






# Health Equity Plan

Status Update

April 2024



# Health Equity Transformation

- Executing [Health Equity Plan](#) to address disparities, improve outcomes for members
  -  **Maternity and perinatal health:** 1 year of postpartum coverage (SB21-194); expanded population coverage for family planning services; Cover All Coloradans 2025
  -  **Behavioral health:** increase in-network providers; expand behavioral health mobile crisis benefit and develop secure transportation benefit
  -  **Prevention:** address social determinants of health through Phase II of the Prescriber Tools; whole-person care and integrated services; ACC Phase III
- [SB 21-181](#), in partnership with the Governor's Office and CDPHE, created a shared health equity strategic plan across the social determinants of health framework
- Each RAE and CHP+ MCO has a Health Equity Plan (contract requirement)
  - 13 health equity plans from RAEs/CHP+
- Reducing health disparities with targeted interventions - drive quality care and access
- Cultural responsiveness and member experience

# ACC Phase III Vision for July 2025

## 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

## How: Pathways to Success

Simplifying Systems

Incentivizing Better Outcomes



As the Health First Colorado delivery system, Accountable Care Collaborative (ACC) Phase III is a critical part of HCPF's efforts to improve care quality, service, equity and affordability.

# Proposals to address health equity in ACC Phase III

- In Phase III, Regional Accountable Entities (RAEs) will be required to:
  - Implement health equity plans to address regional disparities
  - Create an equity key personnel position
  - Complete health equity trainings
  - Create a regional equity taskforce
  - Create a network of community-based organizations

