



COLORADO

Department of Health Care
Policy & Financing

Improving Health & Quality to Help Coloradans Thrive



2017 - 2018 ANNUAL REPORT

The Department of Health Care Policy & Financing works to improve health outcomes and contain costs as we do our part to help Colorado become the healthiest state in the nation.

At the federal level, the Department is regulated by the Centers for Medicare & Medicaid Services. At the state level, the Medical Services Board adopts rules to govern all Department programs, ensuring compliance with state and federal regulations. Learn more about the Medical Services Board at colorado.gov/hcpf/medical-services-board.

This report summarizes Department accomplishments and activities for state Fiscal Year (FY) 2017-18, which spans July 1, 2017 through June 30, 2018, unless otherwise noted. Future reporting may vary as the Department continues to receive data.

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Dr. Sophia Meharena of Every Child Pediatrics helps Health First Colorado kids.

A Year in Review

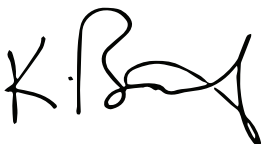
It has been my privilege to lead the Department since January 2018. In this time, we have focused on three key areas: improving the health and quality of care delivered to the Coloradans we serve; helping the most vulnerable Coloradans thrive; and responding to one of the state's most complex and pressing challenges - controlling health care costs to the betterment of employers, consumers, Medicaid, the state, our economy and taxpayers.

What we do every day impacts our customers' most treasured asset - their health. Knowing that, our dedicated staff evolve our systems, programs, and processes to ensure we can support our members when they need us the most.

Through prevention, quality improvement, and care coordination, we can both improve member health and control health care costs more effectively. This is increasingly important given that our programs consume about a third of the state's budget. Our ability to eliminate inefficiencies in our General Fund consumption means more available funds to help our members rise in other areas like better schools, increased community resources, and the like.

In that spirit, Controlling Medicaid Costs, Senate Bill 18-266, passed unanimously during the 2018 state legislative session. It created our new Cost Control & Quality Improvement Office, providing dedicated resources to the betterment of our members and their providers. Modernization initiatives in claim payment and care support, innovations that help our providers improve quality and better control prescription drug costs, analytics that help identify and support members with chronic conditions - these enhancements and more are already rolling out to achieve the intent of the law. This new Office is also driving policies and solutions across the state to drive down health care costs and prices to the benefit of employers and consumers covered by private insurance.

It is my honor to lead the Department of Health Care Policy and Financing in the service of 1.3 million members through Health First Colorado, CHP+ and the many Safety Net programs we administer. Our members are why we are here; you will read some of their inspiring stories throughout this report. I and the passionate staff here at HCPF thank you for your continued partnership in helping Coloradans rise.



Kim Bimestefer
Executive Director



Kim Bimestefer, Executive Director

WHO WE SERVE

OUR MISSION

To improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

OUR VISION

That the people we serve have integrated health care and enjoy physical, mental and social well-being.

In FY 2017-18, Health First Colorado provided coverage to approximately 1.3 million Coloradans. Child Health Plan *Plus* enrollment, which includes both children and pregnant women, was just over 80,000 in FY 2017-18.



A Journey Back to Health

James grew up in Denver. As a writer and journalist, he went to South Africa in 1994 to write features about the end of the apartheid. He loved the culture and the people and ended up living there for eight years. While in South Africa, he got married and had a son.

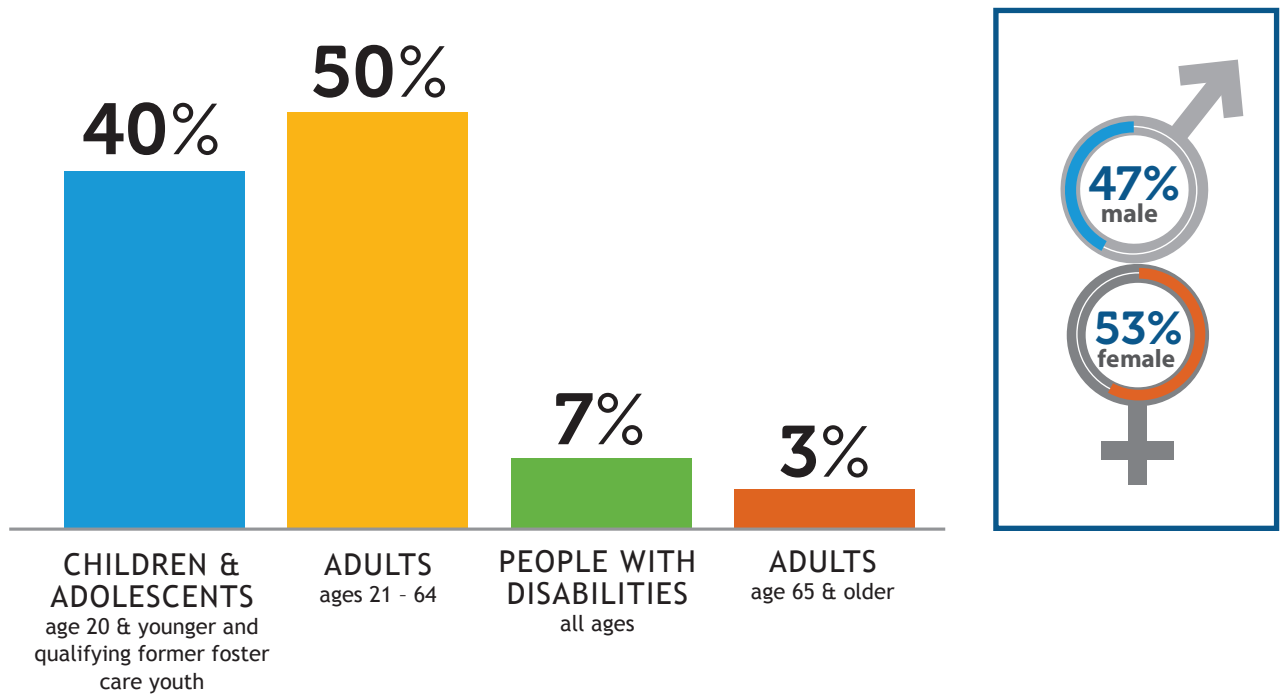
On January 25, 2002, James' life changed forever, after he was shot in a car-jacking incident. His son was only 3 years old. Making the decision to leave his son and come back to Denver to receive care at Craig Hospital was one of the hardest decisions of his life.

