

Colorado Adult Prenatal Coverage in Child Health Plan *Plus* (CHP+)

Section 1115 Demonstration Annual Report

Demonstration Year 8: August 1, 2022 - July 31, 2023

Federal Reporting Period: October 1, 2022 - September 30, 2023

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Amy Ryan
CHP+ Program Manager
Delivery System and Payment Innovation
Colorado Health Care Policy & Financing
1570 Grant Street, Denver, CO 80203
P 303-866-3284 | State Relay: 711
amy.ryan@state.co.us

**Listing of Exhibits
Abbreviations List**

Table of Contents

Introduction 1
 History 1
 Goals 2
Enrollment and Benefits Information 3
Outreach and Innovation Activities 6
 Colorado PEAK 6
 Community Outreach Changes 7
 Colorado Covering Kids and Families 7
 Member Involvement 7
 Video Series 7
Demonstration Operations, Policies and Issues 8
 Operational and Policy Updates 8
 Substance Use Disorder Updates 8
 Legislative Updates 8
 Health Equity 8
Consumer Issues 9
 Grievance and Appeals 9
 Maternity Advisory Committee 9
Quality Assurance and Monitoring Activity 10
 HEDIS 10
 Accountable Care Collaborative 11
 Key Performance Indicators 12
 Maternity Dashboard 13
Demonstration Evaluation 13
Transition Plan Updates 14
Post Award Forum 14
Financial, Budget Neutrality Development and Issues 14
Enclosures and Attachments 15

Listing of Exhibits

| | |
|------------|-------------------------------------------------------------------------------------------------------------------------------|
| Exhibit 1 | Total Combination CHIP Enrollment and Spending: FFY 2023 |
| Exhibit 2 | Enrollment in the CHP+ Prenatal Demonstration by Year |
| Exhibit 3 | CHP+ Members Enrollment by Month - Any FPL Level |
| Exhibit 4 | CHP+ Members Enrollment by Month - Same FPL Level |
| Exhibit 5 | Expenditures in CHP+ Demonstration by Delivery System |
| Exhibit 6 | Demonstration Population by Age Group |
| Exhibit 7 | Number of CHP+ Grievances and Appeals (Member or Provider), As Reported by Managed Care Organizations, State Fiscal Year 2023 |
| Exhibit 8 | HEDIS Measurement Year 2021 Prenatal and Postpartum Care |
| Exhibit 9 | Demonstration Deliverables Produced in Demonstration Year 8 |
| Exhibit 10 | Demonstration Population Expenditures (>141 through 195% FPL) |
| Exhibit 11 | Demonstration Budget Neutrality Worksheet for Demonstration Year 8 - FFY 2015 - FFY 2023 |
| Exhibit 12 | Demonstration Budget Template of Projected Expenditures from July 31, 2020 Application |

Abbreviations

| Abbreviation | Meaning |
|--------------|-----------------------------------------------------------------|
| ACC | Accountable Care Collaborative |
| CAHPS | Consumer Assessment of Healthcare Providers and Systems |
| CKF | Covering Kids and Families |
| CHIP | Children's Health Insurance Program |
| CHIPRA | Children's Health Insurance Program Reauthorization Act of 2009 |
| CHP+ | Child Health Plus |
| CMS | Centers for Medicare and Medicaid Services |
| COVID-19 | Coronavirus |
| DMHC | Denver Health Medicaid Choice |
| DY | Demonstration Year |
| ECHO | Experience of Care and Health Outcomes |
| EQR | External Quality Review |
| FFS | Fee-For-Service |
| FPL | Federal Poverty Level |
| HCPF | Department of Health Care Policy & Financing |
| HEDIS | Healthcare Effectiveness Data and Information Set |
| HMA-Burns | Burns & Associates, a Division of Health Management Associates |
| HSAG | Health Services Advisory Group, Inc. |
| KPI | Key Performance Indicators |
| LBW | Low Birth Weight |
| MAGI | Modified Adjusted Gross Income |
| MCO | Managed Care Organization |
| MOM | Maternal Opioid Misuse |
| NCQA | National Committee for Quality Assurance |
| NFP | Nurse Family Partnership |
| ODD | Opioid Use Disorder |
| PEAK | Online Member Enrollment and Benefit Management Site |
| PHE | Public Health Emergency |
| PN+ | Prenatal Plus |
| RAE | Regional Accountable Entity |
| RMHP Prime | Rocky Mountain Health Plans Medicaid Prime |
| SFY | State Fiscal Year |
| STC | Special Terms and Conditions |
| SUD | Substance Use Disorder |
| WIC | Women, Infants and Children |

