

# Department Update

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# Agenda

- Coverage continuity after end of the PHE
- Budget & legislation highlights
- Behavioral health transformation
- Health equity
- COVID-19 vaccination rates
- Health care workforce
- Shifting to value-based payments
- ACC 3.0
- Thank you, Dr. Johnson

# Three key goals of the PHE unwind

1. Member continuity of coverage
2. Smooth transition and member experience
3. Minimize impact to county and MA site eligibility workers



# Preparing for the end of the PHE

- Now covering 1.6M
- Held uninsured rate steady at 6.6% through pandemic by keeping Coloradans covered
- 610k “continuous coverage” population will need eligibility redetermined; est. ~1/2 may need to be transitioned to other coverage

- Leveraging pre-determined renewal date for unwinding (take up to 14 months to unwind). RAEs have renewal dates
- Clarified that RAEs and MCOs can text members
- Enhancing ex-parte as first step for renewal process (use of interfaces and information on file for pre-approval)
- Reformating renewal packet for clarity
- Special call out on the required signature
- Enhancing online member tools (PEAK, electronic signature)
- Using technology to minimize data entry, improve quality, and expedite renewal process
- Enhancing training and business processes (focus now on updating address info... later on renewals)
- Resources and toolkits to ensure consistent messaging
- Kids & pregnant members can move from Medicaid to CHP without paying the premium (1289 passed!)
- \$5M in outreach passed to help with warm handoffs (SB 81)

# Budget & legislative highlights

## All Members

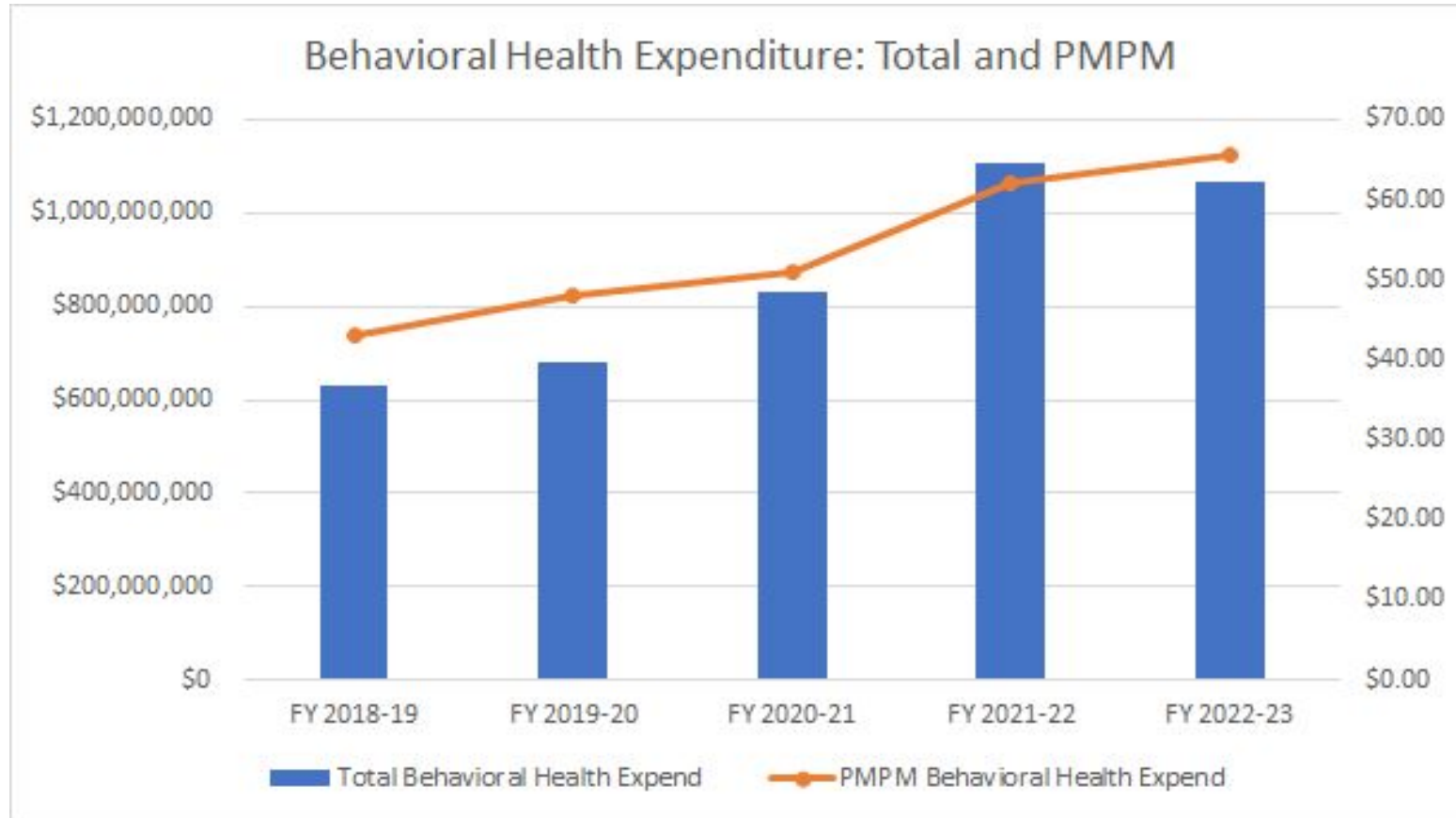
- County administration pay-for-performance program to increase timeliness, improve customer service and address accuracy of county eligibility determinations
- Value-based payment program investments
- Grants to innovate and scale integrated behavioral health programs
- Medicaid, CHP+ and Exchange look-a-like programs for undocumented persons
- \$10M for rural hospitals, \$11M for rural connectivity
- Increased DME, transport & PT/OT/ST services reimbursement rates