Through the Spinal Cord Injury waiver, James has weekly appointments at NeuAbility in Denver where he receives therapy and acupuncture. James also receives chiropractic treatments every other week. NeuAbility helps with the scheduling and coordination, making it easy for James to receive his services during the same visit.

James' son is now 19 and lives with him while attending college at Metropolitan State University of Denver. James currently operates a web design and copywriting business from his home and is a blogger.

Health First Colorado (Colorado's Medicaid Program)

FY 2017-18 Demographics



About Health First Colorado Members

FY 2017-18

Health First Colorado provides comprehensive health care and long-term services and supports benefits. Members must meet income, citizenship and other requirements.



FEDERAL POVERTY LEVEL

The Federal Poverty Level, or FPL, is a measure of income issued every year by the U.S. Department of Health and Human Services. FPL is one factor used to help determine if individuals or families qualify for programs such as Health First Colorado and Child Health Plan *Plus*.

**1.32
Million**
Coloradans are Health First
Colorado Members.

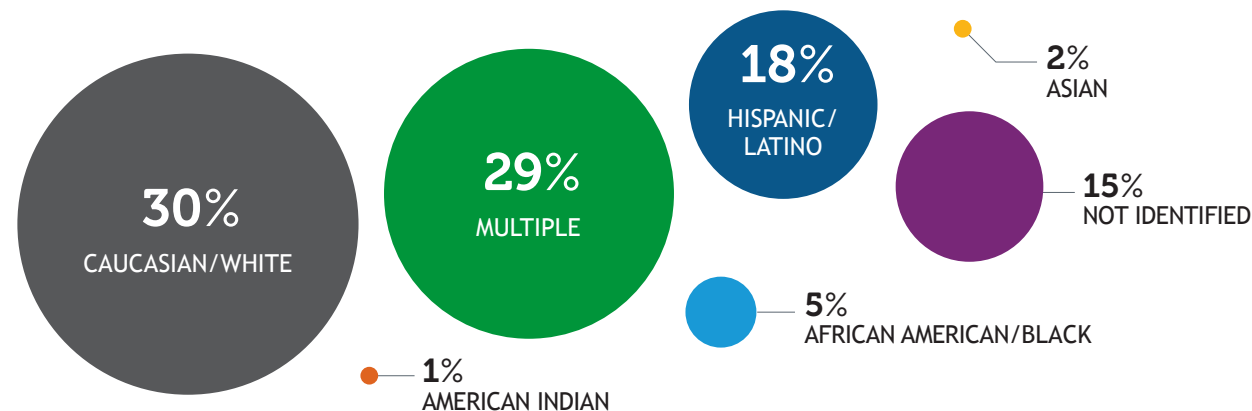
45%
of babies born in CO
during calendar year 2017
were born to mothers
enrolled in Health First
Colorado or Child Health
Plan *Plus*.

Source: CO Department of Public
Health and Environment.

2018
Federal Poverty Levels
by Family Size*

FAMILY OF 1	FAMILY OF 4
\$16,152	\$33,384

*Some earning more may still qualify



MEMBER EXPERIENCE ADVISORY COUNCIL

The Department has created two Member Experience Advisory Councils for Health First Colorado and Child Health Plan *Plus* members. The Councils and the Department collaborate to learn about our members' experiences while developing and maintaining a culture of person-centeredness. For more information, visit colorado.gov/hcpf/meac.



PROGRAMS

Stewardship Across the Continuum of Care



Health First Colorado

Health First Colorado (Colorado's Medicaid Program) is a public health assistance program for Coloradans who qualify. The program provides access to primary care, hospitalization, nursing facility care, prescription drugs, and other programs to get and keep members healthy.



Buy-In Programs

The Buy-In Program for Working Adults with Disabilities and the Buy-In Program for Children with Disabilities allow individuals and families the opportunity to purchase Health First Colorado coverage. Members pay a monthly premium based on their income.

The Health Insurance Buy-In Program offers commercial health insurance premium assistance for Health First Colorado members who qualify.

In FY 2017-18, 8,929 Coloradans participated in Buy-In Programs.



Child Health Plan *Plus*

Child Health Plan *Plus* (CHP+) offers comprehensive health care benefits to two populations: uninsured children, ages 18 and younger, and pregnant women who do not qualify for Health First Colorado but cannot afford private health insurance. In February 2018, Congress renewed federal funding for the program.

In FY 2017-18, the CHP+ Dental Program served nearly 51,000 children. This is a 21 percent increase over the previous year. The percentage of CHP+ children seeing a dentist, at least once during the year, rose slightly from 45 to 46 percent.



Dental Program

Health First Colorado offers dental benefits to children and adults. The adult dental program completed its fourth year of services on June 30, 2018.