Introduction

Colorado has had a long-standing Section 1115(a) waiver demonstration which was originally approved in 2002 that has been extended to include the demonstration period from August 1, 2020 through July 31, 2025. The demonstration waiver was selected as a mechanism to allow Colorado to continue to provide coverage to uninsured pregnant women with family income using Modified Adjusted Gross Income (MAGI) equivalent above 141 and through 195 percent of the federal poverty level (FPL).

Name: Colorado Adult Prenatal Coverage in Child Health Plus (CHP+)

Project Number: 21-W-00014/8

Approval Date: December 21, 2020

Approval Period: December 18, 2020 through July 31, 2025

Time Period Covered by Report: August 1, 2022 through July 31, 2023

History

In September 2002, the State of Colorado received approval from the Centers for Medicare and Medicaid Services (CMS) for a four-year demonstration period through September 2006, for its “Adult Prenatal Coverage in CHP+” program. This program permitted the state to use Title XXI funds to expand coverage to uninsured pregnant women with family incomes between 133% and 185% of the FPL. Subsequently, in January 2006, CMS approved an amendment to the demonstration. This allowed Colorado to expand eligibility for uninsured pregnant women, under the demonstration, from above 185% to 200% of the FPL.

On September 29, 2006, CMS approved Colorado’s request to renew the demonstration for a three-year period through September 30, 2009. CMS then approved Colorado’s extension request, which extended the program through June 2012. On July 30, 2012, Colorado received approval to expand coverage for uninsured pregnant women from 200% to 250% of the FPL. In April 2015, the Colorado Department of Health Care Policy and Financing (the Department, or HCPF) submitted an application for an extension of Colorado’s Title XXI section 1115 demonstration project No. 21-W-00014/8. This extension effectively continued the project at the 2012 FPL levels.

Section 111 of the Children’s Health Insurance Program Reauthorization Act (CHIPRA) added Section 2112(b)(1)(A) of the Social Security Act, which specifies that a state must first cover pregnant women in Medicaid to at least 185% of the FPL before expanding coverage to pregnant women in the Children’s Health Insurance Program (CHIP). Section 111 of CHIPRA also added a provision to provide states the option to provide necessary prenatal, delivery and postpartum care to targeted low-income pregnant women through the Title XXI State Plan.

To comply with the spirit of CHIPRA, Colorado submitted a Medicaid State Plan Amendment and received approval for transitioning pregnant women from 133% to 185% of the FPL to the Medicaid State Plan and provide full Medicaid benefits to these women. The State has continued to receive Title XXI funds for uninsured pregnant women from 133% to 185% of the FPL. In addition, the State submitted and received approval for a corresponding CHIP State Plan Amendment to transition pregnant women above 185% of the FPL to 250% of the FPL to the CHIP State plan. As required under Special Terms and Conditions (STCs) #17, the State transitioned coverage of pregnant women from this demonstration to the Medicaid State Plan and the CHIP State Plan, effective January 1, 2013.¹

Under this demonstration's five-year renewal period, August 1, 2015 through July 31, 2020, temporarily extended through December 31, 2020, Colorado expanded the income eligibility level for uninsured pregnant Medicaid expansion clients who would have been covered under CHP+ if not for the FPL expansion of above 141 through 195 percent. Aiming to further the objectives of Titles XIX and XXI by providing necessary prenatal, delivery, and postpartum care to low-income pregnant women within the program cohort, CMS granted Colorado expenditure authorities under section 2104 of the Social Security Act (Act) to provide eligible pregnant women coverage under the Medicaid State Plan and receive federal matching of demonstration costs not otherwise matchable as Title XXI funds.