# Health Equity Task Force Update

## Composition

5 Regional Accountable Entities & Managed Care Organizations

RAE 1 RAE 2 RAE 3 RAE 5 RAE 4 RAE 6 & RAE 7

4 Health First Colorado Members

4 Members

8+ Community Members

4+ HCPF Staff

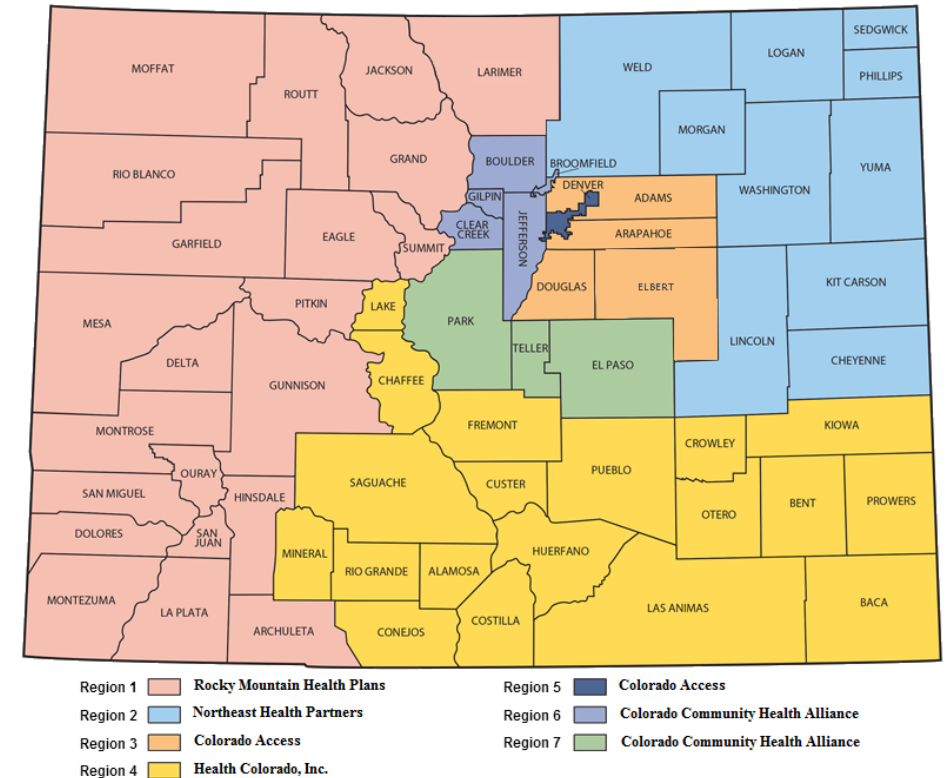
Bi-Monthly meetings since July 2022

- April 2024: Formally submitted 15 recommendations spanning 5 workgroups
  - Access to Care
  - Maternity and Perinatal Health
  - Vaccinations
  - Behavioral Health
  - Prevention and Population Health
- Currently under review by HCPF
- Will be published in 2024/2025 Report

## Task Force Ambassadors


Chair - HCPF Designee

Co-Chair - Community Designee x 4



# Changes to Medicaid Application

Include a more robust ability to stratify data by race/ethnicity, gender identity, sexual orientation, language, and housing status

- Changes include *optional* self-identification questions
- Provide capability to identify and make informed program/policy & investment decisions
- Improve access to quality demographic data
  - Concept Updates:
    - ‘ Status: **Hold/Pause - Need CDHS approval**
    - BREAKING: CMS [released guidance](#) for state medicaid applications to include Sexual Orientation and Gender Identity (SOGI) questions on 11/9/23
    - ‘ Shared application with CDHS requires approval for adding questions, next meeting scheduled for 12/11/23 (project delays due to various leadership transitions)
    - ‘ Presentation for Family Voice Council (CDHS) scheduled 12/12/23 
    - ‘ Joint HCPF/CDHS Presentation with CHSDA County Partners TBD

# Race / Ethnicity - Recommend (Align with OMB)



Figure 1. Race and Ethnicity Question with Minimum Categories, Multiple Detailed Checkboxes, and Write-In Response Areas with Example Groups

**What is your race and/or ethnicity?**  
*Select all that apply and enter additional details in the spaces below.*

**American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

**Asian** – Provide details below.

Chinese       Asian Indian       Filipino  
 Vietnamese       Korean       Japanese  
 Enter, for example, Pakistani, Hmong, Afghan, etc.

**Black or African American** – Provide details below.

African American       Jamaican       Haitian  
 Nigerian       Ethiopian       Somali  
 Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

**Hispanic or Latino** – Provide details below.

Mexican       Puerto Rican       Salvadoran  
 Cuban       Dominican       Guatemalan  
 Enter, for example, Colombian, Honduran, Spaniard, etc.

**Middle Eastern or North African** – Provide details below.

Lebanese       Iranian       Egyptian  
 Syrian       Iraqi       Israeli  
 Enter, for example, Moroccan, Yemeni, Kurdish, etc.

**Native Hawaiian or Pacific Islander** – Provide details below.

Native Hawaiian       Samoan       Chamorro  
 Tongan       Fijian       Marshallese  
 Enter, for example, Chuukese, Palauan, Tahitian, etc.

**White** – Provide details below.

English       German       Irish  
 Italian       Polish       Scottish  
 Enter, for example, French, Swedish, Norwegian, etc.



When an agency receives an OIRA exemption from collecting detailed data, it may use a format that includes only the minimum categories, as shown in Figures 2 and 3.



