

Fiscal Year 2025-26 HCPF Performance Plan

July 1, 2025



COLORADO
Department of Health Care
Policy & Financing

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HCPF Overview

The Colorado Department of Health Care Policy & Financing (HCPF) fiscal year (FY) 2025-26 performance plan is an annual report on progress made toward achieving our mission and supporting goals. This report includes accomplishments, project status, findings, data and policy, and administrative difficulties in the operations of our programs as of FY 2024-25, Quarter 3. This report is completed for the Colorado General Assembly, stakeholders, providers and contractors, the people of Colorado, and HCPF staff.

HCPF is the single state agency responsible for administering the Medicaid program (Title XIX of the Social Security Act) and the Children's Health Insurance Program (Title XXI of the Social Security Act) for Colorado. Colorado's Medicaid program is called [Health First Colorado](#)¹ and our Children's Health Insurance Program is called [Child Health Plan Plus](#) (CHP+)². In addition to these programs, HCPF administers the Colorado Indigent Care Program (CICP), the Old Age Pension State Medical Program, the Primary Care Fund and the School Health Services Program.

HCPF also provides health care policy leadership, such as affordability best practices, care innovations and advances, policy guidance and subject matter expertise to the benefit of the state's executive branch, legislative branch, consumers, care providers and purchasers. As the largest health payer in the state covering about 22% of Coloradans, we collaborate with care providers, federal partners and other payers to create best practices on shared initiatives to the benefit of all Coloradans, employers and taxpayers.

HCPF also leverages its oversight of the state's All Payer Claims Database (APCD) to illuminate health care quality outcomes, access, equity and affordability insights that help stakeholders and industry leaders achieve shared goals. HCPF is also the fiscal agent for the Office of eHealth Information (OeHI) and provides support services to OeHI such as procurement, budgeting, contract management, federal financing, and engagement support, and office space.

HCPF provides health care coverage including medical, prescription drug, dental and behavioral health, to about 1.3 million people (about 22% of the Colorado population)

¹ Health First Colorado

² Child Health Plan Plus (CHP+)

through its safety net coverage programs. HCPF does not directly deliver health care services; rather, we administer programs as well as contract with a network of providers (medical, dental, behavioral health, vision, pharmacy as well as long-term services and supports providers and other care providers) who render services to eligible members, similar to commercial carriers. To administer Health First Colorado, CHP+ and our other safety programs, we partner with other state agencies; the Centers for Medicare and Medicaid Services (CMS); service contractors; expert consultants and advisors; health plans and commercial health insurance carriers; and entities that help individuals apply for benefits such as Colorado counties, local government agencies, and medical assistance sites.

Health First Colorado receives approximately 60% of its funding from the federal government, while CHP+ is approximately 66% federally funded. About 4% of HCPF's budget goes to cover our administrative costs, while the remaining 96% goes to reimburse providers for the care they deliver to Coloradans who are eligible for our safety net coverage programs. This 4% reflects a far lower administrative allocation than our commercial carrier peers, enabling more funds to go to contracted provider reimbursements. Of the 4% administrative costs, 0.5% finances HCPF employees.



Mission and Organizational Chart



Our 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.

Work to achieve our mission and vision statements is managed through the below organizational structure:

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

HCPF Description

HCPF is structured into Offices, led by Office Directors, reporting to the Executive Director. This structure enables HCPF to complete more work in response to stakeholder demands and annual goals, to be agile in responding to the changing dynamics of health care, while leveraging the expertise and specialization associated with each office.

Executive Director's Office: Kim Bimestefer was reappointed Executive Director of HCPF by Governor Jared Polis, after her first appointment effective Jan. 8, 2018, by then Governor John Hickenlooper. The Executive Director is responsible for setting the strategic direction of HCPF as well as leading HCPF to achieve its mission and annual goals; creating alignment with other state agencies to achieve the health agenda of the Polis-Primavera Administration; responding and collaborating with the legislature to advance health care policy; overseeing HCPF operations and programs that are provided by both employees and contractors; monitoring compliance with state and federal regulations; budgeting and forecasting; total cost of care controls and methodologies; advancing the care delivery system serving those we cover; and ensuring HCPF operates in an efficient and effective manner. This office oversees strategy, goal, prioritization and key project tracking; leadership over HCPF's senior executive team; support for HCPF employees including human resources, learning and development and supporting a culture of a #ColoradoForAll to cultivate our employees in their quest to meet HCPF's mission and goals; and the facilities and real estate that house HCPF employees.

Health Policy Office: The Health Policy Office oversees Health First Colorado fee-for-service benefits such as physical/medical, prescription drugs, dental and transportation, and develops and implements policy on children and maternal health. The office manages benefit policy development, maintenance and oversight, and federal and state compliance activities.

Office of Community Living: The Office of Community Living oversees Health First Colorado's long-term services and supports (LTSS) programs and manages efforts to transform Colorado's LTSS system responsiveness, flexibility, accountability and person-centered supports for all eligible persons. The office

also manages policy development, maintenance and oversight of the benefits provided to individuals with disabilities and adults 65 and older covered by related waiver programs. This office also oversaw the implementation, oversight and closeout of the American Rescue Plan Act funded projects across the Department.

Pharmacy Office: The Pharmacy Office oversees the prescription drug benefits provided to Health First Colorado members through our pharmacy benefit manager (PBM) and directly from providers like pharmacies, hospitals and doctors. The office is responsible for ensuring appropriate prescription drug policy as well as clinically appropriate and cost-effective use of medications. Focus areas include the Colorado Preferred Drug List Program; drug utilization review including analysis and input from the Colorado Drug Utilization Review Board; value based contracts; prescription drug affordability policy; reimbursement strategy; and contracting. The office also manages the point-of-sale pharmacy claims adjudication system (the Pharmacy Benefit Management System, or PBMS). The Pharmacy Office also collaborates with the Executive Director's Office to craft prescription drug affordability policy to the benefit of Coloradans covered by commercial coverage to help Coloradans and their employers save money on health care.

Medicaid Operations Office: The Medicaid Operations Office oversees Health First Colorado and CHP+ health plan operations performed by both HCPF employees and third-party contractors. In addition, this office establishes and monitors the operational performance standards for internal operations and HCPF contractors, and performs fraud, waste and abuse oversight and mitigation functions. Operations include claims payments, member and provider call centers, member enrollment, eligibility determinations made by contracted partners and provider network management.

Finance Office: The Finance Office is responsible for HCPF financial operations. This includes accounting, budgeting, external and internal audits, rate setting and provider supplemental payment calculations, and procurement operations of HCPF. The Finance Office also leads Medicaid payment reform efforts, including the creation of value-based payment models, and manages several health care financing programs that are either part of Medicaid or state-only programs. The office is also responsible for monitoring, developing

and implementing rates for payments to providers and managed care rate setting for capitated programs. Last, the Finance Office oversees the Hospital Transformation Program (HTP) as well as the hospital transparency work.

Cost Control and Quality Improvement Office: The Cost Control and Quality Improvement Office was established July 1, 2018, by the Medicaid Cost Containment law ([Colorado Senate Bill 18-266](#)).³ This office manages Health First Colorado's delivery system, improves quality, drives affordability for all Coloradans and oversees utilization management programs for Medicaid to ensure right care, right time, right place for the right price. As such, this office oversees the Accountable Care Collaborative (ACC) including Regional Accountable Entity innovations and performance evaluation. This office establishes quality strategy, insights and performance improvement. This office manages programs that improve Health First Colorado affordability, which helps protect benefits given HCPF is about one-third of the state's budget. This office also manages claims data repositories as well as tools and resources to produce directional analyses and management insights such as utilization patterns, unit cost, quality and overall cost trends for Health First Colorado, CHP+ and other health programs HCPF administers. The office oversees utilization review, population management, quality scorecard metrics, cost management strategy and related advances, vendors and program effectiveness.