On December 21, 2020, Colorado received a final five-year extension through July 31, 2025 to continue implementation of its pre-CHIPRA coverage of pregnant women from 133 to 185 percent of the FPL (at the MAGI-equivalent of above 141-195% of the FPL) in accordance with section 2112(f) of the Act.

Goals

Colorado continues to use the Child Health Plus (CHP+) 1115 Demonstration to improve the health status of low-income pregnant women and their newborns by using the following goals to guide the administration and implementation of the demonstration.

1. Decrease the uninsured rate for pregnant women;
2. Increase prenatal and postpartum care for pregnant women enrolled in the demonstration, and;
3. Increase the number of healthy babies born to pregnant women enrolled in the demonstration.

To achieve these goals, Medicaid clients who identified as pregnant receive a call to complete a prenatal risk assessment and a PHQ9, which together aim to identify community and educational resources that may benefit the clients. Such resources

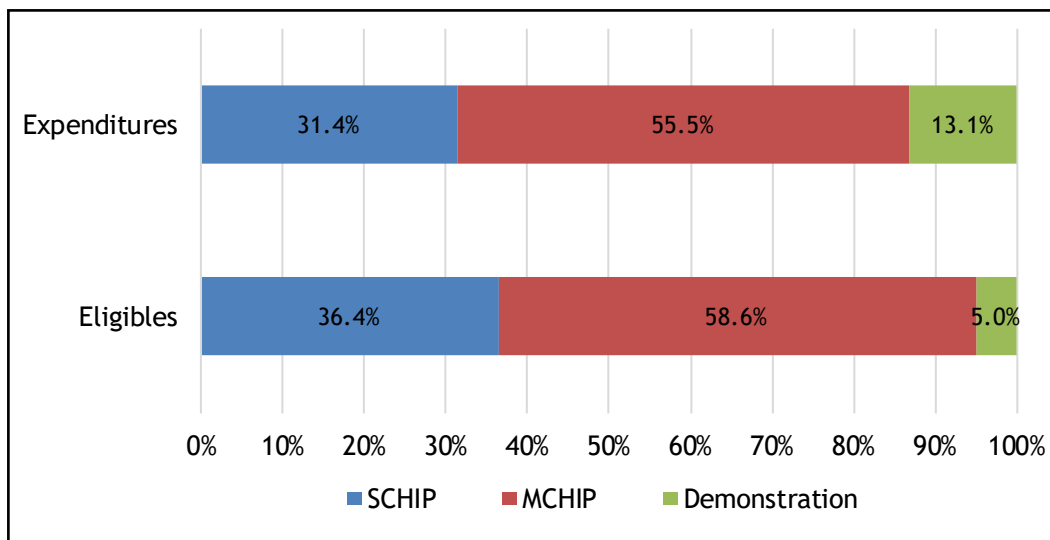
¹ The federal poverty levels listed in the Historical Summary of the Demonstration Project section are pre-MAGI-converted levels.

include Women, Infants and Children (WIC), Prenatal Plus (PN+), Nurse Family Partnership (NFP), and Healthy Start. Members who have been identified as high risk are enrolled in the Intensive Case Management Program.

Enrollment and Benefits Information

The HCPF has responsibility for the administration and oversight of Colorado’s CHIP as well as the CHP+ program under the waiver and state plan authorities. During federal fiscal year (FFY) 2023, CHP+ comprised 5% of the total enrollment of 129,814 and 13.1% of the total of \$364.5 million in expenditures for Colorado’s total combined CHIP program (refer to Exhibit 1).

