Medicaid Kids
 - Medicaid Pregnant/Postpartum
- Health Services Initiative
 - Funding for 12 months postpartum coverage
 - State Plan Amendment (SPA) to fund additional priorities identified by stakeholders (i.e., Reach out to Read, Baby supplies, Food pantries, Lactation infrastructure)

SB23-189: Increase Access to Reproductive Health Care

With SB21-009, creates Family Planning and Family Planning-Related services benefit for eligible individuals regardless of immigration status

TOTAL COST

\$2,478,474

(July 2021-Present)

PROGRAM DEMOGRAPHICS		All Elig	Utilizers
Race/ Ethnicity	<i>White</i>	612	62
	<i>Black/AA</i>	413	45
	<i>A/IAN</i>	441	NR
	<i>NHOPI</i>	46	NR
	<i>Other</i>	201	33
	<i>Hispanic/Latino</i>	27873	3809
	<i>Non-Hispanic/Latino</i>	4,623	408
Sex	<i>Male</i>	12879	137
	<i>Female</i>	19617	4080
Income	<i>0-108%</i>	28309	3288
	<i>109-200%</i>	4187	920

COST SAVINGS

\$1 Invested, \$4.83 Saved

(Guttmacher Institute)

Example:

Avg. Cost/User in Program:
\$301

Avg. Cost of NICU Stay:
\$3,500

(American Medical Association's Journal of Ethics)

SB23-288: Coverage For Doula Services

[Senate Bill 23-288](#) requires HCPF to a) create a doula benefit that is informed by a stakeholder process; and b) create a doula scholarship program

Benefit Live: July 1, 2024

Providers enrolled, claims paid and more provider enrollments in queue

Stakeholders Process:

- Vendor Conducted: 4 hybrid meetings, Online Survey, Key Informant Interviews
- Department Conducted: 6 large stakeholder meetings, 6 office hours, discussions with MAC (lived experience members), and Perinatal Summit (with CDPHE)

Scholarship Program:

- Three organizations selected to conduct free trainings (in-person and online options to increase access)
- Contracts finalized and trainings will occur before the end of the fiscal year
- Goal: Train 75 community-based doulas to serve Medicaid members.

SB22-177: Investment in Care Coordination and HB23-1236: Implementation Updates to Behavioral Health

- Under ACC Phase II, MCEs currently track care coordination data for members with complex needs.
- We are on track for the MCEs to report additional care coordination data (as required in SB 22-177 and HB 23-1236) in ACC Phase III, with data collection beginning July 1, 2025.

HB 21-1198: Hospital Discounted Care

- **[House Bill 21-1198](#) Health-Care Billing Requirements for Indigent Patients (referred to as Hospital Discounted Care). Hospitals report data HCPF determines necessary to evaluate compliance across race, ethnicity, age, and primary language spoken patient groups with the screening, discounted care, payment plan, and collections practices.**
- Data is due annually to HCPF by September 1 and will cover the previous state fiscal year
 - The most recent data covered FY 2023-24
 - Of the 85 required hospitals, 84 reported 64,173 patients received financial assistance for their hospital bills
- During FY 2023-24, the HCPF audits team audited 20 hospitals' completed patient applications and billing data for the period September 1, 2022 through June 30, 2023. HCPF requires hospitals complete corrective action plans when their audit findings have 10% or higher error rate within any section of the audit.
 - Common areas of findings include: Patients reported in the data who should have not been; patients missing in the data; qualification screenings not completed in the required timeframe; determination notices not sent in the required time frame; and incorrect billed charges

HCPF FY 2025-26 Proposed Budget

- Total Funds: \$17.4B
- General Fund: \$5.4B
- 96% goes to providers
- ~4% admin
 - 0.5% for HCPF staff

Budget Requests:

- R6 | Accountable Care Collaborative: Phase III
- R7 | County Administration and CBMS Enhancements
- R8 | Colorado Medicaid Enterprise System Administration
- R9 | Provider Rate Adjustments
- R10 | Administrative Alignment
- R11 | Office of Community Living Benefits
- R12 | Integrated Care Benefit
- R13 | Contract True Up
- R14 | Convert Contractors to FTE
- R15 | Pharmacy MAC
- R16 | Medicaid Financing Reduction

Review our [25/26 Budget Summary](#)

More Information

To view monthly updates on Wildly Important Goals and corresponding lead measures, please visit the [Governor's Dashboard](#).