Policy, Communications and Administration Office: The Policy, Communications and Administration Office manages the legislative agenda, government affairs, communications, media relations and legal affairs. This includes collaborating with the General Assembly, counties, and leaders of federally recognized tribes and urban American Indian communities.

Health Information Office: The Health Information Office develops, implements and maintains the Colorado Medicaid Enterprise Solutions (CMES) ecosystem. CMES comprises the health information systems which operate the Health First Colorado, CHP+ and other health coverage programs for Coloradans who qualify. Each of these health information systems serve a critical role in the ecosystem that supports our providers, Regional Accountability Entities

³ Controlling Medicaid Costs, Colorado Senate Bill 18-266

(RAEs), counties, case managers, and other partners who provide quality care for our members. That includes HCPF's claims payment system (Medicaid Management Information System, or MMIS) and data management system (Business Intelligence Data Management System, or BIDM) and emerging technology and infrastructure like the Enterprise System Integrator. The office oversees health information technology (HIT) projects and related information technology (IT) infrastructure. This office coordinates with the Governor's Office of Information Technology (OIT), the Office of eHealth Innovation (OeHI) and other stakeholders on HIT and IT projects that impact HCPF, including on cybersecurity, in order to achieve shared data protection goals.

Medicaid and CHP+ Behavioral Health Initiatives and Coverage Office: The Medicaid and CHP+ Behavioral Health Initiatives and Coverage Office governs HCPF's specific behavioral health policies, benefits, special projects and strategies. The office ensures HCPF is fully aligned and engaged to support the Colorado Behavioral Health Administration (BHA) and its vision to achieve transformative goals while also improving HCPF's focus and ability to meet the expectations of our advocates, legislators, providers, counties and other stakeholders in the provision of Medicaid and CHP+ behavioral health services. This includes implementing elements of the statewide behavioral health transformative initiatives attributed to HCPF while ensuring that HCPF continues to improve the behavioral health access, quality and service provided to Health First Colorado and CHP+ members.

Environment

The following are key environmental factors influencing HCPF's performance:

1. Managing Medicaid Cost Trend

The affordability of health care continues to be one of the most significant challenges here in Colorado and across the nation. HCPF represents about one-third of the state budget. In line with national and other states' trends, Medicaid cost trends are far outpacing standard inflation while the Colorado state General Fund is only permitted to grow by general inflation under Colorado's Taxpayer Bill of Rights (TABOR) limit in state constitution. This, in combination with the state's balanced budget amendment, creates a constant fiscal challenge.

Controlling Medicaid cost trends is therefore essential to the sustainability of our safety net programs and the proper management of the state budget. The HCPF [Medicaid Sustainability Framework](#) seeks to organize emerging budget reduction concepts and strategies to enable the thoughtful navigation of the state's multi-year, systemic, fiscal challenge while fostering collaboration and alignment between HCPF and key stakeholders to achieve the shared goal of mitigating threats to Medicaid benefits, populations or provider reimbursements. The six points of this framework include:

1. **Address Drivers of Trend:** Better address all the controllable factors that drive Medicaid cost trends.
2. **Maximize Federal Funding:** Leverage and maximize HCPF's ability to draw down additional federal dollars.
3. **Invest in Coloradans:** Continue investing in initiatives to drive a Colorado economy and educational system to reduce the demand for Medicaid over the long term 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. Reassess New Policies: Consider pausing or adjusting recently passed policies not yet implemented.

6. Exercise Caution in Crafting Increases to the Medicaid program going forward.

The Accountable Care Collaborative (ACC) is a major lever to better control Medicaid cost trends. The ACC is the delivery system for Colorado's Medicaid Program. Phase III of the ACC makes comprehensive advances starting July 1, 2025, and is designed to: increase accountability and transparency; enhance care and case management and health improvement programs; create Accountable Care Organization-like primary care performance; better support rural provider sustainability and affordability; and leverage advances in technologies across the board.

2. Navigating Federal Changes to Medicaid

The federal government is considering major changes to Medicaid that could impact coverage and funding. Unique to Colorado is the combination of state constitutional provisions impacting our balanced budget requirement as well as revenue limitations propelled by Colorado's Taxpayer Bill of Rights (TABOR) limit. Colorado, unlike other states, cannot raise taxes or borrow money to cover a loss of federal dollars. As such, reductions to federal Medicaid funding may disproportionately impact Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) benefits, coverage, eligibility requirements and/or provider reimbursements. HCPF is working to identify and implement Medicaid efficiencies, such as more tools to curb Medicaid trend and to identify and mitigate fraud, waste and abuse, as part of HCPF's Medicaid Sustainability Framework. Our shared goal is to work to avoid cuts that could reduce benefits to members, cover fewer populations, and/or reduce reimbursements to health care providers. More information can be found on our [website](#).

3. Transforming Medicaid and CHP+ Behavioral Health

Demand for behavioral health care services has grown significantly in recent years here in Colorado and nationally as well. The capacity of the behavioral health workforce to meet the demand is limited by a lack of available care providers, by patient-level barriers, such as stigma and ability to pay, and due to provider-level barriers, such as limited scopes of practice, reimbursement

challenges, and clinician burnout - all of which limit the ability to deliver high quality care.⁴

Health First Colorado members have zero copay access to comprehensive mental health and substance use disorder benefits (referred to as Behavioral Health services) through their Regional Accountable Entity (RAE), which is contracted with HCPF under a full managed care arrangement as part of the Medicaid Accountable Care Collaborative. HCPF continues to expand the array of behavioral health providers to improve member access and outcomes.

Medicaid plays a key role in providing behavioral health care coverage and access. In the last four years, HCPF has improved behavioral health network access, increased reimbursement rates to providers of behavioral health, and expanded behavioral health services. That has resulted in a 95% increase in RAE contracted providers, 41% increase in member access, 113% (\$191 million) increase in funding for providers in the independent provider network, and \$1.1 billion total Medicaid behavioral health expenditures in fiscal year 2023-24.

Youth with complex or high-acuity needs are some of the most at-risk populations served by Medicaid. High-acuity youth often present with severe mental health conditions, behavioral challenges, and developmental disabilities, which require intensive and coordinated care.⁵ In Colorado, HCPF is implementing a system of care focused on delivering intensive care coordination services. The Colorado System of Care (CO-SOC) will include an enhanced standardized assessment, ensure access to high fidelity wraparound services for youth, and intensive in-home treatment for youth who receive high fidelity wraparound services upon discharge from residential treatment.

4. Serving Colorado's Aging Population and Those Qualifying for Long Term Services and Supports

The Medicaid program plays an integral role in the health and long-term care of older adults, including enabling them to receive care in their home, community or congregate setting. The program provides long-term care, and, though a secondary payer to Medicare, also covers emergency and routine medical and behavioral health care, as well as prescription drugs for individuals with very low incomes or qualifying life circumstances.