Exhibit 1
Total Combination CHIP Enrollment and Spending: FFY 2023



Source: CHP+ Demonstration Extension Application and FFY 2023 Allotment Neutrality Report

In this demonstration, a member is considered "enrolled" in the program if the member gave birth during the demonstration year and had an FPL of above 141 through 195 percent FPL during the month of the birth. A member is counted in an enrollment month if the member was enrolled in Medicaid during the month (regardless of whether the member was pregnant or within the 60-day postpartum period). Members who were pregnant but did not give birth during the demonstration year were not counted in this enrollment population for this report.

In demonstration year eight (DY 8), there were 3,096 unduplicated pregnant women enrolled. Since the start of the demonstration, monthly enrollment of pregnant women and births has trended upward from a low of 1,448 in DY 1 to a high of 3,031 in DY 7 (refer to Exhibit 2 on the following page).

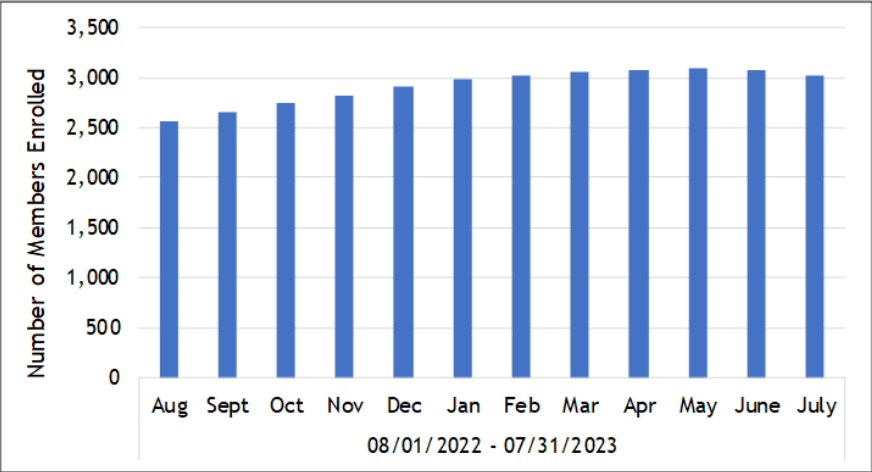
| Exhibit 2 Enrollment in the CHP+ Prenatal Demonstration by Year | | | | |
|--------------------------------------------------------------------|-----------------------------|---------------------------|---------------------------------|----------------------------------|
| Demonstration Year | Start of Demonstration Year | End of Demonstration Year | Lowest Enrollment Month in Year | Highest Enrollment Month in Year |
| DY 1 | Aug 1, 2015 | July 31, 2016 | 1,448 | 2,122 |
| DY 2 | Aug 1, 2016 | July 31, 2017 | 1,571 | 2,161 |
| DY 3 | Aug 1, 2017 | July 31, 2018 | 1,666 | 2,267 |
| DY 4 | Aug 1, 2018 | July 31, 2019 | 1,569 | 2,256 |
| DY 5 | Aug 1, 2019 | July 31, 2020 | 1,914 | 2,142 |
| DY 6 | Aug 1, 2020 | July 31, 2021 | 2,027 | 2,828 |
| DY 7 | Aug 1, 2021 | July 31, 2022 | 2,363 | 3,031 |
| DY 8 | Aug 1, 2022 | July 31, 2023 | 2,563 | 3,026 |

In DY 8, the number of members who maintained eligibility at any FPL increased steadily over the year (refer to Exhibit 3). This is similar to what was observed in the last quarter of DY 5 through 7, but differs from the downward trend observed in the last quarter of the prior demonstration years.

While enrollment in the demonstration increased, the number of members remaining at the same FPL increased (refer to Exhibit 4) during the first three quarters of DY 8 and then declined in the last quarter of. This pattern is reminiscent of the last quarter of DY 6 but remains higher than observed in the last quarter each of DY1 through DY5.