For more information on additional Department goals and context, view our [FY 2024-25 Performance Plan](#).

Read the [HCPF Report to the Community](#)

Further details: [Legislator Resource Center](#)

Contact: Jo Donlin, Legislative Liaison, Jo.Donlin@state.co.us

Appendix

HB23-1197: Stakeholder Process for Oversight of Host Home Providers

Bill directed HCPF to develop recommendations for Oversight of Host Home Providers:

Stakeholder meetings were held from August, 2023 - September, 2024, including a variety of opportunities for stakeholder involvement, such as workgroups and focus groups that led to the following recommendations for Host Home Oversight:

- Establishment of a standard, centralized option for individuals to file grievances and/or complaints.
- Development of a Host Home Provider Database, that allows multiple parties access based on credentials, but incorporates tracking of Host Home Providers to eliminate non-compliant Providers from rendering IRSS services. This would involve a Provider Registry and Medicaid Provider ID's to be created within the Medicaid Management Information System (MMIS).
- Establishment of a Prohibited Criminal Offenses list, should a Host Home Provider commit any offense within this list, they cannot be employed or contracted with.

HB22-1290: Changes to Medicaid for Wheelchair Repairs

- Bill purpose is to create transparency and accountability in the quality of Complex Rehabilitation Technology (CRT) repairs.
- Providers must report metrics for all applicable repairs twice per year.
- HCPF pays for nearly 3,400 CRT repairs annually.
- The first reporting period was for repairs completed between December 2023 and May 2024.
 - The average CRT repair takes 44 days to complete.
 - Trend data will be available next year.

Metric	Dec 2023 - May 2024
Total number of repairs	1695
Members with secondary equipment	1355
Members with primary Medicare coverage	514
Members satisfied with the quality of their repair	1524
Average days from evaluation to creation	5.95
Average days from evaluation to fulfillment	37.97
Average total days to fulfillment	43.92

HB22-1268: Behavioral Health Rates Action Plan

Completed Tasks

- New Comprehensive and Essential safety net provider definitions and rules completed and implemented.
- Applied for federal approval for State Directed Payments and implemented new Alternative Payment Methodologies (APMs) for safety net providers.

Continued efforts

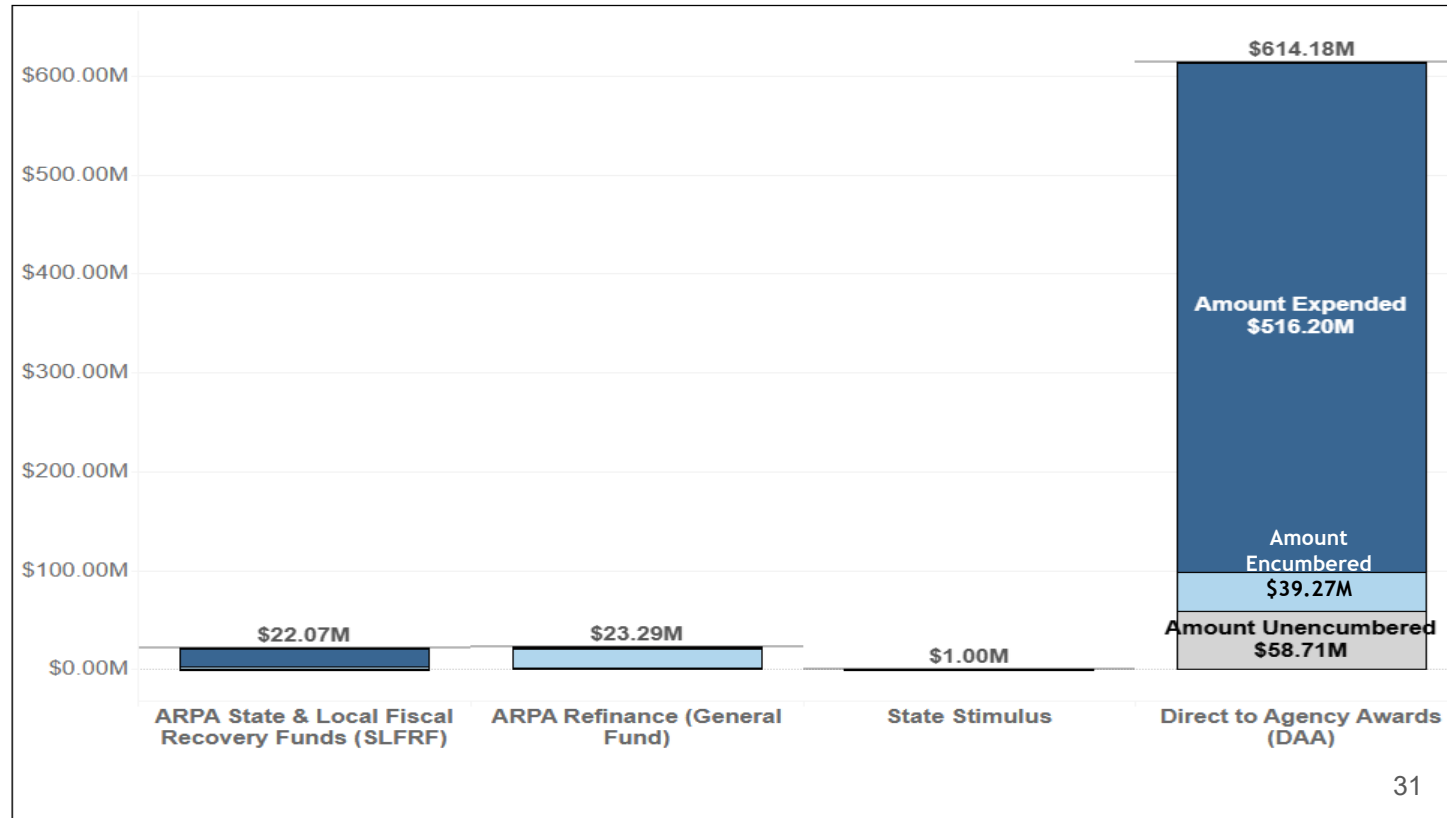
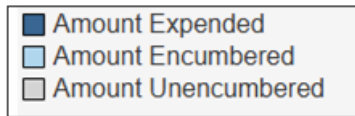
- Monitoring new safety net provider payments for effectiveness and working to improve measurement for future value-based options.
- Improving cost reports for Comprehensive safety net providers to align with the new Prospective Payment System (PPS).
- Reviewing contracted provider payments to commercial rates.