⁴ [State of the Behavioral Health Workforce, November 2024, HRSA.gov](https://www.hrsa.gov/state-of-the-behavioral-health-workforce)

⁵ [Addressing the Complex Needs of Youth: A Call to Action, APHSA.org](https://www.aphsa.org/addressing-the-complex-needs-of-youth-a-call-to-action)

This past fiscal year marked the completion of 61 American Rescue Plan Act (ARPA) Home and Community-Based Service (HCBS) projects that invested a total of \$566 million to enhance HCBS services for Colorado members and providers. These projects were completed between October 2021 and March 2025. Information about the outcomes of projects are on [HCPF's ARPA HCBS webpage](#). Of note:

- Over 12,000 stakeholders were engaged during the planning and implementation of these initiatives across 300 stakeholder meetings
- Through several initiatives, 54 training programs were created and nearly 4,000 people were trained to improve care delivery for members receiving HCBS and Behavioral Health services
- \$108.8M was distributed to 2,232 partners and individuals in all 64 counties of the state through grants, pilots, incentives, and community funding initiatives
- \$335M was provided to HCBS providers, supporting a base wage increase for the Direct Care Workforce (DCW) from \$12.41 per hour to \$17.00 per hour (\$18.29 in Denver)

Medicaid is the nation's largest payer for long-term services and supports (LTSS), which include hands-on assistance with basic tasks such as feeding, bathing, and dressing. These vital services are expensive: about half of Colorado's Medicaid spending supports LTSS for people with disabilities. A large proportion of Medicaid LTSS members are older adults with serious and often complex care needs, including Alzheimer's and other dementias, multiple chronic conditions, or physical disabilities, who require help with basic tasks or activities of daily living.

Medicaid is a critical safety net for older Coloradans. It is estimated that more than half of Americans ages 65 and older will need some long-term care in their lifetime.⁶ Some Medicaid members are eligible for home- and community-based services (HCBS), which include home care aides, adult day services, food preparation, certain transportation services, home modifications, and assistive technology among other services depending on the member's needs. In addition to providing critical direct supports to older adults and individuals with disabilities, Medicaid also indirectly supports local economies through employment and financial stability.⁷ Medicaid program dollars have been shown to provide stability in the health care system, particularly in lowering

⁶ [Long-Term Services and Supports for Older Americans: Risks and Financing, 2022 ASPE Research Brief, HHS](#)

⁷ [Medicaid Financing: The Basics, KFF.org](#)

rates of rural hospital closures.⁸ This is important for Colorado, a rapidly aging state with a large rural population.

In 2023, Coloradans 65 and older represented the fastest and largest-growing age cohort in Colorado with over 962,000 individuals. The State Demography Office projects that in 2025 there will be as many as 1,028,363 Coloradans aged 65 and older. By 2035, the over-65 population in Colorado will reach 1.3 million people - nearly 20% of the projected 6.8 million population.⁹ Indeed, Colorado is one of the fastest aging states in the country, and Health First Colorado, as a payer of long-term care, is witnessing the impacts of this demographic change.

As part of the state's ongoing efforts to stabilize and modernize the LTSS system, new legislation was passed this year¹⁰ which allows HCPF to charge and collect two new types of fees through the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE): one for nursing facility providers and one for intermediate care facilities. These fees will allow HCPF to obtain federal matching funds to increase reimbursement and improve the quality of care. For nursing facility providers, CHASE will provide certain business services to sustain or increase reimbursement rates and make supplemental Medicaid payments to nursing facility providers. Similarly, CHASE will provide certain business services to intermediate care facility providers for individuals with intellectual disabilities for the purposes of maintaining the quality and continuity of services provided by intermediate care facilities for individuals with intellectual disabilities.

The costs associated with providing necessary LTSS to Coloradans who qualify, in combination with the aging population, puts significant pressure on the Medicaid budget. HCPF continues to work with state and federal agencies to protect access to these services while increasing efforts to better control costs and trends to protect the sustainability of Medicaid benefits, covered populations and provider reimbursements.

5. Protecting Against Increasing Cybersecurity Threats

Government agencies and private sector businesses all are experiencing increasing cybersecurity threats. An alarming rise in cyberattacks has hit health

⁸ [Medicaid: The Health and Economic Benefits of Expanding Eligibility](#)

⁹ [State Demography Office Population Resource Page | Colorado Department of Local Affairs](#)

¹⁰ [Enterprise Nursing Facility Provider Fees, Senate Bill 25-270](#)

organizations in recent years, with 2024 setting records with over 300 million patient records breached, a 26% increase from 2023,¹¹ including the 2024 Change Healthcare cyberattack which impacted an estimated 190 million Americans.¹² HCPF collaborates with OIT to protect members' data from data breaches and other cybersecurity risks. HCPF and our vendors are committed to protecting and ensuring the safety of members, providers, and all other data today and going forward.

¹¹ [2024 Sets Record for Healthcare Data Breaches, Pharmacy Practice News](#)

¹² [UnitedHealth estimates 190M people impacted by Change Healthcare cyberattack, Fierce Healthcare](#)

Performance Evaluation: Fiscal Year 2024-25, Q3

HCPF had three Wildly Important Goals ([WIGs](#))¹³ in our FY 2024-25 performance plan: 1) Medicaid Efficiency, 2) Automate and Digitize Medicaid Renewals, and 3) Increase Access to Prenatal Care. Data from these measures is reported below, as of Q3.

WIG 1: 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.



As of FY 2024-25 Q3, we have reduced Medicaid costs by \$363,704,272 through value based programs and avoiding inappropriate costs.

To achieve this WIG, HCPF implemented two lead measures to reduce Medicaid costs 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, and through retrospective recoveries and prospective cost avoidance.

¹³ Health Care Policy & Financing | Governor's Dashboard

1. Reduce Medicaid Spending with Value Based Care

Our first lead measure was to reduce Medicaid preventable costs by \$12,100,000 through value based care by June 30, 2026, thereby reducing preventable use of hospitals and by using more affordable prescription drugs.

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.



2. Reduce Inappropriate Medicaid Spending

Our second lead measure was to reduce inappropriate Medicaid spending by \$387,000,000 through retrospective recoveries and prospective cost avoidance by June 30, 2027. As of May 2025, we have recovered or avoided \$362,554,272.

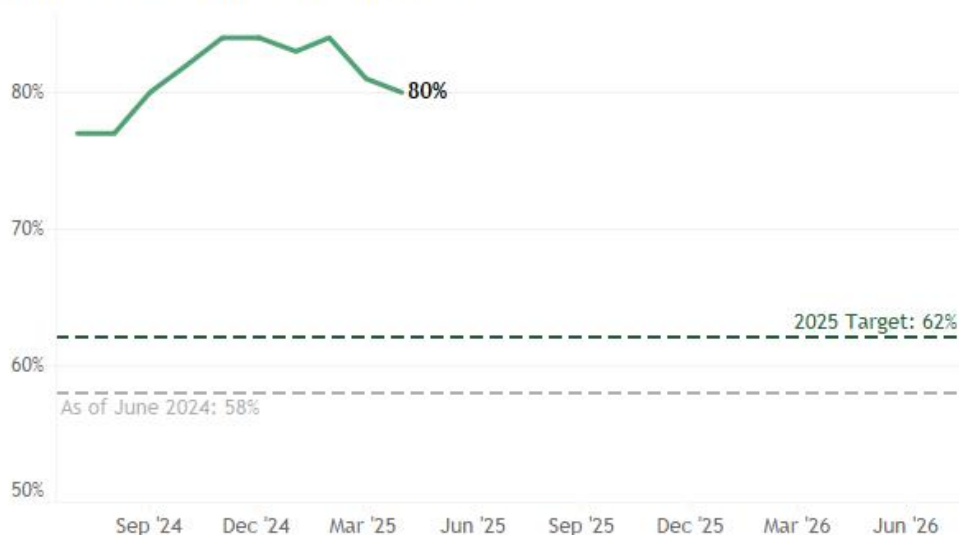
Reduce inappropriate Medicaid Spending by \$387M from July 2023 to June 30, 2027, through retrospective recoveries and prospective cost avoidance.