# \*\*\*CMS Guidance on SOGI Questions\*\*\*

**Table 1: Sexual Orientation and Gender Identity Questions on the Model Application**

Question	Responses
Sex <i>(existing question, required, single select)</i>	<ul style="list-style-type: none"> <li>• Male <i>(does not trigger pregnancy question)</i></li> <li>• Female <i>(triggers pregnancy question)</i></li> </ul>
What was [First Name]’s sex assigned at birth? You can find this on an original birth certificate or similar document. <i>(new question, optional, single select)</i>	<ul style="list-style-type: none"> <li>• Female</li> <li>• Male</li> <li>• A sex that’s not listed: [free text]</li> <li>• Not sure</li> <li>• Prefer not to answer</li> </ul>
What’s [First Name]’s gender identity? <i>(new question, optional, single select)</i>	<ul style="list-style-type: none"> <li>• Female</li> <li>• Male</li> <li>• Transgender female</li> <li>• Transgender male</li> <li>• A gender identity that’s not listed: [free text]</li> <li>• Not sure</li> <li>• Prefer not to answer</li> </ul>
What’s [First Name]’s sexual orientation? <i>(new question, optional, single select)</i>	<ul style="list-style-type: none"> <li>• Lesbian or gay</li> <li>• Straight</li> <li>• Bisexual</li> <li>• A sexual orientation that is not listed: [free text]</li> <li>• Not sure</li> <li>• Prefer not to answer</li> </ul>

11/9/23

[CMSC](#)  
[Bulletin](#)

Note:  
HCPF  
agrees  
with this  
approach





# Current Status: Pause/Hold



## Cross-checked with the following offices and organizations

- [CMS Guidance](#) on Sexual Orientation Gender Identity Questions
- Lt. Governor's Office - In support/agreement
- HCPF Leadership - In support/agreement
- Member Experience Advisory Council - In support/agreement
- One Colorado - In support/agreement
- Colorado Center on Law and Policy - In support/agreement
- Alignment with HB22-1289 Cover All Coloradans (In process)
  - January 2025 timeline
- Colorado Department of Human Services
  - ‘ Awaiting federal guidance

Legend: No concerns with changes, including sexual orientation

Pending Position

# Statistical Significance Update

Data, research and quality teams worked on a statistical significance methodology and the broader process in which these methods can fit

1. Do the trends and relative performance of different groups change or stay consistent over time?
2. What does the literature or other data say about these differences?
3. Does testing find that the differences are statistically significant? Does controlling for different factors change the results?
4. What can we learn from our community about their experience to help us understand these differences?
5. What levers do we have to intervene?
6. Do those levers lead to a statistically significant change?

## OPEN DISCUSSION WITH RAE/CHP+ PARTNERS

- HCPF is not mandating a specific statistical significant methodology
- HCPF held a conversation with the RAE's on April 24th to discuss regional practices

# Statewide Health Equity Highlights

On January 2, 2024, Regional Accountable Entities, Managed Care Entities and Child Health Plan Plus (CHP+) submitted 13 Health Equity Plans to the Department for review. As part of the Department's [Health Equity Plan \(July 2022\)](#), these formal plans are key levers in our collective commitment to the 1.5 million Health First Colorado and CHP+ members to meaningfully address and eliminate health disparities. These plans provide robust strategies to improve quality of care in the following focus areas:

- Maternity and Perinatal Health
- Behavioral Health
- Prevention



*Kudos to Dana Batey, Helen Desta-Fraser, Nicole Nyberg, Lynn Ha, Emily Kelly, Zoe Pincus, Marius Nielsen, Nancy Mace, Chris Ukoha, Blue Parish, Matt Pfiefer, Brooke Powers, Misti Madrell, Lexis Mitchell, Tyller Kerrigan Nichols, Lindsey Folkerth, Matt Sundeen, Amy Ryan and Hilary Erickson (this group was recognized at the January all staff kudos).*

# Statewide Health Equity Highlights

## Vaccinations

- Expanding partnerships with Community-Based Organizations (CBOs) to expand vaccine access
- Grassroot partnership with target populations
- Incentivizing Single Entry Points (SEPs) and community centered boards (education and vaccinations)
- Leveraging Childhood Immunization Information System (CIIS) to monitor progress and disparities

## Maternity & Perinatal Health

- Prenatal Plus Programs for high risk members
- Community investment funding
- Bundled rates
- Member experience: BabyScripts, EmpowerHealth, Self-care by AbleTo, WellHop
- Black birthing mental health
- Virgin Pulse IVR community outreach