HB21-1085 - Behavioral Health Secure Transportation (BHST)

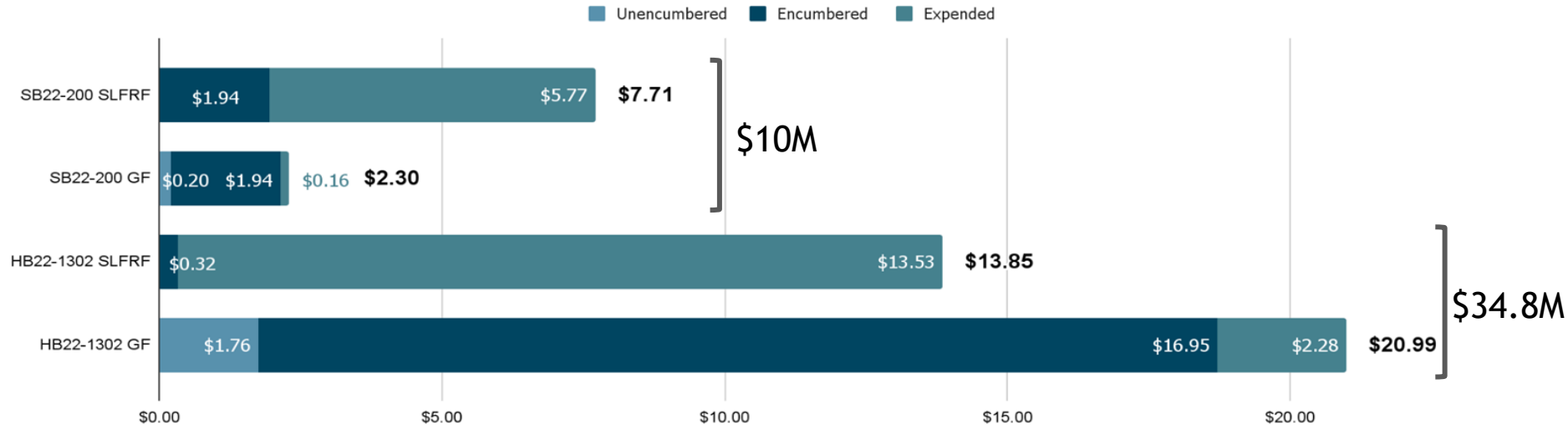
- [House Bill 21-1085](#) directs HCPF to implement a behavioral health secure transportation, which benefit no later than July 1, 2023 (C.R.S. 25-3.5-103).
- Federal approval now allows HCPF to reimburse BHST trips over 250 miles, accounting for Colorado's vast landscape.
- FY 23-24 data:
 - 12 BHST enrolled providers
 - 8 ground ambulance agencies provided BHST services
 - 3332 of one-way trips total paid by HCPF FY23-24 in the amount of \$2,081,253.95 to 2314 unique members
- FY 24-25: Plan to move BHST from fee-for-service benefit to capitation benefit effective July 2025