The Colorado Indigent Care Program

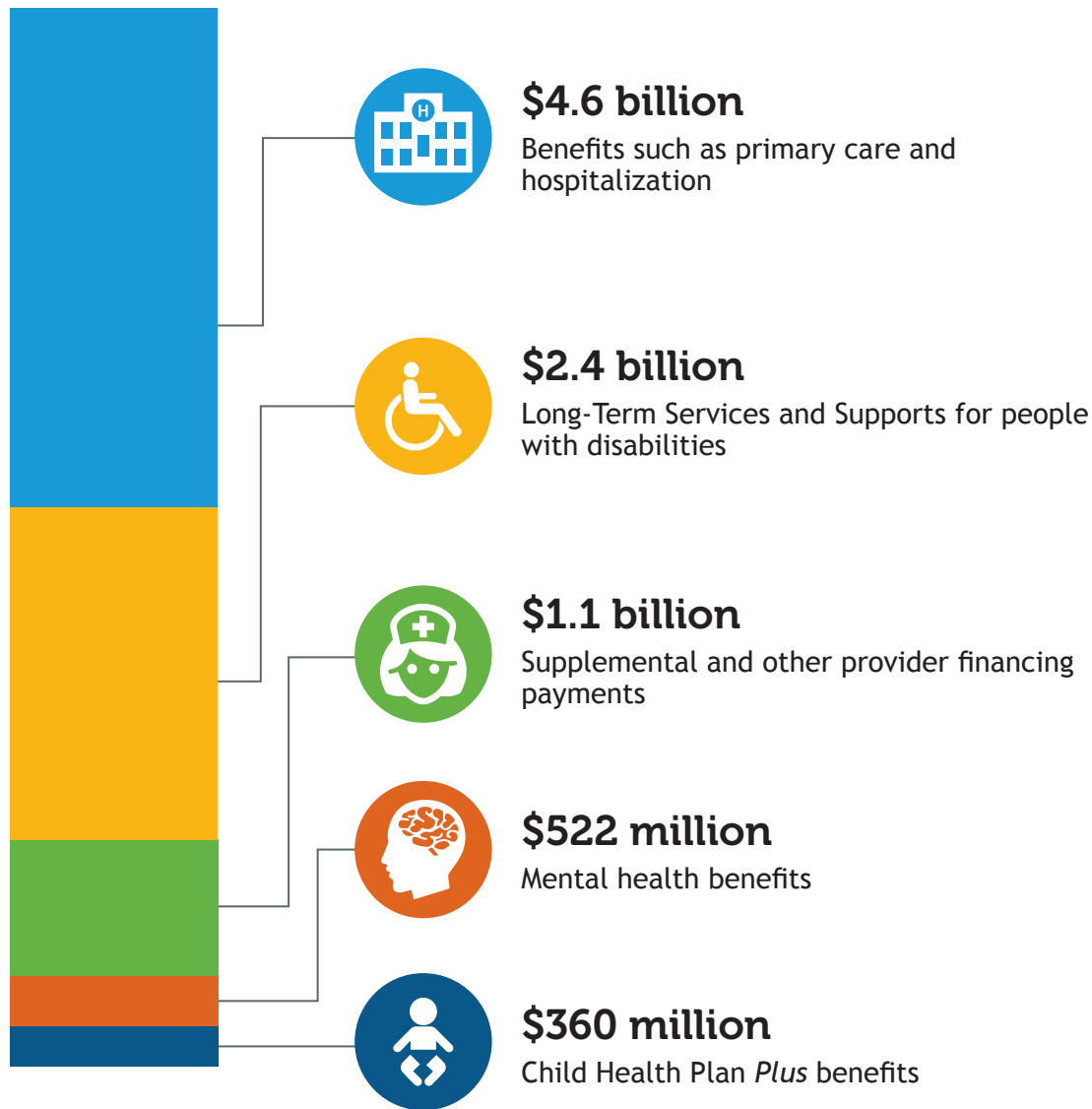
The Colorado Indigent Care Program (CICP) allows Coloradans with incomes up to 250 percent of the Federal Poverty Level (FPL) to receive discounted health care services at participating hospitals, community health centers, and clinics. CICP is not health insurance. In FY 2017-18, CICP served approximately 50,000 Coloradans. CICP is an important safety net for Coloradans who do not qualify for Health First Colorado or Child Health Plan *Plus*.



Long-Term Services and Supports

The Department offers Long-Term Services and Supports to qualifying Health First Colorado members. These services allow members with disabilities to live everyday lives, with family and friends, in the communities of their choosing. In FY 2017-18, 65,996 Coloradans received long-term services and supports.

Breakdown of Department Costs by Benefit



***FY 2017-18 Total Services Expenditure: \$9.0 billion**

*This chart refers to medical services costs only, not Department spending.



Smiling Again, Thanks to Health First Colorado

Life has not been easy for Kelly. As a survivor of domestic violence and abuse, Kelly has lasting injuries.

“When they break your bones and your spirit at the same time, it is hard to come back from that,” explains Kelly. “I was very self-conscious because I had a lot of bone damage to my mouth and jaw area including several teeth that had been knocked out. I hardly smiled anymore.”

As a member of Health First Colorado, Colorado’s Medicaid Program, Kelly was able to get her teeth replaced. “It has done wonders for my personal self-confidence and has given me my self-esteem back,” says Kelly.

Kelly’s oldest of three adult children is now living with her in Colorado and is a huge support for her. Kelly has a great job in food services and is currently a manager in a national restaurant chain.

DELIVERY SYSTEM

Accountable Care Collaborative: Managing Care Appropriately

The Accountable Care Collaborative seeks to improve member health and experience, while increasing care support and efficiencies. Launched in 2011, the Accountable Care Collaborative is designed to be iterative. The FY 2017-18 Accountable Care Collaborative report to the General Assembly, which provides a comprehensive overview of the program, is available at colorado.gov/hcpf/legislator-resource-center. Over the course of the program, it evolved considerably to:

- Expand enrollment from 500 members to over one million members on average during FY 2017-18.
- Connect more Coloradans to primary care services and a Medical Home.
- Enhance Primary Care Medical Provider standards to align with national Patient-Centered Medical Home standards.
- Evolve payment to reflect the iterative nature of the program and incent greater value.
- Increase coordination of care between systems.
- Increase coordination with Long-Term Services and Supports by enrolling approximately 30,000 full benefit Medicare-Medicaid enrollees into the program.

How does the Accountable Care Collaborative work?

Medical Home



Coordinated care means improved health outcomes for everyone enrolled in the Accountable Care Collaborative. It also means better clarity for and coordination with providers and members as they interact with the system and make wiser use of state resources.

Regional Coordination



Improved health outcomes and smarter use of state resources require regional and local coordination that recognizes the need for medical care, behavioral health care, and community supports to work together.

Data



Members, providers, and the system receive the data needed to make real-time decisions that improve care, increase coordinated services, and improve overall system performance.

Accountable Care Collaborative At-A-Glance



Nearly 1 million people

enrolled in the Accountable Care Collaborative as of June 2018.

73%

of Health First Colorado members are enrolled in the Accountable Care Collaborative.

ENHANCED PRIMARY CARE MEDICAL PROVIDERS (ePCMPs)

Accountable Care Collaborative providers who meet at least **5 of 9 factors** receive additional financial support for offering enhanced medical home services. Fiscal year 2017-18 was the fourth and final year of the ePCMP initiative.

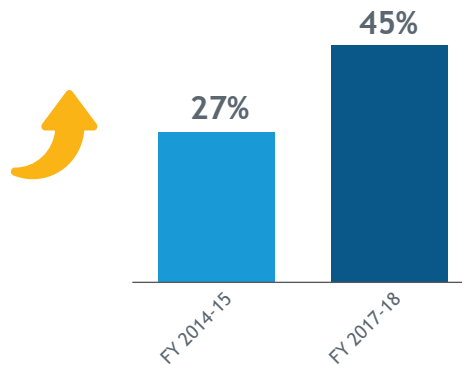
To better support the original goals for continuous evolution and improvement in the Accountable Care Collaborative, ePCMP components are being incorporated into the requirements for PCMPs in the next iteration of the Accountable Care Collaborative, which launched July 1, 2018, as well as the Health First Colorado Primary Care Alternative Payment Model.

