



## **FY2021 Annual Performance Evaluation**

### **November 2021**

#### **Overview of Department Goals**

There were two Wildly Important Goals ([WIGs](#)<sup>1</sup>) in the Department of Health Care Policy & Financing's (HCPF's) FY 2020-21 performance plan: 1) Access to Care and Customer Service, and 2) Medicaid Cost Control. Data from these measures is reported below and additional detail is available in the [FY 2020-21 Department Performance Plan](#).<sup>2</sup>

HCPF achieved 100% of its annual WIGs and key measures in FY 2020-21.

#### **WIG 1: Access to Care and Customer Service**

The economic downturn caused an unprecedented number of Coloradans to lose their employer-sponsored health coverage. HCPF saw a 19% increase in Coloradans receiving services through Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+). To deliver the support needed by Coloradans through the challenging time last year, we focused our WIGs on the areas most visible and meaningful to Coloradans, including enrollment support (call center response and application processing time), member call center, provider call center and payment turnaround time, provider recruitment and member access to providers, and connecting members who do not qualify for Health First Colorado or CHP+ to other coverage options through Connect for Health Colorado, the state's insurance marketplace.

HCPF's successful completion of this goal ensured that Colorado's most vulnerable residents were able to get coverage in a timely manner, get their questions answered, and had access to providers to meet their needs. We also supported providers through our work on this goal by answering questions and paying claims in a timely manner.

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<sup>1</sup> Learn more about Gov. Polis' health care goals and priorities at <https://dashboard.colorado.gov/key-issues-performance/health>

<sup>2</sup> <https://operations.colorado.gov/performance-management/department-performance-plans/health-care-policy-financing>



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<b>WIG #1 Annual and Lead Measures</b>	<b>FY 20 YE</b>	<b>FY 21 YE</b>	<b>FY 21 Goal</b>
Deliver health care coverage, service and access to Coloradans during this economic downturn. By June 30, 2021, out-perform average monthly targets as measured by the number of new Medicaid providers, member application processing times, call center speed-of-answer time, provider payment turnaround time, and timeliness of application referrals to Connect for Health Colorado.	N/A	100%	100%
Process 95% of eligibility applications within 45 days through June 30, 2021.	94.4%	98.1%	95%
Answer calls at the provider call center, member call center, and enrollment call center in an average of less than 150 seconds through June 30, 2021.	32 Seconds	55 Seconds	150 Seconds
Enroll 10,000 new Health First Colorado providers by June 30, 2021.	9,549	10,854	10,000 <sup>3</sup>
Pay 100% of Medicaid medical and pharmacy claims in an average of less than seven days through June 30, 2021.	3.5 days	3.5 days	7 days
Refer 90% of applicants determined not eligible for Health First Colorado or CHP+ to Connect for Health Colorado within three days of authorization date through June 30, 2021.	N/A	99%	90%

**WIG 2: Medicaid Cost Control**

Medicaid cost control continues to be a high priority in Colorado. HCPF’s successful completion of this goal in FY 2020-21 represents effective stewardship of Colorado’s financial resources while maintaining our commitment to member access to care and health outcomes. One of the leading indicators for this WIG was to complete the implementation of condition management and care support programs. Achieving this goal resulted in proactive engagement with our members who have complex, high cost health care needs. This helped improve their health outcomes and quality of life while simultaneously lowering the cost to the state.

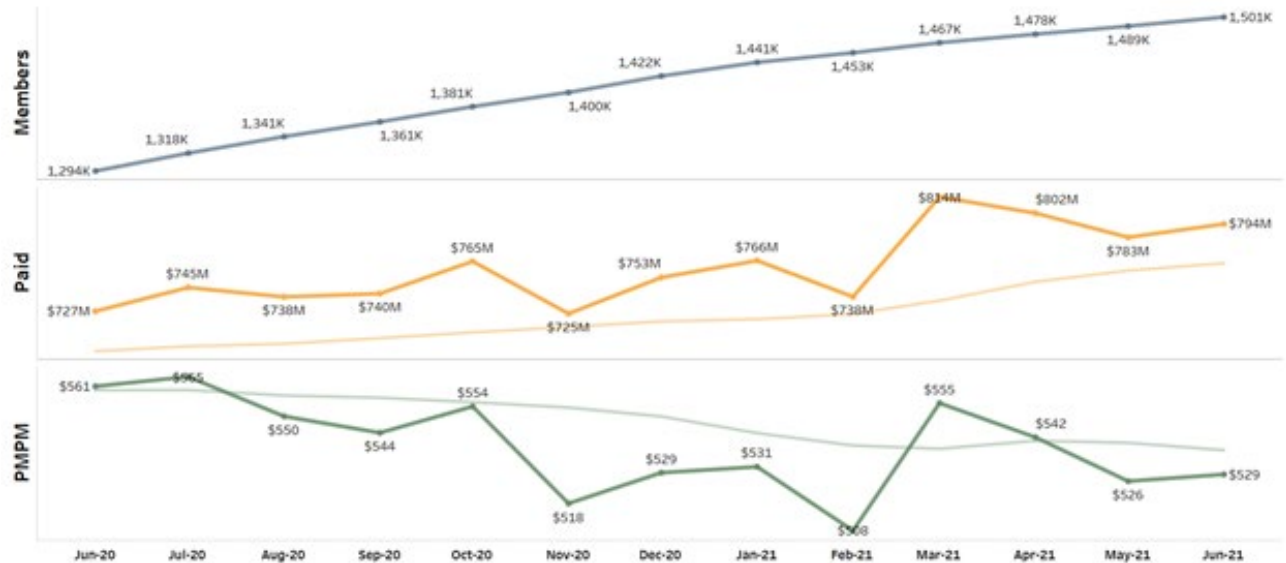
<sup>3</sup> Starting point for FY21 goal is zero.



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### Executive Dashboard July 2020 - June 2021

FTE: 1,421K	14.3% ▲	Paid: \$9,162.1M	9.7% ▲	PMPM: \$537	4.0% ▼	Risk Adjusted: \$575	2.8% ▲
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**Medicaid Trend.** The July 2020 to June 2021 Medicaid trend, compared to the prior 12-month period, is DOWN 4.0% PMPM (Gov's WIG is PMPM trend increase  $\leq 2\%$ ; includes claim payment runout). Risk-adjusted trend is up 2.8%. Paid trend is up 9.7%, which is low given membership is up 14.3% during the same period. ***We have significantly outperformed this Medicaid cost control goal.***



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<b>WIG #2 Annual and Lead Measures</b>	<b>FY 20 YE</b>	<b>FY 21 YE</b>	<b>FY 21 Goal</b>
Responsibly manage health care costs to achieve an annual Medicaid trend <sup>4</sup> of no more than 2.0% by June 30, 2021.	11%	-4%	2%
Reduce Emergency Department visits per thousand members an average of 1.5% by June 30, 2021, by helping members maximize telemedicine and the right settings for care.	N/A	-15%	-1.5%
Complete implementation of the Maximum Allowable Cost (MAC) reimbursement model by April 1, 2021, to control specialty prescription drug costs.	N/A	100%	100%
Implement the diabetes, case management for members with complex health care needs, and maternity support programs across all Regional Accountable Entities (RAEs) by Dec. 31, 2020, to improve health and better control high cost claims.	N/A	100%	100%
Complete the study and policy design for telemedicine by Dec. 31, 2020, in preparation for implementation in the following fiscal year.	N/A	100%	100%

<sup>4</sup> Trend is defined as the growth from FY 2019-20 to FY 2020-21 in the total amount paid for Medicaid services, not including supplemental financing payments, divided by average monthly caseload.