Stimulus Funding Implementation

For ongoing updates, please visit Colorado's stimulus website: coforward.colorado.gov.



Stimulus Funding Implementation



SB22-200: Rural Provider Access and Affordability Grants

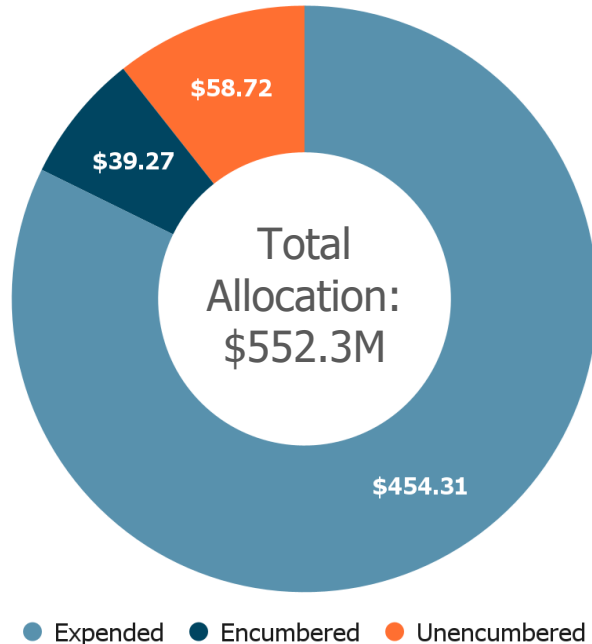
- \$10.6M (\$1M was GF) was awarded to [23 hospitals](#) for 24 projects to increase access and affordability in hospital rural communities.
- Nearly \$6M has been expended and \$3.88M encumbered.
- Pictures of grant purchases can be found on the program's [website](#).

HB22-1302: Behavioral Health Integration Grants

- HCPF [awarded](#) \$29M in grants to 79 organizations, benefiting 140 locations to improve access to integrated primary care, mental health and substance use services with a focus on small/ independent practices, native American, rural and frontier sites.
- Challenges reported by grantees including: hiring new licensed or qualified staff.

Stimulus Funding Implementation

ARPA Home and Community Based Services



- HCPF executed 61 unique initiatives to enhance, expand and strengthen HCBS using these funds
 - 45 of the projects are now complete
- Apx. \$110M was distributed to community based organizations, providers, and individuals through 27 grant, pilot, and community funding initiatives
 - Executed 2,781 grant agreements
- All funds must be spent by March 31, 2025
 - ARPA Supplemental Budget Request includes a proposal to use all remaining funds for a retroactive rate increase for HCBS providers and case management agencies
- Planned release of more information on the outcomes and success stories from these funds in early summer 2025

WIG: Medicaid Efficiency

Medicaid Efficiency:

Reduce Medicaid costs by \$400 million by June 30, 2027, while maintaining current benefit levels by partnering with providers to tie payment to performance through value based programs and avoiding inappropriate costs.

Context: Successful completion of this goal will result in healthier outcomes for Medicaid members and avoid preventable hospital costs associated with worsening conditions, increased prescription drug affordability, and lower inappropriate costs in partnership with providers.