## Members with Disabilities

- First state with right-to-repair wheelchair law
- Continues \$15/hr base wage increase for HCBS services post-ARPA
- \$27M for nursing facilities and increased base wages

# Investing in BH transformation

- Increasing \$\$ into BH
- Inpatient & residential SUD treatment benefit eff. 1/1/21
- Growing Medicaid BH network
- BH task force 19 priorities
- BHA
- BH Transf. Task Force (\$450m)
- CMHC transformation
- Payment, contracting reform
- R23 centralizing BH admin in HCPF
- Building comprehensive safety net system capacity to increase access



# Comprehensive legislative package of 20 bills for BH transformation

- Extraordinary investment for mental health substance use prevention, treatment, recovery
- New BHA - improved behavioral health system
- Improves state's BH Crisis Response System
- System navigators online and in person
- Early intervention, deflection & redirection from criminal justice system
- New procedures for 72-hour emergency mental health holds
- Integrated care grants for communities
- Increases access to services for youth who need comprehensive home / residential care
- School-based free therapy for all Colorado youth
- Psychiatric consults for youth, funding in schools
- Make sure all youth in Colorado know who to call in a crisis
- Workforce plan
- New residential care beds for adults with mental health and co-occurring needs
- Culturally competent residential treatment programs for American Indians and Alaskan Native populations
- Fentanyl use prevention, education & treatment and updates fentanyl-related offenses
- Price transparency for behavioral health rates
- Reduces conflicts of interest among intermediaries that administer public funds
- Reduces administrative burden and costs for providers so they have more time to see patients
- Denver Regional Navigation Campus Grant Program
- Convert Ridge View to supportive residential community

# BH legislative package supports comprehensive system that puts people first

- BHA: comprehensive, collaborative work to develop equitable, accountable, effective BH system that improves the health and well-being of Coloradans
- Strengthen the BH safety net
- Improve access, benefits, quality & outcomes
  - Invest in workforce, crisis response & local BH services
  - Invest & scale physical/BH integration
  - Invest in early intervention, CJ redirection, housing



# BH safety net accountability to increase access & quality

As part of a multi-year behavioral health system reform effort led by Governor Polis and the Department of Human Services, the Behavioral Health Task Force Leadership identified four projects for CMHCs to **set consistent standards for access and quality**, improve transparency, set reasonable expectations and improve operations effectiveness.