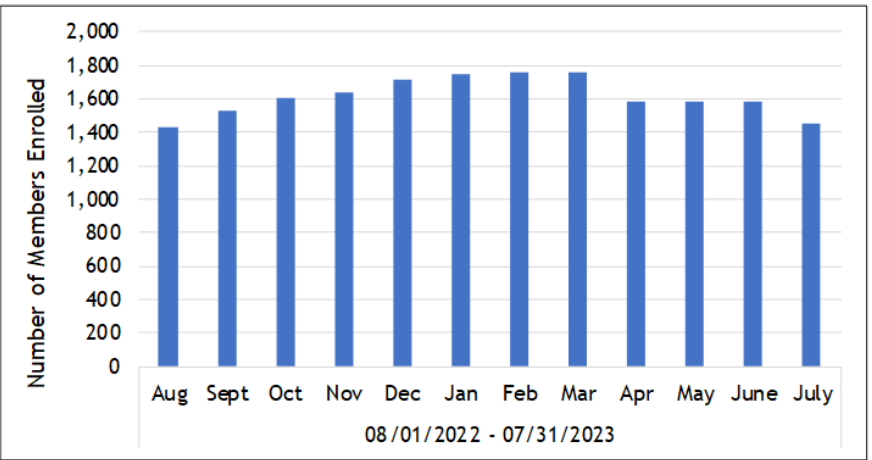
The observed trends in DY 8, increased members and reductions in members changing FPL cohorts, are likely influenced by the end of the Coronavirus (COVID-19) public health emergency on May 11, 2023.

Exhibit 3
CHP+ Members Enrollment by Month - Any FPL Level



Source: CO CHP+ Enrollment Data

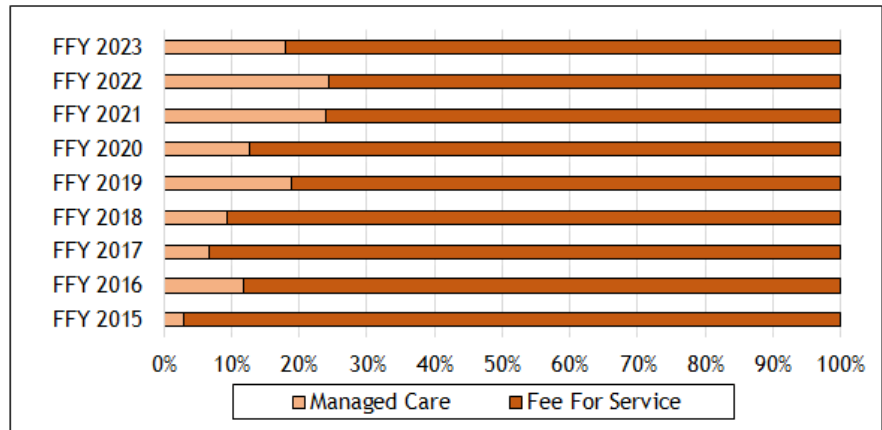
Exhibit 4
CHP+ Members Enrollment by Month - Same FPL Level



Source: CO CHP+ Enrollment Data

CHP+ enrollees are entitled to receive all mandatory and optional state plan services approved under the Medicaid state plan. Services are provided through a combination of fee-for-service (FFS) and managed care delivery systems that vary geographically. During DY 8, the majority of Colorado’s CHP+ demonstration expenditures were for care provided through the FFS delivery system, although the proportion of payments to managed care plans continues to increase over time (refer to Exhibit 5).