WIG 2: Automate and Digitize Medicaid Renewals

Our second agency WIG was to 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. As of May 2025, we have consistently exceeded the goal with a monthly average of 81%.

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.



To achieve this WIG, HCPF implemented three lead measures: (1) increase the proportion of Medicaid renewals automatically processed (neither the covered member nor the county worker needed to take action to approve the renewal) and approved via ex parte for the Modified Adjusted Gross Income (MAGI) population; (2) increase the proportion of Medicaid renewals processed digitally through the Colorado Program Eligibility and Application Kit (PEAK), and (3) improve correspondence with Medicaid members. We have and will continue to improve the renewal process for Medicaid members statewide and for our partners in all 64 Colorado counties through automation and digitization enhancements.

1. Auto Renewal of Medicaid Coverage

Our first lead measure was to increase ex parte auto-renewal performance from 40% to 73% by June 30, 2026, pending the federal government making the emergency e14 waivers permanent, for those Medicaid individuals renewed based on income (MAGI). We have met this objective consistently through FY 2024-25 with a monthly average of 73%.

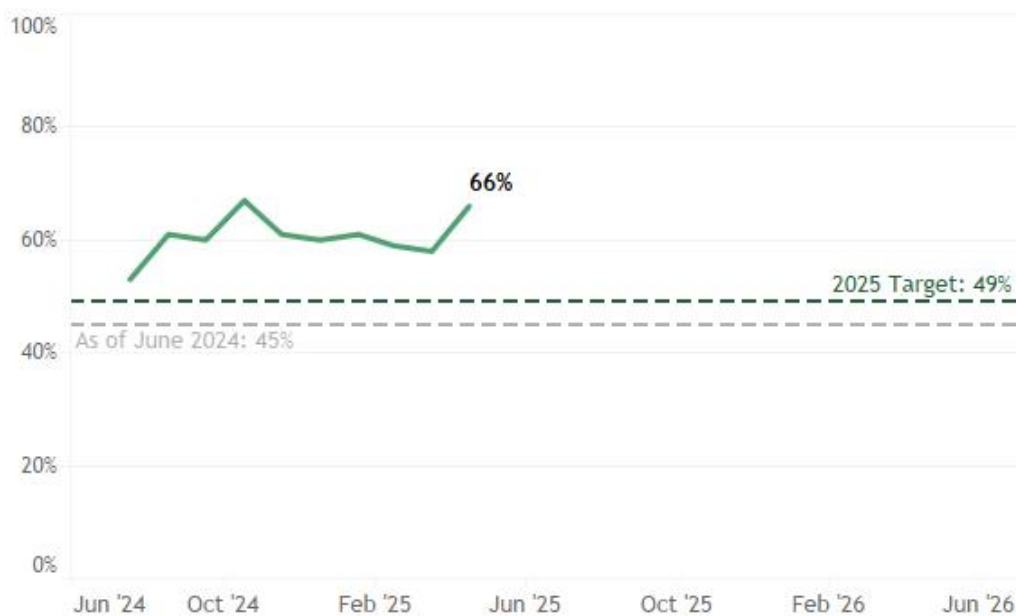
For those Medicaid individuals renewed based on income (MAGI), increase ex parte auto-renewal performance from 40% to 73% by June 30, 2026, pending the federal government making the emergency e14 waivers permanent.



2. Online Medicaid Renewals

Our second lead measure was to 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. We have met this goal consistently through the fiscal year with a monthly average of 60% renewals through PEAK.

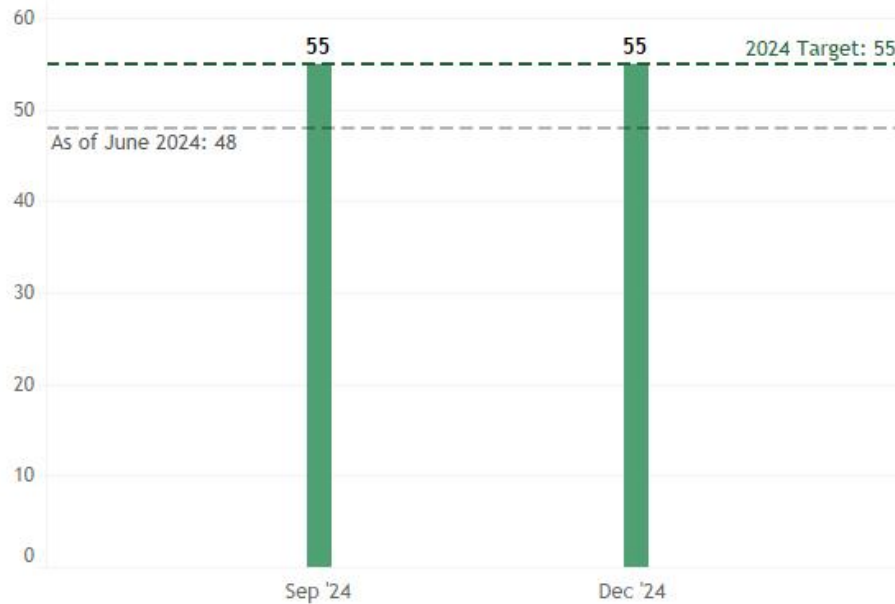
Increase member renewals returned through the Colorado Program Eligibility and Application Kit (PEAK) from 45% to 53% by June 30, 2026. PEAK is the online service for Coloradans to screen and apply for medical and other assistance programs.



3. Member Correspondence

Our third lead measure was to 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. This goal was met in September 2024.

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 3: Increase Access to Prenatal Care

Our last agency WIG was to increase timely utilization of prenatal care in the Medicaid program from 62.7% to 70.0% by June 30, 2027. This is a National Committee for Quality Assurance (NCQA) measure recorded using the NCQA Healthcare Effectiveness Data and Information Set (HEDIS). In May 2025, HCPF achieved 72% on this measure.

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



HCPF implemented three lead measures to improve utilization of timely prenatal care for birthing Medicaid members.

1. Perinatal Outreach to Members

Through the [Accountable Care Collaborative](#) Phase III HCPF, in partnership with the Regional Accountable Entities (RAEs), Managed Care Entities, and Child Health Plan *Plus* (CHP+), will outreach at least 3,000 birthing members by June 30, 2027 to help connect eligible members to prenatal programs and timely care. This measure will be tracked during FY 25-26 after ACC Phase III goes live on July 1, 2025.

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 members by June 30, 2027, to help connect eligible members to prenatal programs and timely care.



2. Prenatal Care Performance Improvement

Our second lead measure was to meet with each RAE quarterly on their performance on the timeliness of prenatal care measure and collaborate on performance improvement by June 30, 2025. This goal is on track to be met in June 2025.

Meet with each RAE quarterly on their performance on the timeliness of prenatal care measure and collaborate on performance improvement by June 30, 2025.