\$2.85 M Amount Paid to ePCMPs

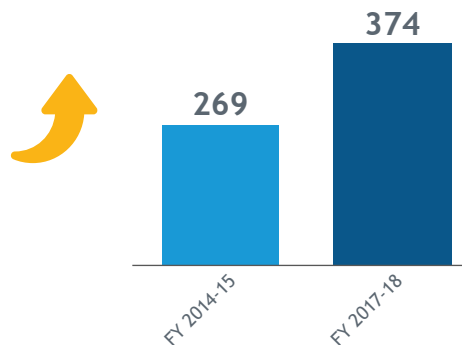
FY 2017-18

ePCMP Performance

67% increase
in ePCMPs
meeting
7 of 9 factors



39% increase
in ePCMP
practice
locations



Most Commonly Met ePCMP Factors



Timely Clinical Advice

Provides clinical advice by phone or electronic message during and after office hours.



Data Use and Population Health

Uses data to identify patients that may require extra services and support.



Specialty Care Follow-Up

Tracks the status and provides pertinent clinical information of referrals to specialty care.



Dr. Collins treats Health First Colorado members of all ages in his community.

Fort Morgan Family Dentistry

Dr. Michael Collins puts patients first.

After practicing dentistry in the big city of Chicago, Dr. Michael Collins moved back to the small town where he grew up outside of the city. He liked the slower pace and the community feel. When he decided to make the move to Colorado, he sought out the same small-town experience and carefully selected Fort Morgan, where he opened his own dental practice in 2015. For Dr. Collins, practicing in Fort Morgan gives him the perfect balance of a small-town community with close access to big city amenities in Denver.

Dr. Collins immediately started seeing Health First Colorado members.

“Being a Health First Colorado provider has allowed me to form inclusive, personalized doctor-patient relationships with people across the community,” explains Dr. Collins. “I have been amazed by Health First Colorado’s expansive and comprehensive coverage. I treat members of all ages from newborns to the elderly.”

For Dr. Collins, one of the best and lesser-known aspects of being a Health First Colorado dental provider is the ability to treat patients off-site. This allows him to provide greater access of care to those who are unable to make the trip to his office. For example, he can treat Health First Colorado members who are living in nursing

facilities where they live.

Health First Colorado covers the majority of required dental treatment for members from simple fillings to complex surgical procedures. “This coverage has enabled me, as a provider, to offer comprehensive care to my patient population beyond what is available in other states,” says Dr. Collins. “Put simply, Health First Colorado allows me to focus on the most vital and rewarding part of my job - putting patient health first.” ▲

DELIVERY SYSTEM

Behavioral Health Organizations: Coordinating Care Appropriately

The Community Behavioral Health Services program provided comprehensive mental health and substance use disorder services to all Health First Colorado members.

In FY 2017-18, the Department contracted with capitated managed care entities called Behavioral Health Organizations (BHOs) to arrange for medically necessary behavioral health services, like therapy and medications. Members were assigned to one of the five BHOs based on where they lived.

The Community Behavioral Health Services program offered an array of services and has been credited with directly decreasing the length and number of psychiatric hospitalizations. It has been recognized nationally as a model for serious and persistent mental illness and serious emotional disturbance as well as for shortening overall recovery time, increasing Health First Colorado member resilience and dealing with trauma-related behavioral health complications.

Over its 21 year history, Community Behavioral Health Services program has evolved significantly. Some highlights of the program include:

- Expanded services in FY 2013-14 to include an outpatient substance use disorder treatment, increasing access to these services.
- Developed more than 400 sites across Colorado at which behavioral and physical care are integrated, thereby improving access to behavioral health services.
- Increased coordination of care for specialty populations, including children, adolescents and their families who are involved in the Child Welfare system.
- Evolved payment to incent greater value and improve member screening, assessment and engagement.
- Developed trauma-informed and trauma-specific treatment interventions to address underlying behavioral health issues.
- Added an incentive program for Behavioral Health Organizations that ties additional funds to the delivery of increased value.

Phase II of the Accountable Care Collaborative joined the management of physical and behavioral health care under one Regional Accountable Entity in July 2018.



Each BHO contracted with a network of providers to ensure members can access behavioral health care.



BHOs were responsible for coordinating care for members.



Colorado worked with the BHOs to support the integration of behavioral health care into primary care settings.



BHOs worked with Regional Collaborative Care Organizations (RCCOs) to coordinate medical services for members.

ACCOUNTABLE CARE COLLABORATIVE PHASE II: IMPROVING HEALTH AND REDUCING COSTS

COMMUNITY ENGAGEMENT

Since April 2014, the Department has been in ongoing conversations with stakeholders across the state regarding the next iteration of the Accountable Care Collaborative. The Department sought targeted comments between November 4, 2016 and January 13, 2017, on the draft request for proposals from stakeholders to help refine the content for the release of the solicitation in the spring 2017.

In November 2017, the Department announced the awards for the seven Regional Accountable Entity contracts, which joined the Behavioral Health Organization and Regional Care Collaborative Organization contracts. During the spring of 2018, the Department worked with the outgoing Regional Care Collaborative Organizations and Behavioral Health Organizations to ensure a smooth transition to the new Regional Accountable Entities on July 1, 2018. More information on the next iteration of the program is available at colorado.gov/HCPF/ACCPhase2.

OBJECTIVES OF ACC PHASE II



Join physical and behavioral health under one accountable entity.



Strengthen coordination of services by advancing team-based care and Health Neighborhoods.



Promote member choice and engagement.



Pay providers for the increased value they deliver.



Ensure greater accountability and transparency.

KEY CONCEPTS OF PHASE II



Increasing Coordination between Physical and Behavioral Health Care

The Department will contract with one regional entity in each region. The new Regional Accountable Entities will be responsible for promoting physical and behavioral health and the previous duties originally contracted by the Regional Care Collaborative Organizations and Behavioral Health Organizations in their region. The state will be divided in to seven regions.



Mandatory Enrollment

All full-benefit Health First Colorado members (excluding members enrolled in Program for All-Inclusive Care for the Elderly [PACE]) will be mandatorily enrolled in the Accountable Care Collaborative and immediately connected with a Primary Care Medical Provider (PCMP).



Value-based Payment

Regional Accountable Entities will be held accountable by the Department for improved health outcomes and cost efficiencies by tying a greater proportion of the administrative payment to quality-based measures. The Department will continue to pay physical providers directly for the clinical services they offer in a way that promotes value. A capitation payment methodology will be retained for core behavioral health services and will be administered by the Regional Accountable Entities.



Dawn is back on track with the help of Health First Colorado.