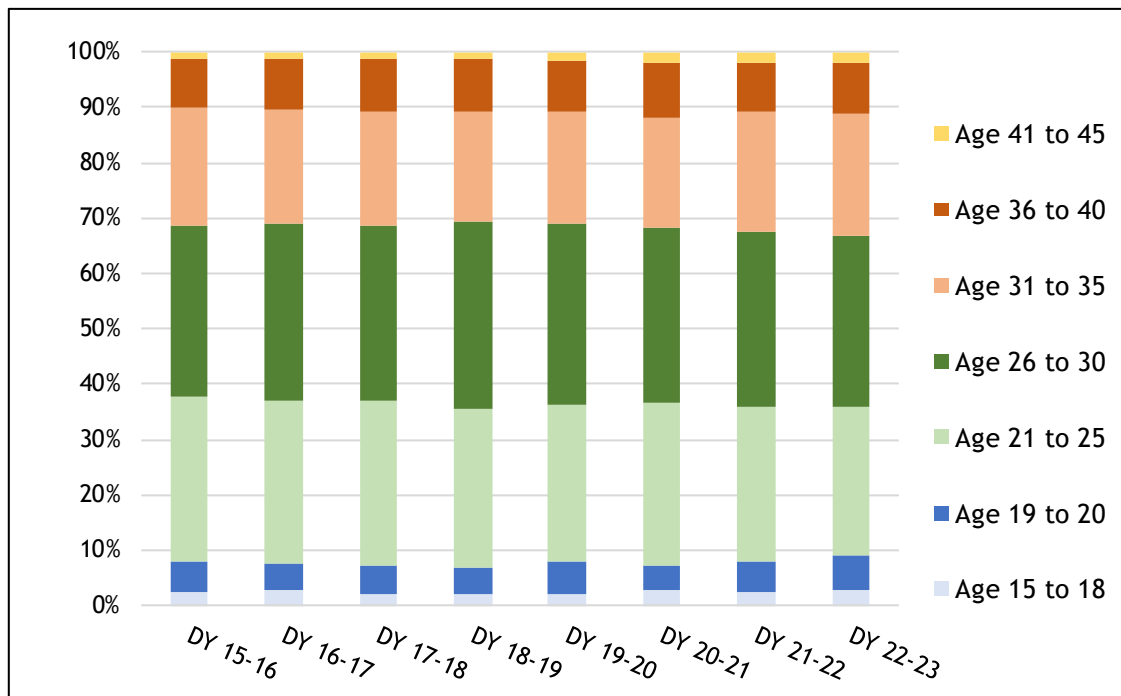
Exhibit 5
Expenditures in CHP+ Demonstration by Delivery System



Source: CO CHP+ Allotment Neutrality Report

Exhibit 6 distributes enrollment in the demonstration by the age of the members. Approximately 60 percent of the women enrolled are between the ages of 21 and 30 (green portions of exhibit). Distribution remains largely unchanged over the eight years of the demonstration.

Exhibit 6
Demonstration Population by Age Group



Source: CO CHP+ Client Data

Outreach and Innovation Activities

The Department remains committed to outreach and enrollment activities aimed at helping individuals get and keep health care coverage. Activities include identifying which Coloradans are eligible for health coverage, helping them learn about health insurance options, assessing eligibility, and assisting with enrollment and renewal.

Outreach and enrollment “is important because it helps get individuals access to needed health care services, and access to health care means improved health for the people of Colorado.”² For pregnant women, access (or lack thereof) to timely and high-quality prenatal care has long term ramifications. Pregnant women who receive prenatal care are less likely to have low birth weight babies, as well as other obstetric complications that can lead to longer hospital stays, poor birth outcomes, and increased financial and personal burdens to families and Colorado communities.

Over the past several years, the Department has worked to identify gaps and opportunities related to member engagement and enrollment. Ideas for bridging this gap in coming years include:

- Focus on population specific needs and target messaging to make interactions more meaningful. HCPF elevated direct interactions to understand needs/barriers for: members with disabilities, corrections population, deaf and hard-of-hearing community, and monolingual Spanish-speaking members.
- Developed a statewide Health Equity Plan per Senate Bill 21-181, engaging stakeholder input for targeted interventions to population needs and health priorities, listening to the lived experiences of our members, and shoring up data collection to guide the Department’s decisions and innovations to improve quality of care.
- Face-to-Face is an important factor in building trust with members. Individual interactions with members first focus on identifying the member’s hierarchy of needs. Meet members where they are by stationing staff at detox centers, jails, soup kitchens, parole offices, and DHS offices.
- Member engagement requires trust with the member. Train staff in motivational interviewing techniques to facilitate trust and relationship building.