## Behavioral Health

- Launching Regional Task Force
- Transitions of Care (TOT) programs
- Expand and diversity behavioral health workforce initiatives
- SUD treatment for adolescents
- Community integration and engagement strategies
- Collaborate with Local Public Health Agencies (LPHAs)

## Prevention & Population Health

- ASPIRE: Pediatric-focused program (ages 0-17)
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Data driven initiatives
- Expand fully Integrated Community Care Teams (ICCT)
- Outreach and Educational campaigns

\*RAE 1 achieved NCQA Health Equity Accreditation!

# Priority Populations by Measure & Plan

# Priority Populations By Measure & Plan

COVID-19												
RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
TBD	TBD	TBD	TBD	TBD	TBD	TBD	Black/African American	TBD	N/A	Black/African American, White, Arabic as Preferred Language	TBD	Black/African American

Comprehensive Diabetes Care, Hemoglobin A1c Poor Control >9%												
RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
TBD	Spanish Speaking, Hispanic /Latino	TBD	TBD	TBD	TBD	TBD	Members 20-29	Spanish Speaking	N/A	N/A	Spanish Speaking	N/A

(N/A = Not Provided, TBD = Data not yet available)

# Priority Populations By Measure & Plan

## Well-child Visits in the first 30 months of life

RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
Black/African American, American Indian/Alaskan Native, Members in Rural Counties	Members in Rural and Frontier Counties	Native Hawaiian / Other Pacific Islander, Black/African American	Black/African American	Black/African American, Other People of Color	BIPOC, Members in Clear Creek and Gilpin Counties	BIPOC, Members in Park and Teller Counties	Black/ African American	Races other than White, Members in Rural Counties	N/A	White/ Caucasian, Unknown	Races other than White, Members in Rural Counties	N/A

(N/A = Not Provided, TBD = Data not yet available)



# Priority Populations By Measure & Plan

## Child and Adolescent Well-care Visits

RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
Native Hawaiian/Other Pacific Islander, American Indian/Alaska Native	Asian	American Indian/Alaskan Native, and members ages 18-21	Members Age: 11-20	Native Hawaiian / Pacific Islander, preferred language s: Arabic and Russian	BIPOC, Members in Clear Creek and Gilpin Counties	BIPOC, Members in Park and Teller Counties	Black African American, Members 18-21	Asian	N/A	American Indian/Alaskan Native, Russian or Vietnamese as Preferred Language	Asian	Members age 18-19

(N/A = Not Provided, TBD = Data not yet available)

# Priority Populations By Measure & Plan

## Childhood Immunization Status

RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
Members in Rural Counties	Members in Rural and Frontier Counties	Native Hawaiian /Other Pacific Islander, Black/African American	Black/ African American	Black/African American , Other People of Color	BIPOC, Members in Clear Creek and Gilpin Counties	BIPOC, Members in Park and Teller Counties	Black/ African American	Members in Rural Counties	N/A	White/ Caucasian, Unknown, Multi-racial	Members in Rural Counties	Unable to report Denominator less than 30

(N/A = Not Provided, TBD = Data not yet available)

# Priority Populations By Measure & Plan

## Immunization for Adolescents

RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
American Indian/ Alaskan Natives	Members in Rural and Frontier Counties	Native Hawaiian /Other Pacific Islander, unknown, White/Caucasian	Black/African Americans	Black/African American, White/Caucasian	BIPOC, Members in Clear Creek and Gilpin Counties	BIPOC, Members in Park and Teller Counties	Black/ African American	Members in Rural Counties	N/A	White/ Caucasian, Unknown, Black/African American	Members in Rural Counties	N/A

(N/A = Not Provided, TBD = Data not yet available)