Health Care is Peace of Mind

“Health First Colorado changed my outlook on life and gave me a sense of security.”

Dawn was living the American dream. She lived on 15 acres with her two boys and she owned and ran two thriving businesses - a small mortgage company and a bookstore with a café.

Life seemed good. Little did Dawn know her family was at the brink of losing everything. Dawn and her sons were born with a rare genetic disorder - Nail Patella Syndrome (NPS) which affects people in a myriad of ways. She was self-employed; prior to the Affordable Care Act, Dawn was unable to get health insurance for herself or her boys, even with exclusions. They were all deemed uninsurable.

When her son got sick with a fever of 105 and severe abdominal pain, Dawn did everything

she could to treat him at home. When his fever wouldn't break, she took him to the emergency room. Dawn knew kidney issues were a risk of NPS, so she requested that the doctors check her son's kidneys. They were found to be twice the normal size. He needed to be admitted to the ICU for a week of intravenous antibiotics and other treatment. Dawn tried to get her son covered. When that didn't work out, she took him home for treatment because he didn't have health insurance.

Thankfully, her son recovered. But because of the costs, stress and inattention to her businesses during the time she cared for him, she lost both businesses, her house and her land in foreclosure.

“Our inability to obtain health insurance prior to the Affordable Care Act changed the trajectory of our future,” Dawn explains. “The depression that followed because of me not being able to care for my sons crippled me. I had been living the American Dream but I lost it all.”

Dawn's focus became finding a job with a large company so that her family could get health insurance. She was successful in that endeavor, but the job was at half the pay she had made while self-employed. “My genetic disorder resulted in an income cap as my being self-employed was no longer an option since health insurance was my priority.”

A few years later, Dawn found herself out of work and freelancing. But the fear of being without health insurance was always there. It was an insurance broker who informed her that her family would most likely qualify for Health First Colorado.

“The peace of mind that Health First Colorado provided changed my outlook on life and gave me a sense of security which allowed me to feel like a good provider again,” says Dawn.

Today, Dawn is employed by an amazing company with a strong salary and good benefits.

“As a parent, there is nothing more important than being able to care for your children. I couldn’t when I needed to and it nearly destroyed me. Because of the security that Health First Colorado provided for my family, our lives are back on track. I have come back strong. I can never thank the state enough for what that means to me.” ▲



Dawn and her family have benefited from Health First Colorado.

Colorado State Innovation Model (SIM)

Integrating Behavioral Health and Primary Care in Colorado

SIM is helping 25 percent of the state’s primary care practices and four community mental health centers integrate behavioral and physical health and gain the skills they need to succeed with alternative payment models. During its four-year timeline, it has invested in local public health agencies, built infrastructure for sustainable health information technology and helped create a workforce to connect health care providers with community resources. Initial results from this governor’s office initiative, which is funded by the Centers for Medicare & Medicaid Services and ends in July 2019, show that this whole-person approach improves patient outcomes and care experience, reduces or avoids health care costs and enhances care team morale. For more information, patient and provider podcasts, videos and data, visit colorado.gov/healthinnovation.

Transforming Clinical Practice Initiative (TCPi)

This governor’s office initiative, which is funded by the Centers for Medicare & Medicaid Services, is helping 2,000 clinicians — mainly specialists — improve efficiency and ensure the delivery of patient-centered care. Colorado TCPI has been featured on a national level for its success with improved care coordination, cost savings and innovative approaches to health care reform. The goal of this initiative, which ends in September 2019, is to help teams succeed with alternative-based payment models that reward value- versus volume-based health care services. It has already helped providers improve their negotiation skills and health plan reimbursement rates. For more information, patient and provider podcasts and data, visit colorado.gov/healthinnovation/tcpi.

DELIVERY SYSTEM

Long-Term Services and Supports: Partnering with Members and Stakeholders to Improve Programs

The Department's Office of Community Living administers long-term services and supports benefits for people with disabilities. This includes overseeing the entire spectrum of long-term services and supports, from services for people in their home and community to services provided by nursing homes.

In FY 2017-18, the Department identified four strategic priorities for the Office, including to streamline access to services and redesign case management, provide safe and high-quality services, improve service options and alignment, and exercise sound financial stewardship. The strategic priorities drive toward the Department's goal of creating a 21st century system for long-term services and supports where all Health First Colorado members:



Live in a setting they choose.



Have the supports they need to live where they choose.



Participate in communities that value their contributions.



Are able to access services in a streamlined, simple, and timely process.



Have the highest quality services.



Health Care is Independence

Health First Colorado is an important and appreciated resource for Spencer. As a senior citizen who had a career in hotel-restaurant management, Spencer went through some challenges that took a toll on him and he needed help.

Spencer learned about Health First Colorado and was encouraged to apply through the Colorado Gerontological Society. "I set my pride aside and applied for Health First Colorado," says Spencer. "Being a member has made life more stable for me. I have access to the health care I need, when I need it. I am able to continue to work part time, enjoy an active lifestyle and live comfortably within my own means."

"I represent a large portion of our society - senior citizens - who live alone and can feel isolated from the world and from the help they may need," explains Spencer. "Many seniors in our community may be living in poverty, on the edge of homelessness. It can be hard to admit that we have health, financial or emotional issues and we need help."

Spencer has been a member of Health First Colorado for a year and a half and is proud to be a part of its Member Experience Advisory Council where he is able to share his lived experience to help the Department develop person-centered policies and communications.



Regan and her sons sell organic fruit at Colorado farmers' markets.

Health Care is a Bridge

"Being a part of Health First Colorado took away the sense that I was all alone."

Three years ago, Regan was in crisis. The stay-at-home mom was going through a divorce and trying to re-enter the workforce after an absence of many years. She and her kids - ages 9 and 12 - had multiple health issues. One of her children was often sick, missing over one-fourth of the school year due to illness. She needed to be available which severely limited her job options.

"Being a single mom and trying to provide

my kids with even basic necessities was a real challenge, especially living in Telluride," Regan explains. For most of her adult life, Regan couldn't afford to take her kids or herself to the doctor for anything more than annual checkups. Instead, she tried to manage the family's multiple health challenges on her own, which included asthma and allergies, chronic bronchitis, Lyme disease and arthritis, through diet and lifestyle modification.

One of Regan's children has suffered from seizures, and at times has been bedridden or in a wheelchair. "I can't imagine what would have happened in the last few years without Health First Colorado," says Regan. "I'm an independent and capable person and never thought I would need to ask for help. In my worldview, capable people don't ask for social support. Having to choose between paying rent and buying food, I couldn't even bring myself to apply for food stamps. There

certainly wasn't money for the 'extra' of medical care."