In Progress

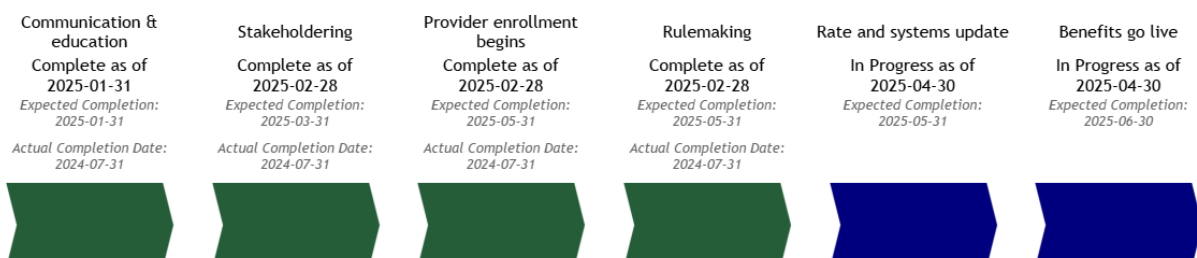
3. Increase Access to More Service Options

Our final lead measure was to improve birth equity through increased access to and choice of providers and supports for birthing people including direct entry midwives and doulas by implementing 100% of programmatic requirements by June 30, 2025. This goal is on track to be met in June 2025.

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.



In Progress



Key Accomplishments

In addition to our Wildly Important Goals (described above), HCPF's FY 2024-25 work was organized to achieve key priorities for each of our six strategic pillars in support of our mission, as summarized on the next page below. Following that are key HCPF accomplishments of FY 2024-25 organized by strategic pillar.

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 (99 projects driving 45 goals)

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.
More info at: CO.gov/HCPF/performance-plan

Below are many of our FY 2024-25 accomplishments, organized by pillar:

1. Member Health

In FY 2024-25, HCPF worked to improve member health outcomes and equity while reducing health disparities:

- Completed the State Wide Supportive Housing Expansion (SWSHE) Pilot Grant for Medicaid members with a history of chronic homelessness and high system utilization.
- Collaborated with the Behavioral Health Agency (BHA) to align behavioral health policy and provided joint policy recommendations.
- Developed a behavioral health value based payment model in alignment with HB 22-1278¹⁴.

¹⁴ [Behavioral Health Administration, Colorado House Bill 22-1278](#)

- Developed the Medicaid System of Care (CO-SOC) implementation plan and prepared the RAEs for Year One of the CO-SOC implementation as part of ACC Phase III.
- Developed and improved upon the delivery of Intensive Behavioral Health Services (IBHS) to Medicaid Members consistent with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act.
- Collaborated with the Division of Insurance (DOI) and RAEs, and engaged with stakeholders to develop a standardized and tiered provider assessment tool to evaluate primary care medical providers' (PCMPs') core primary care competencies.
- Developed a new process to collect, measure, report, and analyze known quality of care grievance (QOCG) events across HCPF, including all Managed Care Entities, to identify risks and trends to improve member safety.
- Tracked and monitored 13 Regional Healthy Colorado For All Plans from RAEs, CHP+, and Managed Care Organizations (MCO) to close disparities among identified priority populations through prenatal and postpartum care for birthing people, and achieved 72% of Medicaid births with a prenatal care visit in the first trimester (see WIG 3).
- Identified four focus areas with key short term and long term initiatives for addressing health disparities and began preparing systems for accepting newly-collected health disparities data.
- Created and implemented a Direct Entry Midwife (DEM) provider type and new reimbursement policy to support members who choose to birth at home.
- Implemented a new doula benefit for Medicaid members, including a Doula Advisory Committee, provided scholarship money for training new doulas, and served more than 400 Medicaid members.
- Restructured reimbursements for freestanding birth centers to support their sustainability.
- Improved member access to oral health care by identifying gaps in care, enhancing care coordination between primary care physicians (PCPs) and dental providers, and by evaluating the oral health provider network.

- Began the implementation of the dental value-based attribution model to align provider performance with patient outcomes and value rather than volume of services. This model determines which patients are assigned to a dental provider or group for the purposes of measuring performance, costs, and outcomes under the Value Based Program (VBP).
- Conducted a study to determine the feasibility of seeking federal authorization to provide housing and nutrition services that address Health First Colorado members' health-related social needs (HRSN).
- Developed plans to implement and operationalize Health Related Social Needs (HRSN) services, which includes submitting budget requests, developing implementation and evaluation materials for CMS, and necessary documentation to support ongoing financial work with Dept of Local Affairs (DOLA).
- Worked with the criminal justice involved population re-entry services to complete legislative objectives.
- Conducted a study to determine the feasibility of extending continuous eligibility medical coverage for eligible children and adults through 1115 waivers. Eligible populations include children 0-3 years old, adults with serious mental illness and serious emotional disturbance (SMI & SED), and adults released from the Department of Corrections (DOC).

2. Care Access

In FY 2024-25, HCPF worked to improve member access to affordable, high-quality care:

- Successfully launched Cover all Coloradans per HB 22-1289¹⁵ and provided health care coverage to more than 16,000 children and pregnant persons.
- Completed and closed out 61 American Rescue Plan Act (ARPA) Home and Community-Based Service (HCBS) projects investing a total of \$566M between October 2021 and March 2025 to enhance HCBS services for Colorado members and providers. Information about the outcomes of projects are on [HCPF's ARPA HCBS webpage](#) for easy review by stakeholders. Major successes include:

¹⁵ [Health Benefits For Colorado Children and Pregnant Persons, House Bill 22-1289](#)

- Over 12,000 stakeholders were engaged during the planning and implementation of these initiatives across 300 stakeholder meetings
- Through several initiatives, 54 training programs were created and nearly 4,000 people were trained to improve care delivery for members receiving HCBS and Behavioral Health services
- \$108.8M was distributed to 2,232 partners and individuals in all 64 counties of the state through grants, pilots, incentives, and community funding initiatives
- \$335M was provided to HCBS providers, supporting a base wage increase for the Direct Care Workforce (DCW) from \$12.41 per hour to \$17.00 per hour (\$18.29 in Denver)
- Outreached members at-risk of institutionalization in conjunction with Case Management Agencies (CMAs) and RAEs.
- Expanded HCBS services to the state plan for Community First Choice, an optional Medicaid program that allows states to offer select home and community based attendant services and supports to eligible members on the State Plan, expanding these long-term care services to more Colorado Medicaid members.
- Launched Money Follows the Person (MFP) rental assistance program, a Federal grant program that creates a path to community living for people living in Medicaid Long-Term Care (LTC) facilities.
- Developed an Interim Support Level Assessment (ISLA) in order to gather and analyze data for the development of a Support Level Algorithm to be used in place of the Supports Intensity Scale (SIS) that was decommissioned. This is a stepping stone toward the eventual long term plan of implementation of the Colorado Single Assessment and Person Centered Budget Algorithm (PCBA).
- Improved the direct care workforce environment in Colorado through the following initiatives:
 - Developed training modules that cover soft skills, core direct care worker content, and specialized modules to prepare direct care workers with the continuum care of members.
 - Collected and aggregated direct care worker wage data from HCBS providers.

- Increased the amount of workers using the Direct Care Careers platform and increased the use of the new standardized curriculum.
- Implemented reimbursement and sustainability efforts to transform Colorado nursing facilities.
- Expanded the number of sites with integrated physical and behavioral health care from 10 to 90 sites.
- Promoted crisis continuum services to member and community stakeholders to encourage utilization of community-based services and expanded mobile crisis and secure transportation benefits.