# Priority Populations By Measure & Plan

## Follow-up after Emergency Department Visit for Mental Illness

RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
Hispanic/ Latino	Hispanic / Latino, Weld County	Hispanic/ Latino, Unknown Race/Eth nicity	Member Age 31-40	Black/ African American , White/ Caucasia n	Primary Language - English	TBD	Members 18-64, Race/ Ethnicity not Provided	Hispanic/ Latino in Rural Counties	N/A	N/A	Hispanic/ Latino in Rural Counties	N/A

(N/A = Not Provided, TBD = Data not yet available)

# Priority Populations By Measure & Plan

## Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
BIPOC	Hispanic / Latino, Weld County	Members ages 65+, 13-17, American Indian/Alaskan Native	Frontier county members	Hispanic/ Latino, Members 12-17 and 65+	Hispanic/ Latino, Male	Male Gender	Black/ African American, Members 6-17, Race/ Ethnicity not provided	BIPOC	N/A	N/A	BIPOC	N/A

(N/A = Not Provided, TBD = Data not yet available)

# Priority Populations By Measure & Plan

## Follow-up after Hospitalization for Mental Illness

RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
Male Gender	Disabled Members	Black/African American, Unknown Race/Ethnicity	Frontier county members	Black/African American, Other People of Color	Male Gender, Members with Disabilities	Male Gender, Black/African American	Race/Ethnicity not provided, Multiple Races/ Ethnicities	Male Gender	N/A	White/ Caucasian	Male Gender	N/A

(N/A = Not Provided, TBD = Data not yet available)

# Priority Populations By Measure & Plan

## Screening for Depression and Follow-up Plan

RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
TBD	Hispanic /Latino, Weld County	TBD	TBD	TBD	TBD	TBD	Native Hawaiian/ Pacific Islander, White/ Caucasian, American Indian/ Alaskan Native	Spanish Speaking	N/A	White/Caucasian, Asian, Unknown Race/Ethnicity	Spanish Speaking	N/A

(N/A = Not Provided, TBD = Data not yet available)



# Priority Populations By Measure & Plan

Prenatal and Postpartum Care												
RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
Members in Rural Counties	Members in Rural and Frontier Counties	Native Hawaiian and Black/African American (Prenatal); Other people of Color and White/Caucasian (Postpartum)	Female Members 31-40	American Indian/Alaskan Native and Asian (prenatal); Black/African American and American Indian/Alaskan Native and White/Caucasian (Postpartum)	BIPOC	BIPOC	Members 18-19	Members in Rural Counties	N/A	White, Multiple Races/ Ethnicities	Members in Rural Counties	N/A

(N/A = Not Provided, TBD = Data not yet available)

# Priority Populations By Measure & Plan

## Oral Evaluation, Dental Services

RAE 1	RAE 2	RAE 3	RAE 4	RAE 5	RAE 6	RAE 7	Denver Health	Rocky Prime	CHP+ Kaiser	CHP+ COA	CHP+ RMHP	CHP+ DH
Members in Rural Counties	Members in Rural and Frontier Counties	Native Hawaiian /Other Pacific Islander, Preferred Language Armenian	Member age 11-20	preferred languages: Kiswahili and Somali, Native Hawaiian/other Pacific Islander	BIPOC, Members in Clear Creek and Gilpin Counties	BIPOC, Members in Park and Teller Counties	TBD	Members in Rural Counties	N/A	N/A	Members in Rural Counties	N/A