Regan sees it differently now. "I was in a desperate place for a long time trying to take care of my kids and myself, but I was stubborn and thought there was no way to find help," says Regan. "The divorce made me realize that I had to. No matter how much we personally may prefer to give than receive, any of us can be overtaken by outside circumstances."

Luckily, insightful people at Tri-County Health Network in Telluride helped Regan navigate the health care system and enroll in Health First Colorado. Since enrolling, Regan has utilized many services for herself and her children including physical therapy, primary and specialty care, genetic counseling, behavioral health services and emergency services.

"Being a part of Health First Colorado took away the sense that I was all alone and that nothing could be done to make things better," explains Regan. "It gave me hope and laid the groundwork to get my children help so that they will have better lives. I'm really grateful that we, as a society, have programs like Health First Colorado."

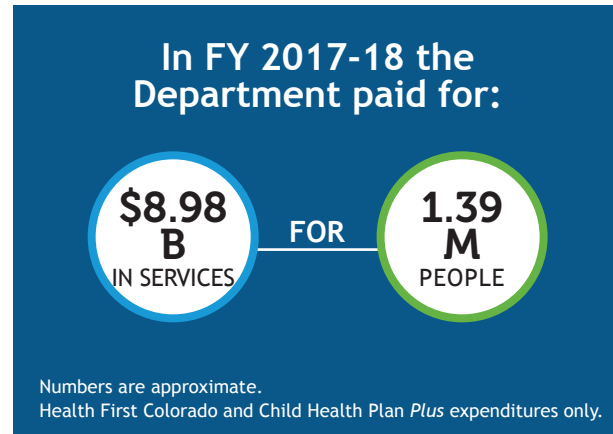
Today, Regan is thriving in her job at an organic fruit farm in Western Colorado and travels around the state representing the farm at local farmer's markets. ▲



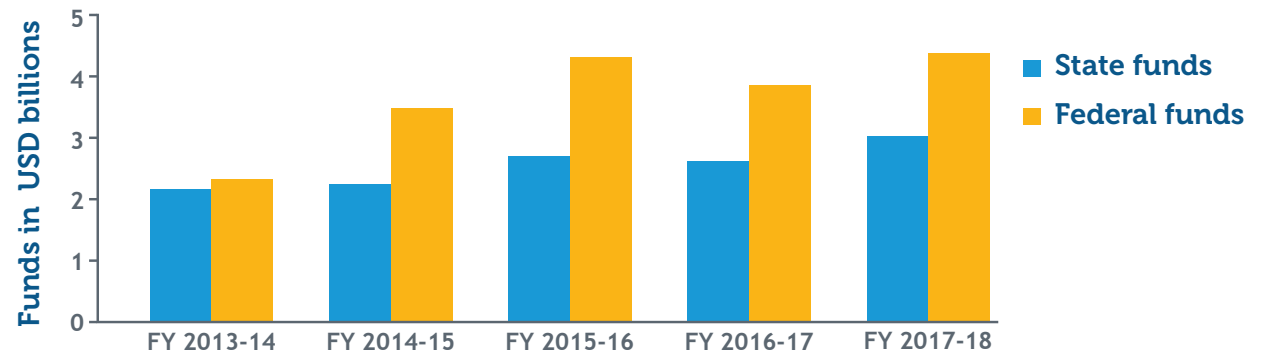
Right: Regan and her family are thriving thanks in part to Health First Colorado.

VALUE

The Department strives to improve health outcomes while using resources wisely.



Expenditure Over Time by State vs. Federal Funds*



*Medical services premiums only

Department Expenditures by Fund

FY 2017-18



*Includes all services and administrative line items including Colorado Indigent Care Program and Old Age Pension.

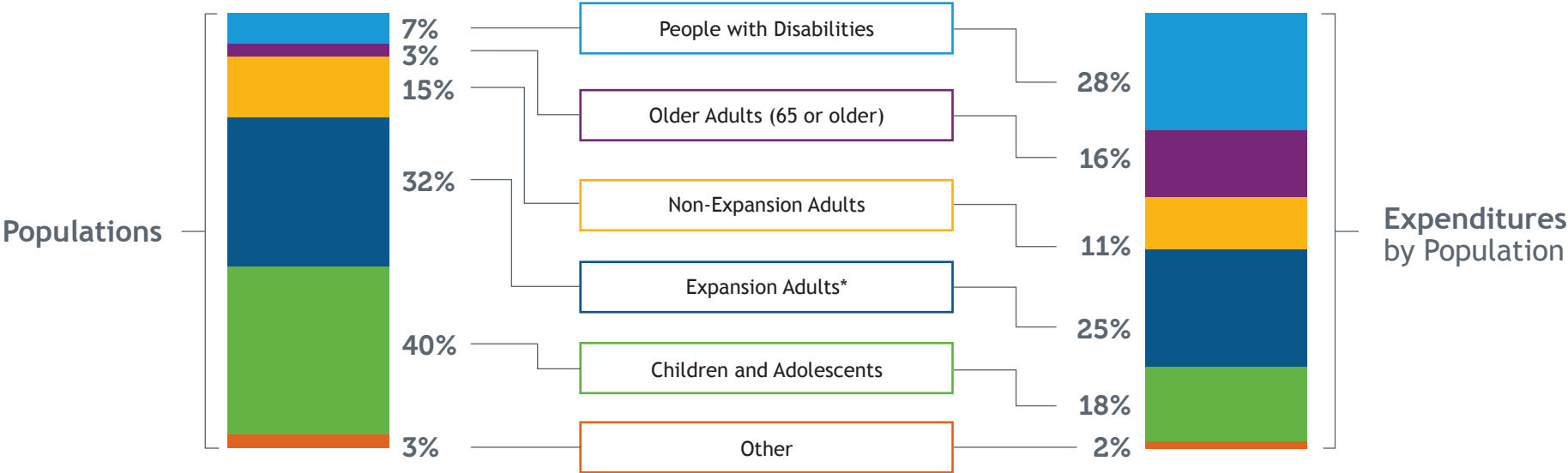


Administrative Costs

3%

of Department expenditures were for administrative costs in FY 2017-18.

Health First Colorado: Who is Covered and What Does it Cost?