3. Operational Excellence and Customer Service

HCPF defines both its members and providers as customers. In FY 2024-25, HCPF worked to provide responsive service to both:

- Improved auto renewals (ex parte) for those Medicaid and CHP+ individuals renewed based on income (MAGI) to 76%, minimizing the burden on these members, and making it easier for eligible members to retain coverage year-over-year. This also reduced county workload on these critical Department partners.
- Increased member renewals returned through the Colorado Program Eligibility and Application Kit (PEAK) to 67%. Members who renew online experience a faster submission and approval process.
- Tested and implemented approximately 120 system change requests to mitigate defects across 17 modules in the Colorado Medicaid Enterprise Solutions (CMES).
- Built and developed the Enterprise CMES Organizational Excellence Program to track internal and vendor Organizational Change Management (OCM) and communications milestones for transitioning CMES Modules. Improved and automated testing tools for the CMES environment enhance production readiness and results.
- Conducted robust strategic planning, roadmap development, and governance to implement the Enterprise Solutions Integration (ESI) platform and begin integration with CMES Application Program Interfaces (APIs).

- Developed a risk management program at the Center For Improving Value In Health Care (CIVHC), the hired administrator for the state's All Payer Claims Database under the oversight of HCPF, in collaboration with the Office of Information Technology (OIT); completed security assessments and solutions to address findings.
- Developed a risk management program at HCPF in collaboration with OIT and worked with other Colorado agencies to create role clarity and enforcement action items for county cybersecurity performance.
- Collaborated with the Office of eHealth Innovation (OeHI) to ensure eHealth projects such as the Social Health Information Exchange (SHIE) are funded, resourced, and governed to achieve desired outcomes of whole-person care.
- Released an RFP for a single statewide broker for Non-Emergency Medical Transportation (NEMT) to reduce gaps in service, improve oversight and accountability, and improve timely responses to member and provider inquiries and processes.
- Implemented NEMT provider credentialing and revalidation that strengthens oversight of companies, drivers, and vehicles used for transporting our members. 45,773 members use the NEMT benefit, through 186 active drivers (NEMT providers) for 529,884 annual trips.
- Continued to work through Colorado Benefits Management System (CBMS) re-procurement activities alongside Colorado Department of Human Services (CDHS) and OIT.
- Improved the member experience in the online Program Eligibility Application Kit (PEAK) tool through enhanced features such as adding a mailbox for managing correspondence, added program names with to-do items for clarity. Created a workflow for multiple program applications aimed at reducing incomplete applications, and implemented a user feedback functionality.
- Transitioned the Provider Services Call Center (PCC) to a new vendor: OptumInsight. The PCC answers more than 200,000 calls annually from at least 100,000 enrolled Medicaid providers.
- Despite an increase in call volume of more than 30% over the last year, the Member Call Center (MCC) has demonstrated continued quality service and

resiliency: achieved an Average Speed of Answer (ASA) of 133- seconds (160,531 calls) and a positive customer survey result of 3.89 (on a 4 point scale).

- Resolved all audit findings in member correspondence letters within CBMS, and onboarded staff to create and maintain a centralized member correspondence inventory which will allow the Department to proactively audit all member facing communications for continuous improvement.
- Contracted with MedImpact Healthcare Systems, Inc. to obtain a pharmacy benefit management system (PBMS) and operational services to support Colorado's Medicaid program, effective in the Fall of 2025. This contract also adds the capability to process continuous glucose monitor products through the pharmacy point of sale system - an important request of stakeholders.

4. Health First Colorado Value

In FY 2024-25, HCPF worked to drive affordability and therefore value for Colorado by delivering the right services, in the right place, at the right time, for the right price for Health First Colorado members:

- Kept HCPF's administrative overhead under four percent (staff and vendors), which is significantly lower than major commercial carriers' average at more than 13% administration, enabling more than 96% of our budget to pay care providers.
- Surpassed goal of 50% of Medicaid payments in the form of value based payments. Advanced [value based payments](#)¹⁶ that reward improved access to quality care, reduce disparities, improve outcomes and drive affordability across the spectrum of care. Key programs include the [Hospital Transformation Program](#),¹⁷ primary care payment reform with Colorado's community health centers and primary care medical providers, prescription drug affordability through historic [value based payment arrangements with drug manufacturers](#)¹⁸ and the [Prescriber Tool](#)¹⁹ alternative payment model,

¹⁶ Value Based Payments | Colorado Department of Health Care Policy & Financing

¹⁷ Colorado Hospital Transformation Program | Colorado Department of Health Care Policy & Financing

¹⁸ VBP Arrangements with Drug Manufacturers | Colorado Department of Health Care Policy & Financing

¹⁹ Prescriber Tool Alternative Payment Model | Colorado Department of Health Care Policy & Financing

and [maternity bundled payments](#).²⁰ We also continue to work with our consultant partner to refine and advance these methodologies.

- Created an eConsult (electronic consultation) program for Colorado Medicaid providers to enable Treating Practitioners to request an electronic consultation with a specialist, and give treatment advice or refer to a patient. The platform currently supports 21 adult specialties and 16 pediatric specialties. Over 90% of eConsults resulted in actionable recommendations for treating practitioners and not requiring a face-to-face specialist visit for Members.
- From July 2023 to May 2025, HCPF reduced inappropriate Medicaid spending by more than \$360 million through prospective cost avoidance and retrospective recoveries.
- Fraud Waste and Abuse and Third Party Liability (TPL) recoveries and cost avoidance efforts currently average about \$20 million per month.
- Achieved approximately \$20 million per quarter in cost savings from claims for primary coverage coordination with commercial carriers and approximately \$250 million per quarter in cost savings from claims for primary coverage coordination with Medicare.
- Overhauled NEMT provider enrollment process to better detect fraud, waste, and abuse among providers and made rule and system changes to close loopholes and vulnerabilities in the NEMT program.
- Terminated or suspended non-compliant NEMT providers, enhanced pre- and post-payment reviews, and conducted recovery efforts of inappropriate payments.
- Prepared to transition to ACC Phase III on July 1, 2025. The ACC is the primary delivery system for Health First Colorado designed to improve health care access and outcomes for Health First Colorado members. Designing ACC Phase III has been a multi-year, stakeholder-informed effort. In FY24-25, HCPF evaluated responses to the Request for Proposal, awarded offerors and contracted with four RAEs to deliver health care to members across Colorado.

²⁰ Maternity Bundled Payments | Colorado Department of Health Care Policy & Financing

- Increased provider adoption of the Colorado Prescriber Tool to more than 60% of Medicaid providers to improve the use of drugs on the Medicaid Preferred Drug List (PDL), facilitate electronic prior authorizations, improve member compliance with prescriber drug therapy and make it easier for physicians and other prescribers to treat Medicaid members.
- Entered into an agreement with the Center for Medicare and Medicaid Innovation (CMMI), along with other states, to negotiate and leverage improved discounts and valued based guarantees for high cost gene therapy drugs for Medicaid.
- Worked with the University of Colorado School of Pharmacy to evaluate opportunities for value based contracts, establish outcome measurements for contracts, perform data aggregation for contracts, and negotiate new value-based contracts with drug manufacturers.
- Implemented Medicaid utilization management on 11 additional physician administered drugs.
- Outreached 23,138 members who may have moved and enrolled in another Medicaid program to terminate cases and prevent overpayments from duplicate coverage.
- Removed deceased members and recouped capitation payments: HCPF processes have recovered \$7.64 million in capitations from 2017 through February 2025.
- Evaluated and redesigned the Inpatient Hospital Transition (IHT) system for expanded care coordination from the inpatient to outpatient setting; successfully established data sharing agreements between the hospitals, data vendor, and RAEs allowing for care coordination data sharing between the hospitals and case managers at each RAE; and educated providers on the process.
- Redesigned the Recovery Audit Contractor (RAC) program to reduce improper payments, improve collections of overpayments, reduce provider administrative burden and improve provider billing education.

