Wildly Important Goals

The Department of Health Care Policy & Financing (HCPF) had two Wildly Important Goals (WIGs)[1] in its FY 2021-22 performance plan: 1) Medicaid Pharmacy Cost Control, and 2) Eligibility Technology Supports. Data from these measures is reported below. Additional detail for WIGs is available in the Department's Performance Plan at https://hcpf.colorado.gov/performance-plan.

WIG 1: Controlled Medicaid Pharmacy Cost

The fastest growing cost driver in health care is pharmaceuticals. This affordability impact has a direct impact on patients. In fact, one in three Coloradans either cannot fill a prescription, cut pills in half or skip doses because of cost. Coloradans who qualify for Health First Colorado are more likely to have a disability and/or lower income than other Coloradans, and many have complex health needs. It is crucial that they have access to affordable medications, which is why Health First Colorado does not charge a premium, does not have a deductible and has very low co-pays. To protect these benefits and the affordability of care for Health First Colorado members, WIG 1: Medicaid Pharmacy Cost Control, builds on progress made in the prior fiscal year to further increase savings on pharmacy costs by an additional $10 million (for a total of $22 million) through related initiatives by June 30, 2022. We exceeded our

goal by achieving $13.4 million in pharmacy cost savings in the past fiscal year (totalling $24.4 million in savings over the past two fiscal years).
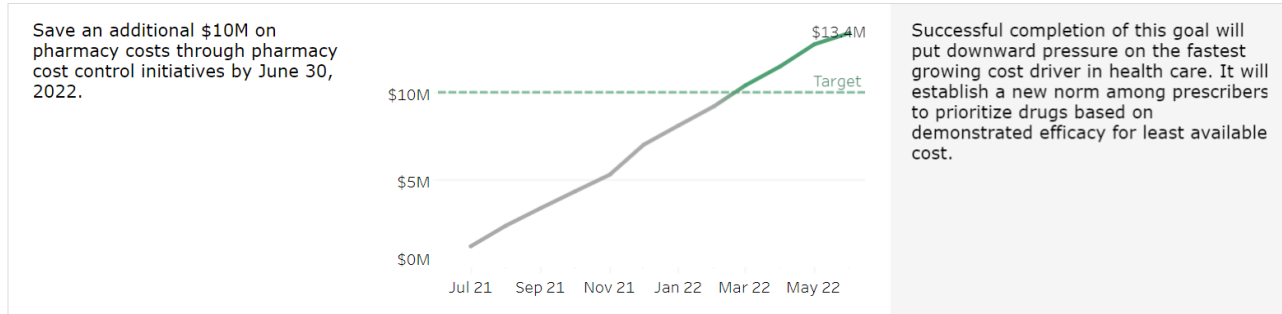

Save an additional $10M on pharmacy costs through pharmacy cost control initiatives by June 30, 2022.

Successful completion of this goal will put downward pressure on the fastest growing cost driver in health care. It will establish a new norm among prescribers to prioritize drugs based on demonstrated efficacy for least available cost.

[1] https://dashboard.colorado.gov/departments

To achieve this WIG, the Department implemented three initiatives:

1. **Increased Value Based Purchasing Contracts** from zero to three by June 30, 2022. The Department implemented two contracts and is finalizing the last contract for signature effective Nov. 1, 2022.

2. **Implemented Prescriber Tool Affordability Module:** The Prescriber Tool affordability module helps employers and Coloradans save money on health care by empowering providers with information on prescription drug costs and affordable alternatives.[2] It reduces rework and administrative burden for providers while improving convenience for patients, too. The goals of the Prescriber Tool are to help improve patient health outcomes and service, reduce administrative burden for prescribers and improve prescription drug affordability. Colorado provides a cohesive Prescriber Tool that supports patients and health care providers in both Health First Colorado and commercial health plans. This shared tool makes it easier for all stakeholders to work together to make prescription therapy more affordable and thereby improve patient health to the benefit of Coloradans, employers, payers like Health First Colorado, and the state.