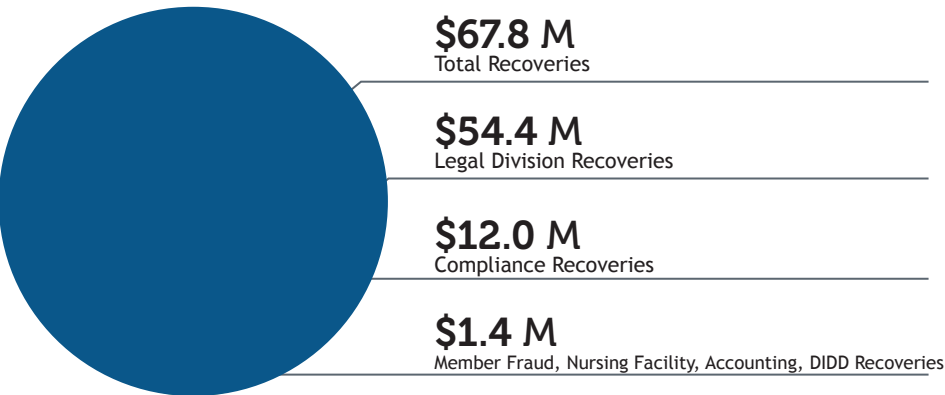


*The majority of funding for Expansion Adults is federal dollars, with the state fund source funded by the Hospital Affordability and Sustainability Fee.

Reducing Fraud, Waste, and Abuse

In FY 2017-18, the Department recovered approximately \$67.8 million due to overpayments, fraud, waste, and abuse. This includes third-party liability repayments for benefits that should be paid for by another party, such as Medicare. Learn more at colorado.gov/hcpf/medicaid-recoveries.

Total Department Recoveries



COMMIT

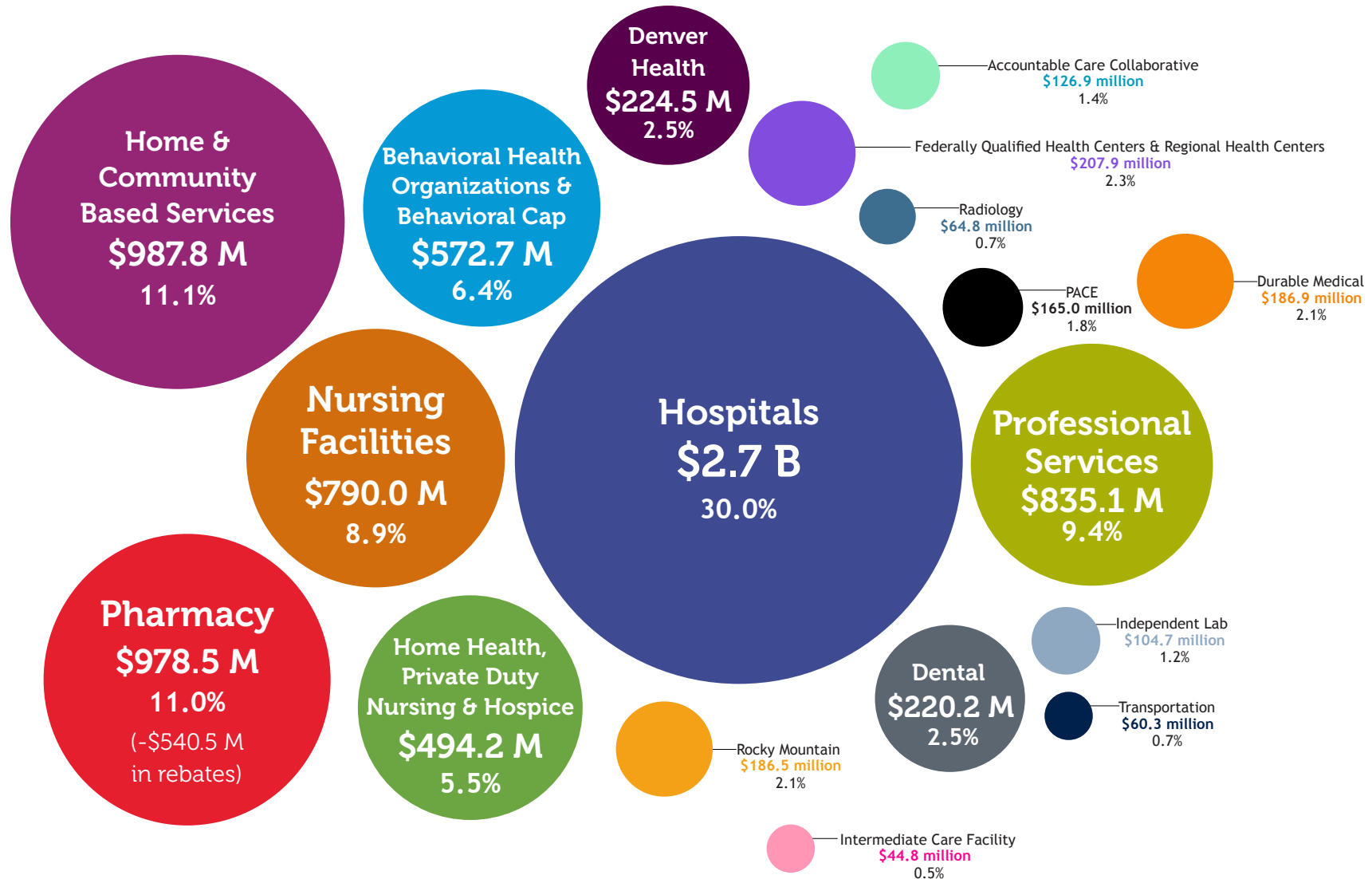
In March 2017, the Department launched its new Medicaid Management Information System called the Colorado interChange. The implementation of the Colorado interChange presented expected technical and business process challenges to Health First Colorado providers. The Department collaborated with the new fiscal agent, providers and key partners such as professional provider associations, community centered boards, Regional Care Collaborative Organizations and others, to bring provider enrollment and claim processing to normal operations.

During the 2017-18 fiscal year, we saw the average weekly payments to providers return to expected levels, a decrease in providers requiring urgent assistance with system related issues, and an increased speed of answer and customer service performance from the Provider Services Call Center. As providers and partners become more accustomed to the Colorado interChange, the Department and its fiscal agent continue to provide training and other support materials.

More information about COMMIT is available at: colorado.gov/pacific/hcpf/medicaid-management-information-system-reprocurement.

Breakdown of Payments to our Health First Colorado Partners

FY 2017-18



This chart refers to medical services cost only, not total Department spending. It is based on claims data by date of service and will differ from data calculated on a cash accounting basis.



Dr. Sophie Meharena sees two brothers who have come for their checkups.