5. Affordability Leadership

In FY 2024-25, HCPF contributed to Saving People Money on Health Care by leveraging HCPF expertise to drive health care affordability initiatives, policy,

and related thought leadership to the benefit of all Coloradans and our employers:

- Outreached employers to opt into prescription drug health care affordability policies including rebate pass through and spread pricing prohibition, adopting hospital price transparency tools, and leveraging hospital transparency reporting insights.
- Engaged with hospitals and other stakeholders to review hospital transparency and accountability resources.
- Released a new hospital price transparency tool that compares more than 5,000 procedures between hospitals.
- Updated and published hospital transparency reports, including financial transparency, community investment and CHASE insights.
- Improved the quality of hospital care provided to Medicaid members by tying provider fee-funded hospital payments to quality-based initiatives.
- Disbursed \$8.8M in rural stimulus grant funds to Colorado's rural communities through the Rural Provider Access and Affordability Stimulus Grant Program.
- Increased provider adoption of the Colorado Prescriber Tool to more than 60% of Medicaid providers, meaning that more prescribers have access to this tool, which also illuminates Commercial payment copay differentials between various drug therapies, enabling physicians to save Coloradans money on health care.
- Submitted an amendment to our state importation plan to the Food and Drug Administration's (FDA) to gain approval to import drugs from Canada in order to save Coloradans money on prescription drugs.
- Between October 1, 2023 and September 30, 2024, the 84 hospitals in the Hospital Transformation Program completed 2,808 intervention milestone activities across the 684 interventions being implemented as part of the program. For the same time period across 679 measures carrying performance at-risk, 485 measures (72%) met the benchmark, and another 97 (14%) earned some partial at-risk.

6. Employee Satisfaction

HCPF employees bring their passion, experience and expertise to work daily in pursuit of HCPF mission and goals. They are the conduit that drives Department project work, vendor accountability, policy development and implementation, operations execution, and more. In FY 2024-25, HCPF focused on Culture and Engagement to improve employee satisfaction and retention:

- HCPF’s overall engagement score in the Department of Personnel Administration’s Employee Engagement survey was 83 out of 100, exceeding the average state agency rating by more than 20 points. The highest subcategories were “Motivating and Relating” with a score of 91 out of 100 and “Managing Execution” and “Culture of Engagement” each having a score of 86 out of 100.
- Achieved a turnover rate of 6.3% compared to the average among State of Colorado agencies of 14.5%, maintaining a strong staff retention by: creating an inclusive and collaborative culture, addressing manager workloads, celebrating achievements, supporting flexible work arrangements, inviting engagement to tackle the most complex challenges, communicating transparently; and fostering career growth and opportunity.
- Implemented skills-based hiring practices.
- Advanced multiple strategies to nurture a workplace culture of belonging where staff can be their true and authentic self at every level, within a positive, safe, welcoming culture.
- Worked to ensure staff and vendors have adequate knowledge of accessibility fundamentals in accordance with House Bill 21-1110²¹. Developed tools and resources for staff to learn how to successfully integrate accessibility features into their digital assets.
- Provided 748 hours of executive and management coaching to improve leadership and management skills to the benefit of all employees. In addition, 112 HCPF staff participated in learning academies on leadership, management, Medicaid and contract management.

²¹ [Colorado Law for Persons with Disabilities, House Bill 21-1110](#)

- HCPF employees completed 5,392 hours of live learning and had 89,100 total virtual training views to learn, develop and grow. 434 staff participated in team building.
- Aligned the Learning Management System with Performance Management through competency mapping.
- Leveraged the FY 2023-24 action plan created by the HCPF Culture Team to implement the top three priorities to make HCPF a great place to work.
- Developed training, learning, and development strategies to increase growth and development opportunities.
- Rolled out a new mentorship program for HCPF employees to promote a culture of hiring from within and improve retention.
- Implemented a pay equity review process and managed implementation of adjustments to ensure compensation is fair and equitable.

HCPF leadership and staff are proud of all we have accomplished in FY 2024-25 in collaboration with our partners, providers, stakeholders, members and employees. We look forward to continuing our efforts to achieve our mission of *“Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.”*

In the next section, you can read more about our performance plan for the next fiscal year.

Performance Goals: Fiscal Year 2025-26

HCPF's "Wildly Important Goals" (WIGs), developed in collaboration with the Governor's Office, reflect the major goals of HCPF elevated as a priority for continuous process improvement, but do not reflect all major goals HCPF will be pursuing. WIGs adhere to the "SMART" goal format, meaning they are specific, measurable, achievable, relevant and time bound.

HCPF will continue to build upon the WIGs described above.

WIG 1: Medicaid Sustainability & Efficiency

Save Medicaid \$400M 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, pending no major federal changes. To achieve this WIG, HCPF is implementing three lead measures:

1. Medicaid Sustainability

Controlling Medicaid cost trends is essential to the sustainability of Colorado's safety net programs and the proper management of the state budget. To navigate emerging federal changes to Medicaid and manage the state budget, HCPF will complete key project milestones by June 30, 2027, including but not excluding develop a Medicaid sustainability framework, identify and address key drivers of Medicaid cost growth, conduct stakeholder engagement and advance innovations, tools and/or controls to better control Medicaid trends.

2. Reduce Medicaid Spending with Value Based Care

Reduce Medicaid preventable costs of \$12.1 million 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, pending no major federal changes.

3. Reduce Inappropriate Medicaid Spending

Reduce inappropriate Medicaid spending of \$387 million from July 2023 to June 30, 2027, through retrospective recoveries and prospective cost avoidance, pending no major federal changes. Prospective cost avoidance reduction estimates may be susceptible to cybersecurity and/or fraud risks.

WIG 2: Automate Member Coverage Renewals

Improve member service and reduce county workload by increasing the proportion of Medicaid renewals approved automatically via ex parte and returned digitally through PEAK from an estimated 58% of member renewals to at least 82% of member renewals by June 30, 2026, pending no major federal, state, or county changes. To achieve this WIG, HCPF is implementing three lead measures:

1. Auto Renewal of Medicaid Coverage

For those Medicaid individuals renewed based on income (MAGI), increase ex parte auto-renewal performance from 40% to 73% by June 30, 2026, pending no major federal, state, or county changes. Improving auto renewals (ex parte) removes the burden on members for renewing their coverage every 12 months and makes it easier for eligible members to retain coverage year-over-year.

2. Online Medicaid Renewals

Increase member renewals returned through PEAK from an estimated 45% to 60% by June 30, 2026, pending no major federal, state, or county changes. PEAK is the online service for Coloradans to screen and apply for medical and other assistance programs. Members who renew online experience a faster submission process due to the PEAK portal's instantaneous submission of materials.

3. Member Communications

Last year, HCPF improved member correspondence accuracy and readability by revising 55 frequently used member eligibility correspondences prototypes. This year, to ensure that member communications are reviewed for plain language and accessibility and audited at a regular cadence to reduce duplicative and confusing notices, HCPF will create a new correspondence review system, with the following milestones, pending no major federal changes:

- Create auditing tool for standardizing reviews by July 31, 2025
- Implement document management system by September 30, 2025
- Implement a new process to inventory and audit member correspondence by November 30, 2025.

