

Department Update

September 20, 2023

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Agenda

- HCPF priorities
- ACC Phase III
- Keep Coloradans Covered
- Transforming care for a better tomorrow

Thank you, PIAC, for your continued partnership!

Aug Enrollment: 1.67M 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

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!**



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



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 for all your incredibly helpful input to shape Phase III.

>3,500 stakeholders have attended >75 stakeholder meetings. We appreciate your voiced support for our high-level Phase III priorities.

More on attribution later on today's agenda.

Logical ACC Progression

- Building on what worked well in Phase II (e.g., regional model, care coordination, member engagement)
- Building toward a better tomorrow
 - PCP PCMH to ACO-like (systems, analytics and reporting, health improvement programs, attribution adjusted based on member acuity)
 - Next gen innovations (integrated BH/med, eConsults, Rx Tool, cost and quality indicators, SDoH supports, health improvement programs, member incentives, value based payments and more)
- Addressing gaps from Phase II
 - Improve access and experience for members - coordinating partners
 - Increase the visibility and clarify roles of RAE and HCPF to members
 - Reduce admin burden on providers to make it easier to work with Medicaid
 - Hold all partners and ourselves more accountable
 - Massive quality improvement to improve member health/outcomes
 - Reduce the total number of RAE regions



Continuing to drive affordability in order to protect member benefits, provider reimbursements and eligibility access while increasing quality and closing disparities

Achieve ACC alignment with value based payments

APM 2

- Providers eligible to receive 16% rate increase which gives parity with Medicare payment rates for services under APM 2 and eligible to receive shared savings from improved chronic care management - effective July 2023
- FQHC subset that allows more flexibility for participation

Payment Alternatives for CO Kids

- Address specific needs of pediatric primary care providers
- Incentivize quality care specific to pediatric population
- Engaging stakeholders since July 2023; target launch July 2024

Maternity Bundled Payment

- Providers eligible to receive incentive payments depending on cost of each episode
- Allows providers to make choices about care delivery and related investments to improve quality and health equity outcomes
- Engaging stakeholders fall 2023

Behavioral Health APMs

- Designed in collaboration with BHA
- Cost-based prospective payment model for safety net providers
- Enhanced payment for essential safety net providers - work in progress

Prescriber Tool APM

- Incentivize use of the Real Time Benefits Inquiry (RTBI) module to promote Medicaid pharmacy benefit compliance and cost efficiency in pharmacy utilization
- Launching Oct. 1, 2023

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:

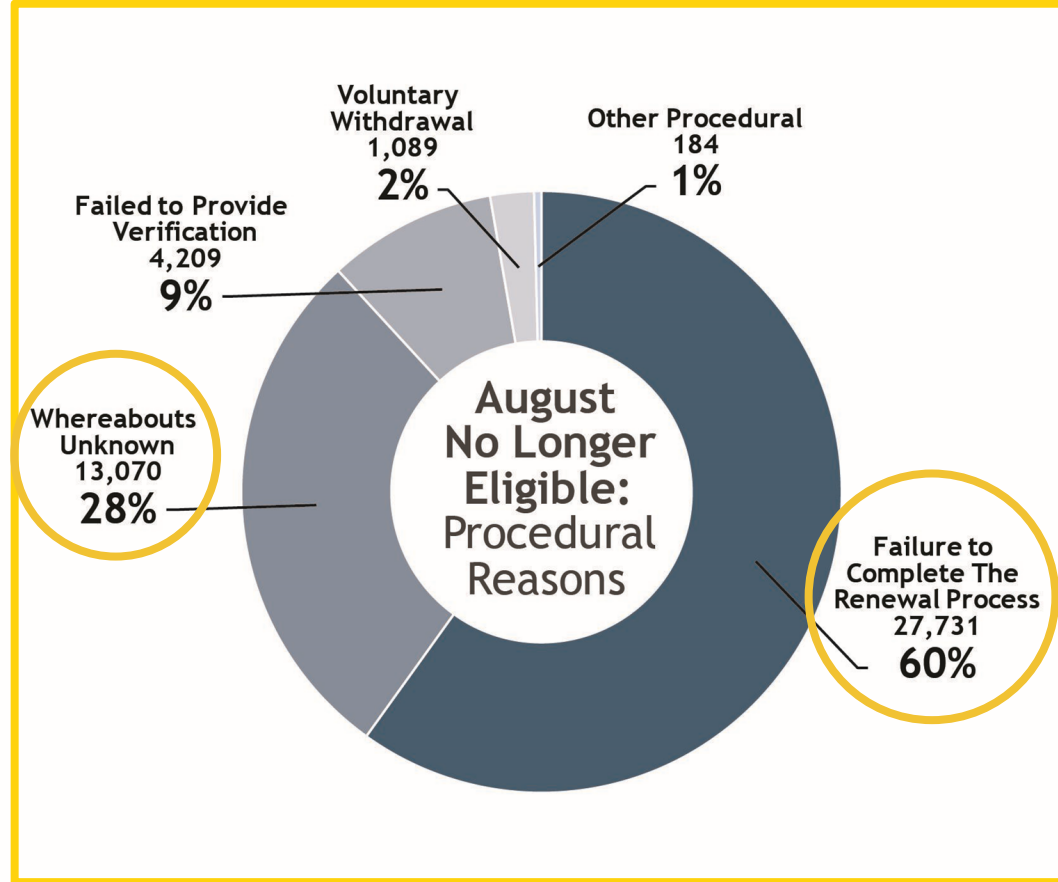
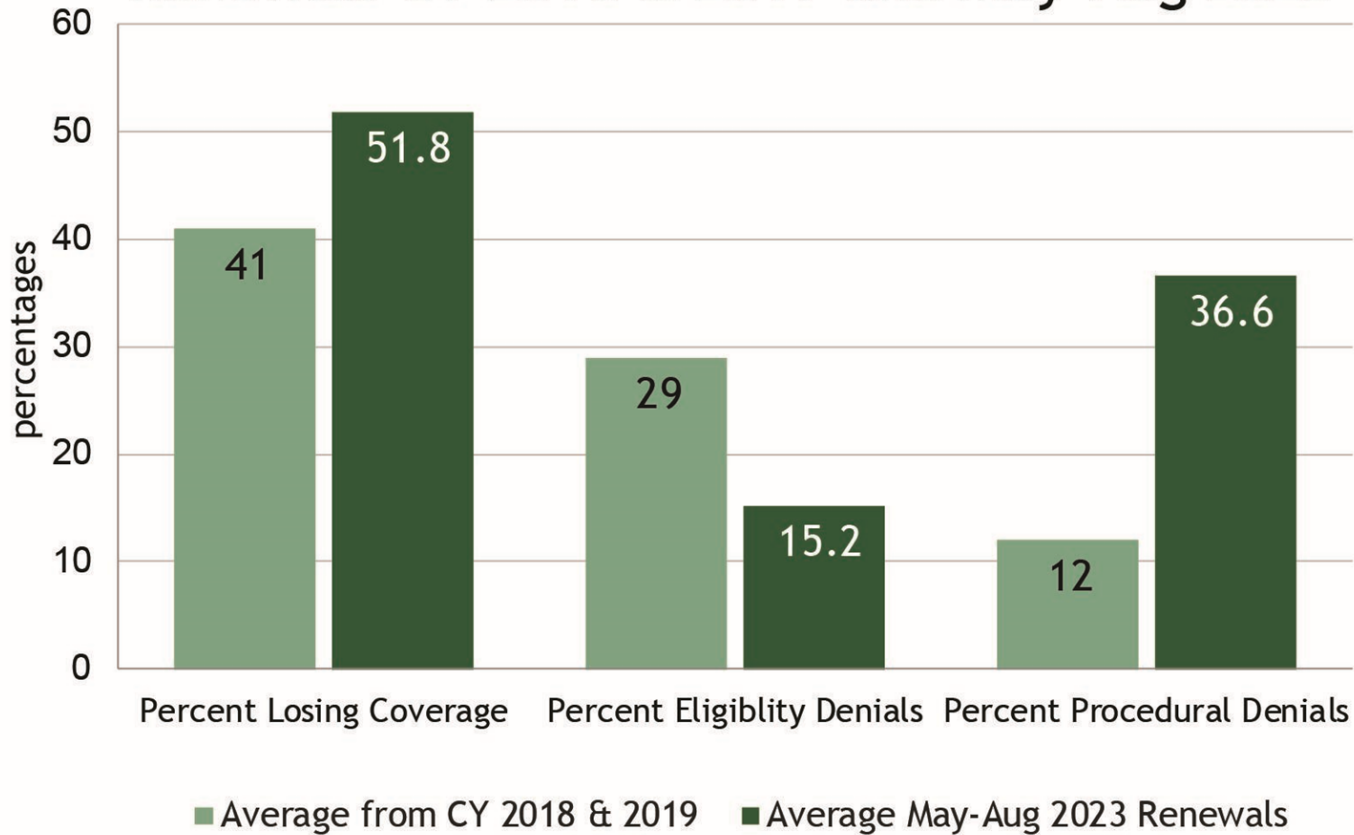
- Process improvements making it easier to renew
- Maximizing auto-renewals (~30%)
- Eligible children auto enrolled into CHP+
- Continuous engagement with partners on process and outreach
- Support for counties including more funding
- Robust communication resources - will be adding more for focus populations - 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

August Data Outreach Opportunities

Renewals CY 2018 & 2019 and May-Aug 2023



Data Insights

- **Improved Renewal Rates 90 Days Later:** For members up for renewal in May, after the 90-day reconsideration period, 60% have now been renewed, above the pre-pandemic average of 57%. Procedural denials fell by 4% to 22%. Members with later renewal months are still within 90 days, but similarly tracking.
- **Children’s Renewal Rates:** For May, June, and July renewals, 69% of children remained enrolled, better than the overall 58% of all Colorado individuals who renewed during the same period. Children who identify as Hispanic are being renewed at a higher rate than non-Hispanic White children (72% vs 68% from May renewals).
- **Long Term Care Procedural Denials Track with Pre-Pandemic:** 17% then vs 18% now. Non-procedural denials are 10% for both then and now. Less than 1% of members with LTC are “whereabouts unknown,” meaning this population is receiving renewal notices.