**Preliminary* as of
December 2024:
\$261,587,976**

*Official data will be
reported July 2025*

**Preliminary means that not all data is available or final and this is subject to change upward or downward for this time period through 12/31/24*

Medicaid Efficiency: Lead Measures

HCPF will achieve this Wildly Important Goal through the following leading indicators:

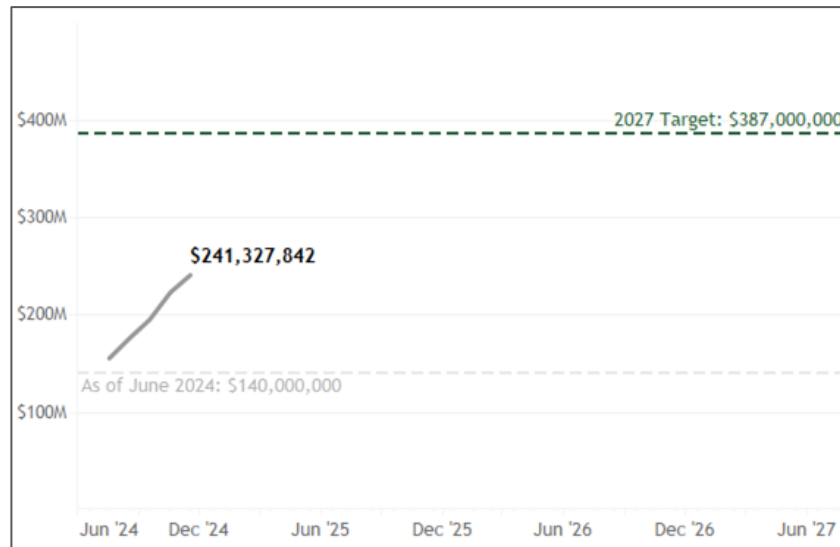
Reduce Medicaid preventable costs by \$12.1M by June 30, 2027, by partnering with providers to deliver higher quality of care, resulting in members experiencing healthier outcomes and thereby reducing preventable use of hospitals, and by using more affordable prescription drugs.

Reduce inappropriate Medicaid Spending by \$387M from July 2023 to June 30, 2027, through retrospective recoveries and prospective cost avoidance.

Preliminary* as of November 2024:
\$1,150,000

Official data will be reported July 2025

**Preliminary means that not all data is available or final and this is subject to change upward or downward for this time period through 12/31/24*

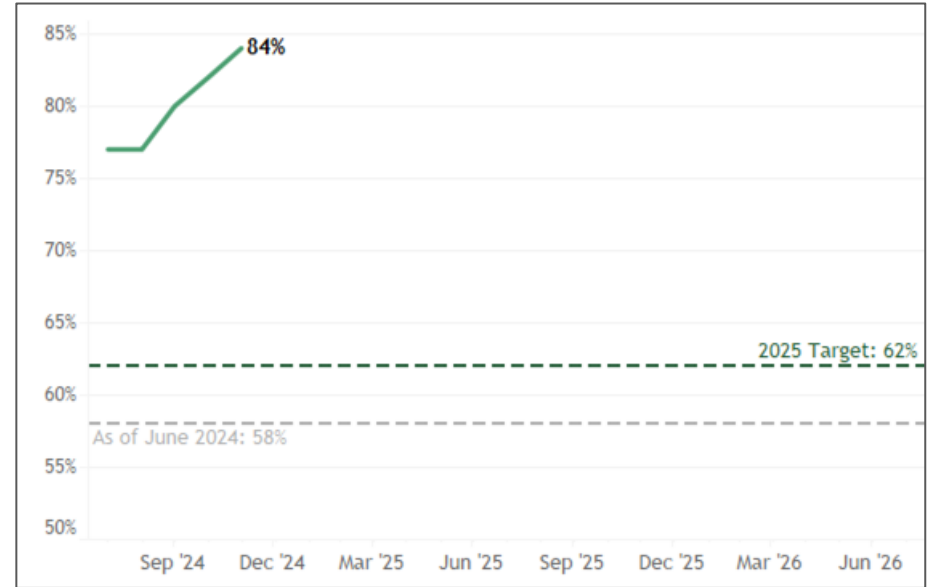


WIG: Automate and Digitize Member Coverage Renewals

Automate Member Coverage Renewals:

Improve member service and reduce county workload by increasing automation of Medicaid renewal processing from 58% to at least 71% of member renewals by June 30, 2026.

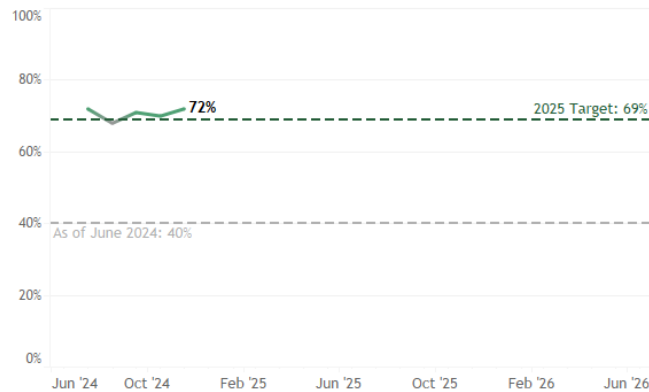
Context: Successful completion of this goal will make it easier for eligible Coloradans to renew Medicaid through automation improvements, digital tool innovations, communications and related efficiencies.