WIG 3: 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, pending no major federal changes.²² Getting early and regular prenatal care improves the chances of a healthy pregnancy and prevents complications. To achieve this WIG, HCPF is implementing four lead measures:

1. Perinatal Outreach to Members

In partnership with HCPF, RAEs, Managed Care Entities, and CHP+ 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, pending no major federal changes.

2. Serve Members Through Doula Program

Last year, HCPF improved birth equity through increased access to and choice of providers and supports for birthing people including direct entry midwives for home births and doulas. This year, HCPF will serve Medicaid members through the doulas program by June 30, 2027, pending no major federal or state changes.

Shared Agency WIGs

In addition to the HCPF-specific Governor's WIGs above, HCPF partners with the Governor's Office of Saving People Money on Health Care and the Colorado Departments of Human Services, Public Health & Environment and Regulatory Agencies (CDHS, CDPHE and DORA), as well as the Behavioral Health Administration (BHA) to accomplish shared agency prioritized WIGs.

The following lead measures will contribute to the Health Cabinet WIG on High Acuity Youth:

1. Access to High Fidelity Wraparound Services

HCPF will ensure access to High Fidelity Wraparound services for 50% of youth who discharge from residential treatment by June 30, 2027.

2. Access to Intensive In-Home Treatment

²² [National Committee for Quality Assurance Timeliness of Prenatal Care Measure](#)

HCPF will ensure access to intensive in-home treatment for 50% of youth who receive High Fidelity Wraparound services upon discharge from residential treatment by June 30, 2027.

The following lead measures will contribute to a joint HCPF-CDHS WIG on improving the percent of eligibility workers who feel the the Colorado Benefits Management System (CBMS) is working for them from 62.5% to 70% by June 30, 2026:

1. Reduce Incidents

Reduce major incident hours by 50% by June 30, 2026.

2. Reduce Defects

Reduce post-release defects by 25% by June 30, 2026.

3. Resolve Defects More Quickly

Reduce defects older than 60 days from 193 (as of Apr 9, 2025) to 0 by June 30, 2026.

4. Improve Satisfaction with Training and Support Materials

Improve satisfaction with training and support materials by June 30, 2026.

5. Improve Usability

Implement at least 2 projects identified with counties to improve application processing efficiency by June 30, 2026.

Additional HCPF Goals

In addition to the Governor's Wildly Important Goals, HCPF establishes about 40 goals annually aligned with its strategic plan, focused on continuous process improvement. HCPF manages priority projects under six pillars in order to achieve those goals. The pillars have been a cornerstone of achieving our strategic plan for the past several years, and we have refined them to ensure focus on areas prioritized by the Polis-Primavera Administration and stakeholders such as our members, care providers, elected officials, counties and other critical partners. Each pillar is below:

1. Member Health

Improve quality of care and member health outcomes while reducing disparities in care.

2. Care Access

Improve member access to affordable, high-quality care.

3. Operational Excellence and Customer Service

Provide excellent service to members, providers and partners with compliant, efficient, effective person- and family-centered practices.

4. Health First Colorado Value

Ensure the right services, at the right place and the right price.

5. Affordability Leadership

Reduce the cost of health care in Colorado to save people money on health care.

6. Employee Satisfaction

Invest in HCPF employees at all levels while improving equity, diversity, inclusion and accessibility.

Other HCPF Strategic Variables

1. Select Opportunities and Threats

HCPF and the health care industry face a number of environmental opportunities and threats. Our strategic approach includes initiatives to address these, noted below:

- Highlighted Opportunities
 - Policy advancements on coverage/benefits, including 1115 Waivers, Continuous Eligibility, Food as Medicine, and Cover all Coloradans
 - Modernizing our approach to care management, case management, and delivery through ACC Phase III
 - Enhancing systems to improve renewal automation/digitization, encourage Medicaid behavioral health transformations, transform nursing facilities, improve quality and safety, and optimize utilization management
 - Implementing Community First Choice initiatives
 - Addressing social determinants of health
 - Improving health equity and close health disparities

- Paying for health care value rather than volume
- Improving birth equity, reproductive choice, and maternal health outcomes
- Improving our Medicaid Recovery Audit Contractor (RAC) program by reducing provider administration, while holding providers more accountable to bill properly and follow the RAC processes
- Advance fraud, waste, and abuse methodologies
- Rural health care modernization efforts, with specific focus on primary care and hospitals
- Implementing case management system redesign in order to streamline access to LTSS members
- Innovating and transforming nursing home facilities
- **Highlighted Threats**
 - Reduction in Medicaid federal funding
 - Work Requirements and twice a year eligibility determinations that impede the Medicaid and CHP+ renewal approval process, creating risks to families, providers and the economy
 - Rising uninsured rate
 - Federal threats to marketplace exchange financial assistance, creating increased demands on Medicaid and CHP+ programs nationally
 - Health care workforce challenges combined with access challenges across LTSS, BH, medical specialists
 - State-County administrative challenges, workload, and emerging additional federal challenges, impeding efficient eligibility processing and serve to members
 - CBMS eligibility system needed advances impeded by limited funding
 - Fraudulent, waste, abuse within Medicaid programs as well as Provider compliance with federal and state Medicaid billing laws and RAC processes
 - Rising overall health care costs due to hospital and pharmaceutical costs, wage inflation, aging population, mergers and acquisitions (M&A) activities, private equity and more
 - Escalating cybersecurity threats to the health care industry
 - Rural and safety net provider sustainability

- Compliance with HB 21-1110 accessibility for all digital products
- State budget challenges due to TABOR and the balanced budget requirement
- Managing so much change

2. Big Boulders Facing HCPF and Health Care

Related, and to address many of these threats and opportunities, HCPF is managing an array of major priorities or “big boulders,” noted below:

- Balancing provider reimbursements with inflation and budget restrictions
- Monitoring and responding to emerging Federal Funding Threats to Medicaid, marketplace exchanges.
- Facilitating health care workforce growth and addressing gaps in access to care
- Driving quality, equity, access, and affordability through innovations like eConsults, Prescriber Tools, and indicators of cost and quality
- Advancing value based payments to reward quality, equity, access, affordability in service delivery
- Transforming behavioral health
- Saving people money on health care
- Promoting health equity, specifically in the areas of behavioral health, maternal health, and prevention
- Transforming long-term care
- Supporting struggling providers that comprise our valuable safety net, nursing homes, home- and community-based services, special needs, behavioral health, and rural health care providers
- Implementing ACC Phase III
- Modernizing Medicaid benefits systems (MMIS/MES) and managing procurement transitions
- HCPF Culture: Expertise, Teamwork, Supportive, Responsible, Communication, Dedicated, Trust, Pay

Related Resources

[HCPF 2023-2024 Annual Report to the Community](#)²³

[Maternal Health Equity Report](#)²⁴

[Health Equity Plan](#)²⁴

[HCPF Value Based Payments](#)²⁵

[HCPF Hospital Reports Hub](#)²⁶

[Legislative Resource Center](#)²⁷

[Accountable Care Collaborative](#)²⁸

²³ Publications | Colorado Department of Health Care Policy & Financing

²⁴ Health Equity | Colorado Department of Health Care Policy & Financing

²⁵ Value Based Payments | Colorado Department of Health Care Policy & Financing

²⁶ Hospital Reports Hub | Colorado Department of Health Care Policy & Financing

²⁷ Legislator Resource Center | Colorado Department of Health Care Policy & Financing

²⁸ Accountable Care Collaborative Phase II | Colorado Department of Health Care Policy & Financing