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 is important for employees and their employers. Data isn't get the care they need, get sicker, and cause financial strain on the care system. 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



Increasing Access to Care

- 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
- Grew provider network by 26% to ~100k providers over past 2 yrs (inc. >11k active behavioral health providers: +2,200 added in last 2 yrs)
- Eliminated most member co-pays
- Waived CHP+ enrollment and renewal fee
- Extended postpartum coverage to 12 months and Increased access to equitable maternal health
- Working to increase providers access accountability, esp. specialists



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

Goals to improve care for people with disabilities

Home and Community Based Services

Ensuring that 63 projects leveraging American Rescue Plan Act \$550M remain on track.



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

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



Address critical staffing shortages

Wage sustainability (\$15.75/hr), Training, and Implementation of new technologies



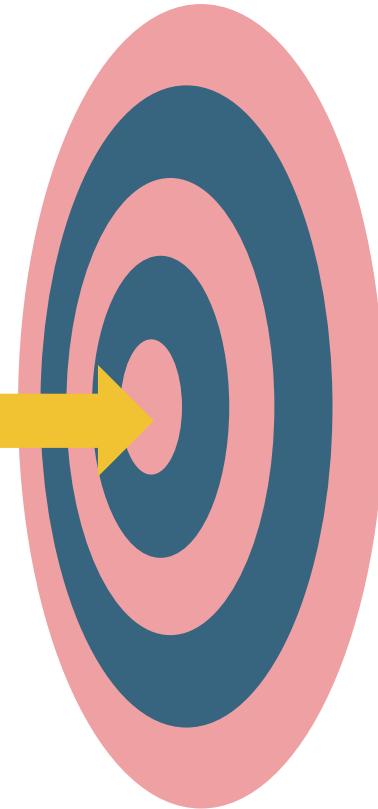
Implement Case Management Redesign

Federal Compliance, Quality, Simplicity, Stability and Accountability



Transform the Nursing Home industry to ensure sustainability

In accordance with HB 23-1228



Behavioral Health

- Active daily collaboration with BHA
 - Increased Medicaid behavioral health investments from \$630 million to \$1.2 billion/year in last 5 years
 - **Integrating primary care, mental health, substance use:** Awarded grants to 81 organizations serving 147 locations statewide; focus on rural and frontier sites
 - **Behavioral health secure transport:** Trauma-informed transportation for a person in crisis from the community to a behavioral health facility, or between facilities. Reduces reliance on law enforcement, ERs.
 - **Mobile crisis response:** Dispatches teams of behavioral health crisis professionals to de-escalate and stabilize people experiencing a behavioral health crisis, with follow up to ensure the individual is connected to ongoing care. Reduces reliance on law enforcement, ERs.
- Prioritizing gaps in care: children and youth, persons with disabilities, co-occurring intellectual or developmental disabilities, people who are unhoused, and people who have been incarcerated
 - Increasing high-intensity outpatient and transition services
 - Adding adult beds, youth residential beds, tribal substance use disorder facility

Applying a Health Equity Lens



Progress

- Creating identifiers for various demographics and populations to measure, track disparities and improvements
- Stratified data analytics to identify disparities, Health Equity Dashboard
- Craft strategies to reduce disparities

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, CMS core measures

Looking Ahead

- Continue progress on health equity plan
- Based on disparity data, identify key populations, actionable strategies to close gaps
- Cultural responsiveness and member experience

Prescriber Tool

Phase I: OpiSafe

- Helps prescribers prevent misuse/abuse of opioids, benzos, controlled substances
- Features:
 - Easy access to PDMP data
 - Toxicology reports
 - Patient assessments
 - Access to guidelines
 - Overdose prevention tools
- 5,250+ allocated licenses
- Yr 1: Reduced total avg opioid dosage by 16%

Phase I: Affordability

- Shares real-time Rx benefit information, empowering prescribers with drug affordability and cost options
- Features:
 - Real-time e-prescribing
 - Real-time benefits inquiry
 - Real-time prior authorization



Phase II: Also called Social Health Information Exchange (SHIE)

- Make it easier for health care providers to use technology to connect people to SDoH services, such as food, transportation, safe housing
- Prescribe programs, not just pills:
 - State: i.e.: WIC, SNAP.
 - RAE: i.e.: prenatal, diabetes
- Awarded bid; Initial build begins fall 2023



Questions?