Colorado PEAK³

In 2013, Colorado launched the PEAK website, modernizing enrollment and allowing members to apply for insurance online rather than having to apply in person. During DY 8, the Department continued to reduce barriers and expand access by continuing to promote the PEAK smart phone and tablet applications which allows members to update and interface with their health benefits through their phone or tablet. The

² <https://www.coloradohealth.org/reports/promising-practices-outreach-and-enrollment>

³ https://peak.my.site.com/peak/s/cplog?language=en_US

Mobile App for Health First Colorado and Child Health Plan Plus (CHP+) Members allows members to access member ID cards, see if benefits are active, learn about benefits, update case information, search for providers and more.

Community Outreach Changes

Effective July 1, 2021, the Healthy Communities Program for Members shifted to the Regional Accountable Entities (RAEs). The Healthy Communities Program provided outreach to newly enrolled families with children under the age of 21 and pregnant women enrolled in Health First Colorado (Colorado’s Medicaid Program) and Child Health Plan Plus (CHP+). During DY 8, the RAEs and Managed Care Organizations (MCOs) continued to build upon their outreach efforts and are supported by [Health First Colorado’s interactive website](#) for members including links to Colorado PEAK and downloadable resources.⁴

Colorado Covering Kids and Families⁵

Colorado Covering Kids and Families (CKF) is a broad-based statewide coalition of organizations and individuals with experience and expertise in outreach and enrollment in Colorado’s health insurance affordability programs. CKF’s mission is to “...improve how Coloradans access and retain affordable health coverage.” CKF accomplishes the mission “...by supporting community-based organizations, bridging the experiences of community-based assisters with state agencies, and advocating for policy and systems improvements”.

Member Involvement⁶

The Department is committed to hearing the voices of its members and engaging with members is a guiding principle of the Department’s Equity, Diversity and Inclusion (EDI) plan. It offers multiple avenues for members to participate and offer their perspective and input, including participation in the Member Experience Advisory Council. The council meets once a month in Denver with call-in options available. Members are encouraged to give the Department staff feedback to help make programs better for all members. Members are also invited to participate in committees that are of interest to them relating to a wide variety of topics such as health equity, behavioral health and substance use disorder benefit, children services, and payment reform.

Video Series

The Department continues to create video content throughout the year related to accessing physical, prenatal, mental health, prescription drugs, family planning, and dental health services. Videos are available through YouTube and various social media

⁴ <https://www.healthfirstcolorado.com/>

⁵ <https://ckf.cchn.org/about/about-us/mission-values/>

⁶ <https://hcpf.colorado.gov/getinvolved>

platforms in order to reach members and potential members. The Department is acknowledging and addressing the barriers to health literacy for many Health First and CHP+ members by using multiple platforms.⁷

Demonstration Operations, Policies and Issues

Operational and Policy Updates

While much of DY 8 was consumed with continuing to react to and ensure access to members through the public health emergency, Colorado was able to make policy changes related to the demonstration. In addition to implementing extended postpartum coverage to 12 months for CHP+ and Health First Colorado members who qualified for benefits while pregnant, the Department implemented a policy eliminated the CHP+ enrollment fee on a permanent basis.⁸

Substance Use Disorder Updates⁹

Colorado implemented its Section 1115 Substance Use Disorder (SUD) Demonstration effective January 1, 2021. The demonstration is designed to provide access to residential and inpatient care settings to treat SUD, including pregnant people. The Implementation Plan was approved by CMS in December 2020 and describes the Department's strategies to ensure access to care, utilize the American Society of Addiction Medicine (ASAM) Criteria for patient placement and provider qualifications, address capacity, conduct prevention efforts, and improve care coordination. During DY 8, the Department began to publicly report progress and statewide data trends regarding residential SUD treatment.