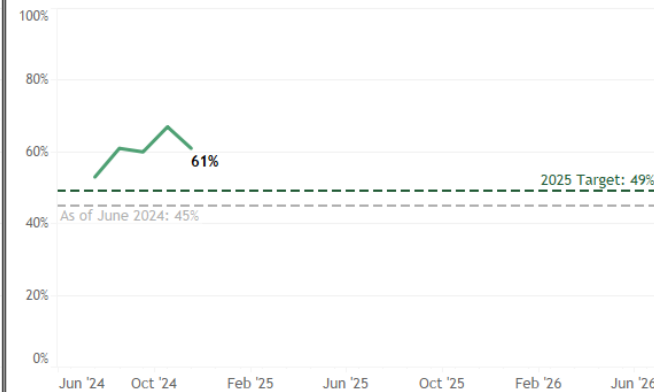
Automate Member Coverage Renewals: Lead Measures

HCPF will achieve this Wildly Important Goal through the following leading indicators:

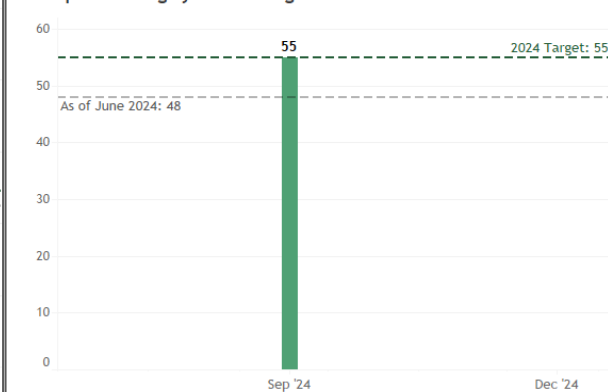
For those Medicaid individuals renewed based on income (MAGI), increase ex parte auto-renewal performance from 40% to 73% by June 30, 2026, pending the federal government making the emergency e14 waivers permanent.



Increase member renewals returned through the Colorado Program Eligibility and Application Kit (PEAK) from 45% to 53% by June 30, 2026. PEAK is the online service for Coloradans to screen and apply for medical and other assistance programs.



Improve member correspondence accuracy and readability by revising 55 frequently used member eligibility correspondences prototypes by December 31, 2024, pending state and federal budget, regulations, approvals, and the shared HCPF-CDHS queue for implementing system changes.



WIG: Increase Access to Prenatal Care

Increase Access to Prenatal Care:

Increase timely utilization of prenatal care in the Medicaid program from 62.7% to 70.0% by June 30, 2027.

Context: Successful completion of this goal will mean that birthing people and newborns have improved pregnancy outcomes by getting early and regular prenatal care.

**Preliminary* as of
November 2024: 69%**

*Official data will be
reported May 2025*

**Preliminary means that not all data is available or final and this is subject to change upward or downward for this time period through 12/31/24*

Increase Access to Prenatal Care: Lead Measures

HCPF will achieve this Wildly Important Goal through the following leading indicators:

Expand health coverage to children and pregnant persons regardless of immigration status through Cover All Coloradans from 0 to 3,600 people covered by June 30, 2025, pending state and federal approval and funding, because people without health coverage often avoid seeking preventive care like prenatal care, which is vital to the health of the child and the pregnant person.

In partnership with HCPF, Regional Accountable Entities (RAEs), Managed Care Entities, and Child Health Plan Plus partners' prenatal and postpartum care and case management teams will outreach at least 3,000 birthing Medicaid members by June 30, 2027 to help connect eligible members to prenatal programs and timely care.

As of January 2025:
10,600 enrolled

Enrollment fluctuates over time.

This lead measure will **begin collecting data after July 1, 2025** and data will be first reported **in early 2026.**

Increase Access to Prenatal Care: Lead Measures

HCPF will achieve this Wildly Important Goal through the following leading indicators:

Improve birth equity through increased access to and choice of providers and supports for birthing people including direct entry midwives for home births and doulas by implementing 100% of programmatic requirements by June 30, 2025.