Increase the number of value-based purchasing contracts with specialty drug manufacturers from 0 to 3 by June 30, 2022.
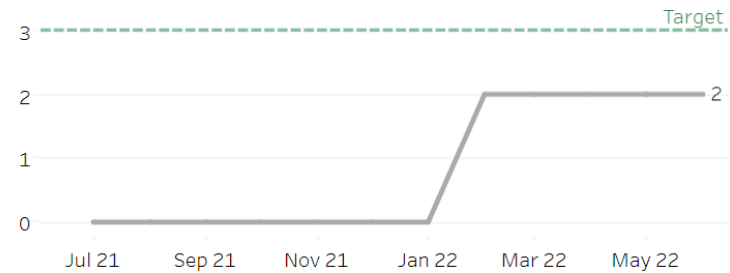
Implement and collect baseline data for the affordability module of the Prescriber Tool to set future targets for pharmacy cost savings by June 30, 2022.
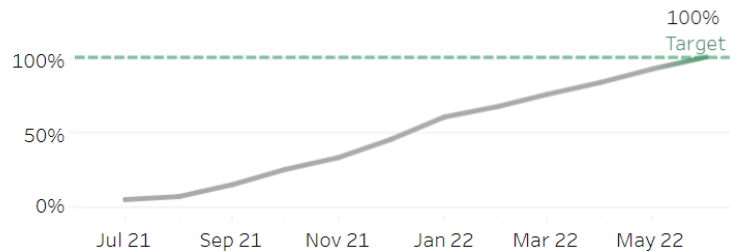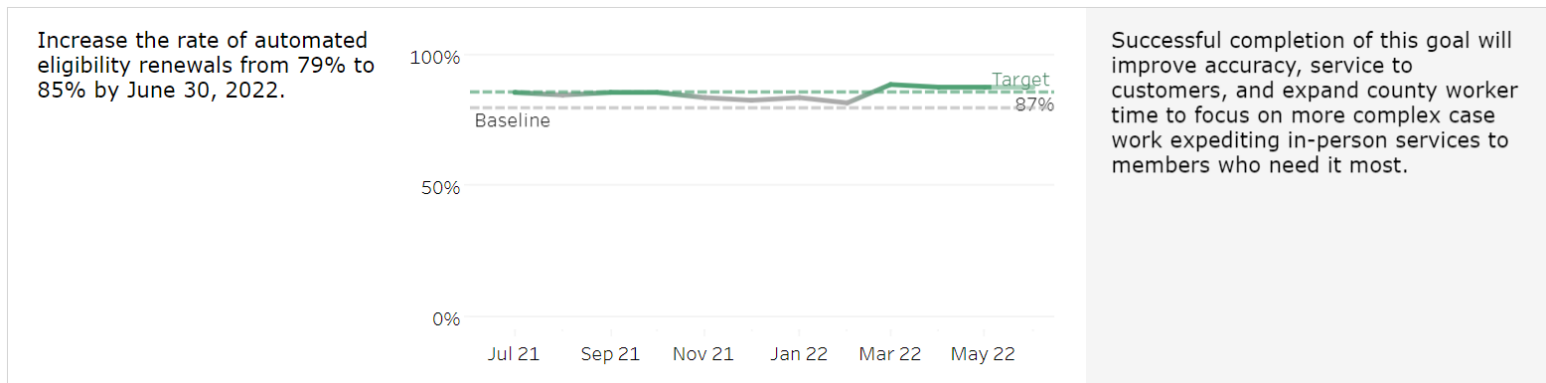
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[2] https://hcpf.colorado.gov/prescriber-tool-project

3. **Reduced Clotting Factor Drug Costs** by integrating the clotting factor category of drugs into the Maximum Allowable Cost (MAC) pricing structure for pharmacy cost control. The MAC methodology for prescription drugs is the primary savings driver for cost savings. We implemented an alternate payment methodology for the clotting factor category of drugs.

Integrate the clotting factor category of drugs into the Maximum Allowable Cost pricing structure for pharmacy cost control by June 30, 2022.
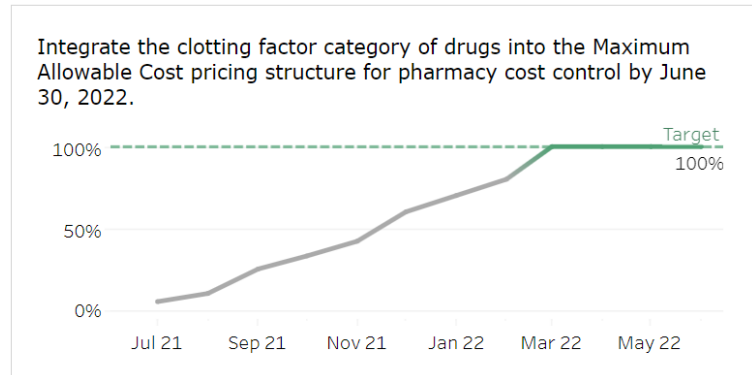
WIG 2: Improved Eligibility Technology Supports

Recognizing the increase in membership managed by our county and medical assistance site eligibility partners, we focused on increasing the use of automation to support self-service empowerment. Self-service renewals have several benefits, including reducing or even eliminating burden on members (reducing paperwork and documentation submission), improving data quality and processing accuracy, and freeing eligibility worker time to focus on complex cases and member service. This also positions us strongly for the work ahead of us when the public health emergency ends and we will need to review eligibility for all members. Successful completion of this WIG makes it easier for members to maintain health coverage. While this rate fluctuated as we worked through backlogs and made improvements, we maintained an average of 85% automated eligibility renewals during the fiscal year.
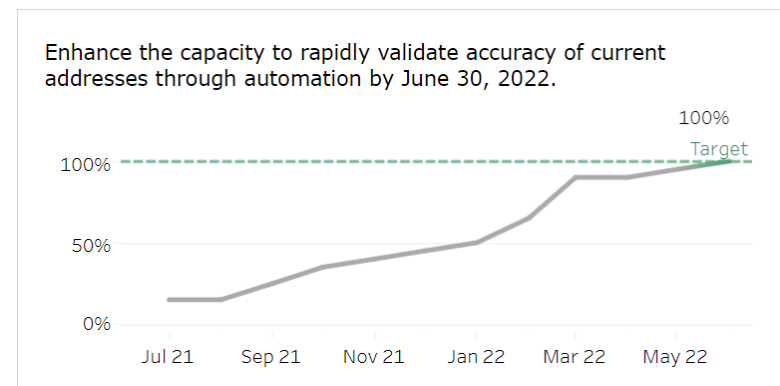

Increase the rate of automated eligibility renewals from 79% to 85% by June 30, 2022.

Successful completion of this goal will improve accuracy, service to customers, and expand county worker time to focus on more complex case work expediting in-person services to members who need it most.

To achieve this WIG, the Department implemented two initiatives:

1. **Increased System Automation:** added system capability to verify employment and income through automation; and

2. **Enhanced Accuracy Validations:** enhanced the capacity to rapidly validate the accuracy of current addresses through automation by June 30, 2022.

Add system capability to verify employment and income through automation by June 30, 2022.

Enhance the capacity to rapidly validate accuracy of current addresses through automation by June 30, 2022.

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