Every Child Pediatrics

Health First Colorado gives families and their children the ability to receive high-quality, integrated care.

“All children - regardless of social, economic or other status - deserve the chance to live a healthy life, and a pediatric provider who cares enough about them to try to achieve it,” explains Sophia Meharena, DO and pediatrician. “That is why I work at Every Child Pediatrics.”

With four medical offices located in the Denver metropolitan area and 10 school-based health centers located across the state in Aurora, the Roaring Fork Valley, Fort Collins and Cortez, Every Child Pediatrics serves more than 22,000 children throughout Colorado and about 75 percent of those children are members of Health First Colorado.

Health First Colorado gives families and their children the ability to receive high-quality,

integrated care. According to Dr. Meharena, families are pleasantly surprised by the breadth and depth of services covered by Health First Colorado. These services range from supporting kids with complex medical needs to the various integrated services on site at Every Child Pediatrics location. On site resources include integrated care navigators, social services support, dental hygienists and behavioral health specialists, as well as culturally and linguistically appropriate services.

Most of Dr. Meharena’s Health First Colorado families are dealing with complex situations. From financial, emotional, and mental health, to dental and physical health, each family has multiple influences affecting their family’s well-being. Dr. Meharena says, “It is really nice

to refer our Health First Colorado patients to the necessary specialists for ongoing support without too many hurdles.”

Dr. Meharena believes that the provider voice and perspective is part of what makes Health First Colorado work so well. “I encourage providers to share their insight and experience with the program so we can continue to see it grow, flourish and meet the needs of children across Colorado.” ▲

Hospital Affordability and Sustainability Fee in Action

The Department collects a yearly fee from participating Colorado hospitals. This fee is matched by federal dollars to increase payments to hospitals, fund hospital quality incentive payments, and to expand health care coverage. Colorado is one of only a few states in the nation reducing its number of uninsured residents with this federal and state funding partnership.

Hospital Affordability and Sustainability Fee: \$866.5 Million*
FY 2017-18

\$201 M

Payments for services and care for
472,455 Members

350,183	Adults without Children
84,931	Parents
26,743	Child Health Plan <i>Plus</i>
8,175	Buy-In Individuals with Disabilities <i>Does not include Health Insurance Buy-In (HIBI)</i>
2,423	Other eligible groups



\$602.5 M
Hospital Affordability and Sustainability
Fee Payments to Hospitals

*Hospital Affordability and Sustainability Fee also funds the Medicaid Expansion's administrative costs and provides funding for Upper Pay Limit backfill per 25.5-4-402.4 (5) (b)(VII). Total payments to hospitals funded with the Hospital Affordability and Sustainability Fee, including federal matching funds, equaled \$1.2 billion in FY 2017-18.

Grant Funding: Strengthening Public-Private Partnerships

\$24.14 M
Total Grant Expenditures

For those awards in FY 2017-18.

The Department is the recipient of both federal and foundation grants, and we are often able to match private foundation grants with federal funding where activities have direct benefit to Medicaid. Examples include funding to evaluate, test, and rewrite a broad swath of member communications for better understandability; business process reengineering with multiple counties to improve their processing efficiency; and the continuation of person-centered practices with our staff, members, and community partners.

With grant funding, we are able to support such key partners as the Center For Improving Value in Health Care and the All Payer Claims Database, the Colorado Health Care Access Survey administered by the Colorado Health Institute, and the State Innovation Model's practice transformation efforts with providers across the state.

\$8.88 M
New Funding Secured

from federal government, private industry, and foundations in FY 2017-18.

Funding secured is the total amount of all grants awarded to the Department in FY 2017-18. Total grant expenditures for FY 2017-18 do not match the amount of funding secured as each grant has its own timeline. While grant periods vary, most span several years and are not confined to any fiscal year. Each year's funding secured amount reflects what was awarded to the Department in new grants within that fiscal year, not the amount expended for each individual grant.

OUR FUTURE

Building a Strong Foundation for Ongoing Sound Stewardship

Accountable Care Collaborative Phase II

The next iteration of the Accountable Care Collaborative launched July 1, 2018. The Accountable Care Collaborative seeks to improve member health and experience, while increasing care support and efficiencies. Learn more at colorado.gov/HCPF/ACCPhase2

Colorado Benefit Management System Transformation

The Governor's Office of Information Technology, in partnership with the Department, is scheduled to complete the Colorado Benefits Management System (CBMS) Transformation by Spring 2019. The CBMS Transformation effort will improve the experience of Health First Colorado members and the county eligibility workers who use the system. As part of CBMS Transformation, the system will be migrated to a cloud-stored database and will not impact program eligibility rules.

Cost Control & Quality Improvement Office

The Cost Control & Quality Improvement Office was created following unanimous approval of SB18-266 in May of 2018. The Office crafts strategy and oversees cost management, population health, prevention and quality improvement programs; increases member support and care coordination; uses data and analytics to identify vulnerable members and help them rise; seeks to identify innovations that improve performance; promotes value to the benefit of Medicaid members and the state. The Office also leads collaborative efforts across multiple stakeholders to drive insights and solutions that address the rising cost of health care for consumers and employers, with initial focus areas of: hospital and Rx prices; alternate payment methodologies; shared systems and data infrastructure; population health; innovations; behavioral health. Learn more at colorado.gov/hcpf/controlling-medicaid-costs-initiatives.

Long-Term Services and Supports System Redesign

Health First Colorado has long been a leader among states providing long-term services and support (LTSS) to people with all types of disabilities, empowering them to live in the community among family and friends. And as a leader in LTSS, Colorado continually seeks to make improvements. In 2012, Governor John Hickenlooper issued Executive Order 2012-027 creating the Office of Community Living. The charge of the Office is to redesign how LTSS are delivered to ensure "all Coloradans [are] able to live in the home of their choosing with the supports they need and participate in the communities that value their contributions."

Since the creation of the Office of Community Living, the Department has been working to redesign LTSS in Colorado to focus more on people's needs, desires, and choices and provide value in the system. In the coming years, the Department will improve and streamline access to services and case management through piloting and developing a No Wrong Door system and initiatives that redesign case management like Conflict-Free Case Management. Efforts are also underway to bring value and create cohesion between the different programs that provide Home and Community-Based Services, as well as to lay out a roadmap for how we will serve older adults today and in the future.



Do you know someone who needs help?

Individuals and families can see if they qualify for medical assistance, food assistance, and other help online through CO.gov/PEAK. Applicants without internet access can visit their local county human services office for assistance.



COLORADO
Department of Health Care
Policy & Financing