



Overview of Department Goals

HCPF’s “Wildly Important Goals” (WIGs) reflect the major goals of the Department, developed in collaboration with the Governor’s Office. WIGs adhere to the “SMART” goal format, meaning that they are specific, measurable, achievable, relevant, and time-bound. There are two WIGs in this year’s performance plan: 1) Access to Care and Customer Service, and 2) Medicaid Cost Control. Both WIGs include lead measures that will be used to assess progress. Data from these measures is reported below, and additional detail is available in the [FY 2020-21 Department Performance Plan](#).

Note: Many of the measures reported below are new as of FY 2020-21. We are building a new foundation to achieve Governor Polis’ health related goals using project-based milestones to measure performance. As a result, year-over-year performance data is not available for all measures.

WIG 1: Access to Care and Customer Service

The economic downturn has caused an unprecedented number of Coloradans to lose their employer-sponsored health coverage. As noted earlier, the Department could serve more than 250,000 more Coloradans through Health First Colorado and CHP+, a 20 percent increase in members from the 1.3 million in March 2020. Clearly, Coloradans will need support through this challenging time. We have focused our WIGs on the areas that are 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 access, 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.

Successful completion of this goal will ensure Colorado’s most vulnerable residents are able to get coverage in a timely manner, get their questions answered and access providers to meet their needs. Part of achieving this goal is also supporting our providers by answering their questions and paying for care in a timely manner.



WIG #1 Annual Measure	FY 20 YE	FY 21 Q1	1-Year Goal
<p>Deliver health care coverage, service and access support 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.</p> <p>Q1 Evaluation: Annual measure. Data to be reported after end of FY.</p>	N/A	N/A	100%
WIG #1 Lead Measures	--	--	--
<p>Process 95 percent of eligibility applications within 45 days through June 30, 2021.</p> <p>Q1 Evaluation: On track. Application processing rate is 98.9% within 45 days.</p>	94.4%	98.9%	95%
<p>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.</p> <p>Q1 Evaluation: On track. All three contact centers are exceeding targets for average speed to answer. The weighted average for all three in Q1 is 39 seconds.</p>	53 Seconds 20 Seconds 9 Seconds	56 seconds 38 seconds 6.95 seconds	150 seconds
<p>Enroll 10,000 new Health First Colorado providers by June 30, 2021.</p> <p>Q1 Evaluation: Off Track by 7%, with simple annualization. Physician enrollment dropped by approximately 150 in September, which led to the overall decrease in newly approved applications from August to September.</p>	9,549	2,322	10,000 ¹
<p>Pay 100 percent of Medicaid medical and pharmacy claims in an average of less than seven days through June 30, 2021.</p> <p>Q1 Evaluation: On track. Claims consistently process between 3 and 4 days.</p>	3.5 days	3.4 days	7 days
<p>Refer 90 percent 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.</p> <p>Q1 Evaluation: On track. 99% of eligible applications are referred within 3 days.</p>	N/A	99%	90%

¹ Starting point for FY21 goal is zero.



WIG 2: Medicaid Cost Control

Cost control for Health First Colorado (Colorado’s Medicaid program) continues to be a high priority for the Department and being an effective steward of Coloradans’ valuable financial resources remains paramount. Given the economic downturn and the resulting impact on the state budget, of which Health First Colorado is a major portion, as well as the projected growth in Health First Colorado and CHP+ enrollment, controlling costs will be even more critical in the months and years ahead. Successful completion of this goal will ensure effective stewardship of Colorado’s financial resources while maintaining our commitment to member access to care and health outcomes. For example, one of the leading indicators for this WIG is the implementation of condition management and care support programs. Proactive engagement with our highest risk and highest cost patients can improve outcomes and quality of life for these members while simultaneously lowering the costs to the state.

WIG #2 Annual Measure	FY 20 YE	FY 21 Q1	1-Year Goal
Responsibly manage health care costs to achieve an annual Medicaid trend* of no more than 2.0 percent by June 30, 2021. ¹ Q1 Evaluation: Annual measure. Data to be reported after end of FY.	11%	N/A	2%
WIG #2 Lead Measures	--	--	--
Reduce Emergency Department visits per thousand an average of 1.5 percent by June 30, 2021, by helping members maximize telemedicine and the right settings for care. Q1 Evaluation: On track. Data for Emergency Department visits lags by 4 months and will be reported quarterly beginning with the Q2 evaluation in Jan.	tbd	tbd	1.5%
Complete implementation of the Maximum Allowable Cost reimbursement model by April 1, 2021, to control specialty prescription drug costs. Q1 Evaluation: On track. New reimbursement methodology being implemented in the Pharmacy Benefit Management System.	N/A	45%	100%



<p>Implement the diabetes, case management for complex members, and maternity support programs across all Regional Accountable Entities (RAEs) by December 31, 2020, to improve health and better control high cost claims.</p> <p>Q1 Evaluation: On track. All RAEs provided updates at their respective quarterly leadership meetings regarding program development and future enhancements to address populations impacted. The Department has established monthly meetings with the RAEs to discuss key data points driving program development.</p>	<p>N/A</p>	<p>30%</p>	<p>100%</p>
<p>Complete the study and policy design for telemedicine by December 31, 2020, in preparation for implementation in the following fiscal year.</p> <p>Q1 Evaluation: On track. Teams continue to engage with providers and other stakeholders, gather research, analyze data and are progressing with proposed policy designs.</p>	<p>N/A</p>	<p>50%</p>	<p>100%</p>

¹Trend will be 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.