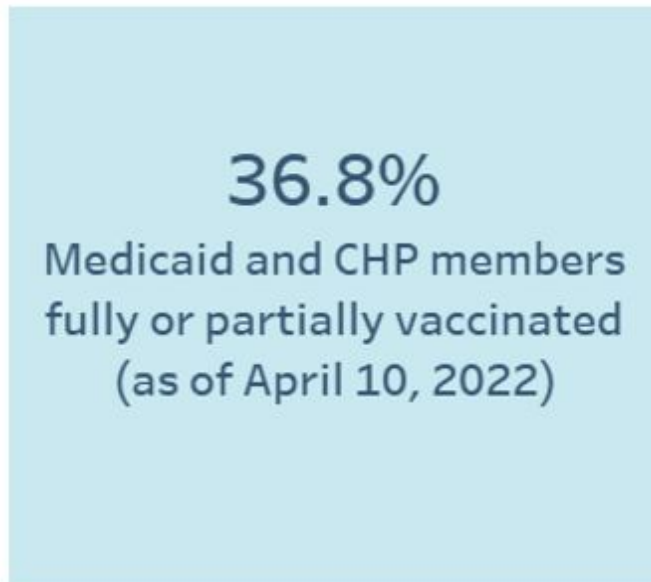
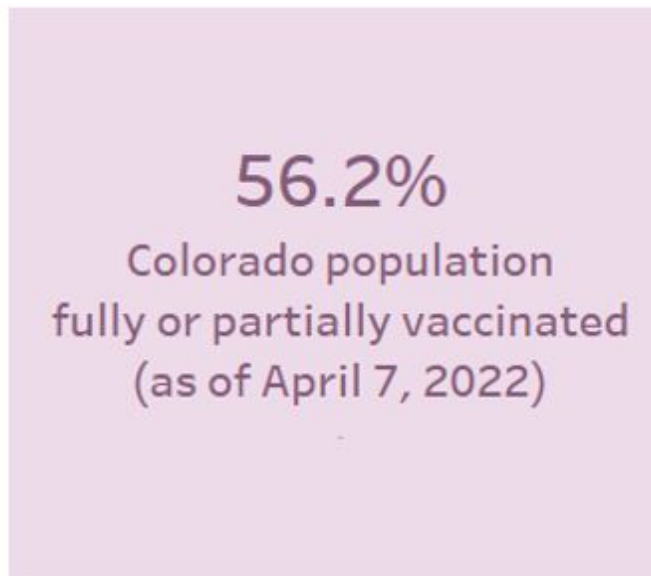
1. Prospective Payment System/Value Based Payment
2. Redesign Cost Report
3. Universal Contract
4. Reduce Administrative Burdens and Operational Challenges

# Health equity

- Mission: improve health care equity, access & outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.
- Applying health equity lens broadly to our work
- Priorities:
  - COVID-19
  - Maternity
  - Behavioral health
  - Prevention



# 19-27-Point+ Gap Btw Low Income and All Vax Rate



Ages 5-19

Ages 20+

# Addressing health care worker crisis

Patient demand is up due to COVID while staffing is strained.

*Health care workers are exhausted!*

To address:

- \$154.6M in Department-issued provider relief payments plus federal stimulus provider relief funds to 6,500 CO providers
- Raised HCBS base wage to \$15/hour Jan. 1, 2022
- Same for nursing facilities
- Legislative package to create PPE stockpile, help w/ tuition & training for health care workers & support existing workforce
- Cross Agency work team - short & long term solutions
- Provider partnership work



# Shifting paying for volume to value

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

## CMS GOAL STATEMENT

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

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

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

Value: Patient Access & Outcomes, Health Equity, Affordability

# ACC 3.0 beginning stages

- Continue regionality, improve managed care program
- Thank you for sharing your insight on current operations to help inform our work for Phase III
- Next year will include robust stakeholder engagement - please continue to stay plugged in

# A Time of Dynamic Transformation in HC and at HCPF

- **\$450M** - BH, payment & reporting, system
- **\$513M** - Home & Community Based Services
- **550k+** - PHE end planning & re-determinations
- Healthcare Workforce crisis
- Critical COVID vaccinations work
- Hybrid HCPF workforce environment
- Older adults: PACE & Nursing Homes
- Health Equity Focus
- Affordability: VBP, eConsults, “Provider of Distinction,” Prescriber Tool, PDAB, Drug Importation, Rx Rebates, Transparency
- Re-bid our claims system, data reporting system, Rx PBM while designing ACC 3.0





# Thank you, Dr. Johnson!

This is Dr. Johnson's last PIAC meeting as Colorado's State Medicaid Director. We will miss her dearly!

- Navigated the pandemic (issued guidance, stood up telemedicine, launched vaccine incentive program with RAEs that focused on health equity)
- Established member-focused council to improve maternity benefit, health equity and outcomes
- Prepared for next version of ACC program
- Leveraged federal stimulus for lasting change

Tracy, would you like to say a few words?