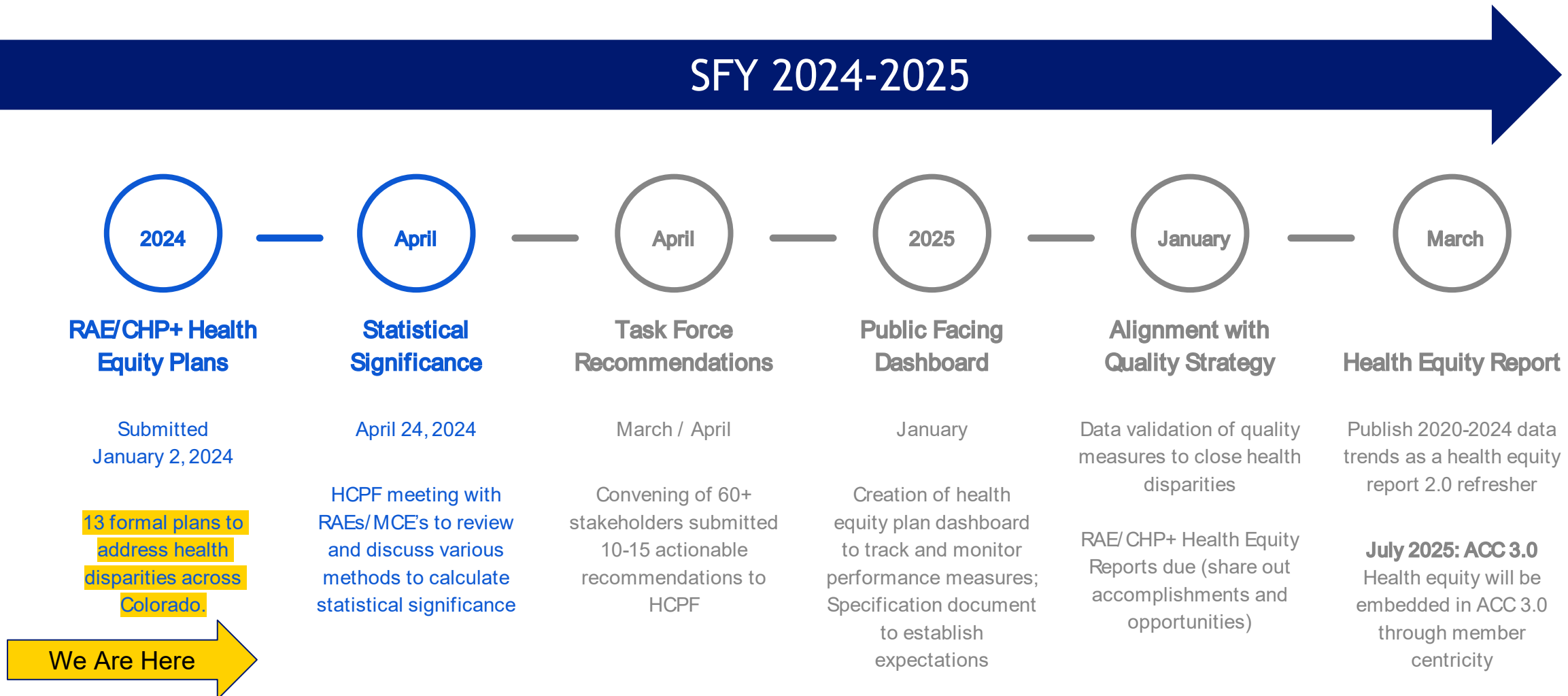
(N/A = Not Provided, TBD = Data not yet available)

# Next Steps: Alignment and Coordination

- Working with R+A for 2024 Health Equity Report (published ~Dec24/Jan 25)
- Working with Quality to revise/modify health equity strategy within quality strategy
- Ongoing Building Equity into Payment Models Workgroup
- Quarterly health equity updates and internal dashboard report outs
- Cross-office coordination
- Quarterly PAD meetings with RAEs
- Bi-monthly check-ins with HPO Stakeholder Engagement Team
- Quarterly check-ins with HPO Children and Family for Birth Equity alignment
- Annual department goals and WIG planning
- Annual Health Equity Reports due: January 3, 2025

# Health Equity Plan Phase II

SFY 2024-2025



We Are Here

# Visit our website

Learn about Health  
Equity from HCPF,  
click here:

[CO.gov/HCPF/health-equity](https://CO.gov/HCPF/health-equity)



# Questions



# Thank you!



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