Legislative Updates

During the 2023 legislative session, eight Agenda Bills were passed focusing on health care including cost, equity, access and outcomes.¹⁰ During the upcoming year, the Department will be focused on implementation activities including elimination of most co-pays for Health First Colorado, new policies and funding to support providers, and returning to normal eligibility and enrollment practices.¹¹

Health Equity

Meeting members where they are is a fundamental principle and best practice of the Department. Effective July 1, 2022, health equity plans are part of the RAE and MCO contracts.¹² In response to Senate Bill 21-181, the Department participated in

⁷ <https://www.healthfirstcolorado.com/news-resources/>

⁸ https://hcpf.colorado.gov/sites/hcpf/files/Bulletin%200822_B2200481.pdf

⁹ <https://hcpf.colorado.gov/ensuring-full-continuum-sud-benefits>

¹⁰ [2023 HCPF Legislative Session Wrap-Up \(colorado.gov\)](https://www.colorado.gov/2023-HCPF-Legislative-Session-Wrap-Up)

¹¹ [HCPF Updates: General Assembly Newsletter \(constantcontact.com\)](https://www.constantcontact.com/newsletters/hcpf-updates-general-assembly-newsletter)

¹² <https://hcpf.colorado.gov/health-equity>

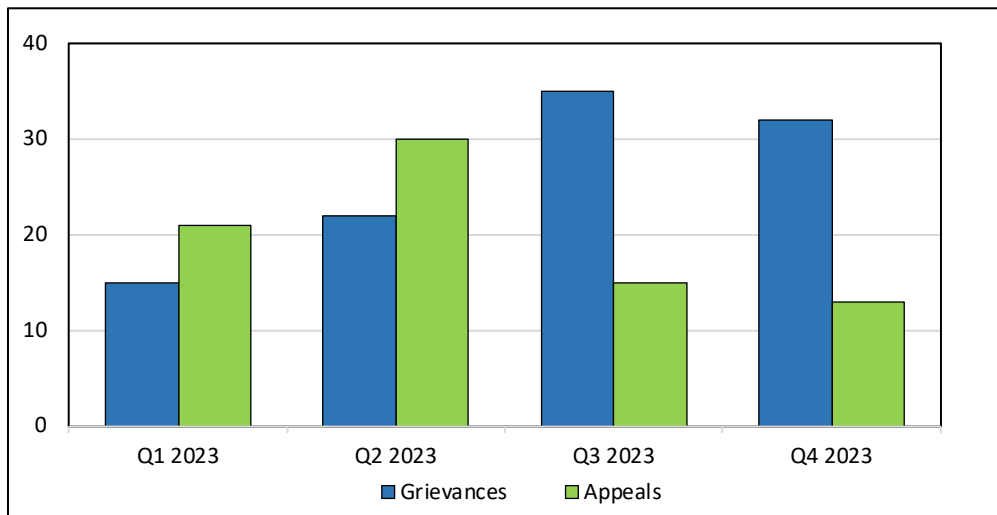
creating a shared health equity strategic plan across state agencies. The plan addresses 12 health outcomes and disparity indicators in four areas: chronic diseases, injury, maternal and child health, and communicable diseases. The plan also addresses working towards and addressing upstream and downstream determinants of health.¹³

Consumer Issues

Grievance and Appeals

Colorado collects grievance and appeal data from the Medicaid managed care organizations for CHP+ populations in total, including the Adult Prenatal demonstration enrollees. To date, there have been 104 grievances (or 0.80 per 1000 CHP+ enrollees) and 79 appeals (or 0.61 per 1000 CHP+ enrollees) reported during state fiscal year 2023, with most quarters below 40 grievances or appeals (refer to Exhibit 7).

Exhibit 7
Number of CHP+ Grievances and Appeals (Member or Provider)
As Reported by Managed Care Organizations
State Fiscal Year 2023



Source: Data self-reported by the MCOs to Colorado Health Care Policy & Financing

Maternity Advisory Committee¹⁴

On November 1, 2020, the Department enacted a Maternity Bundle rule, which requires the creation of a Maternity Advisory Council composed mainly of Black, Indigenous and People of Color (BIPOC) to leverage with lived experience in Medicaid maternity care to inform existing and emerging policy. The council has selected

¹³ <https://hcpf.colorado.gov/sites/hcpf/files/2022%20HCPF%20Health%20Equity%20Plan.pdf>

¹⁴ <https://hcpf.colorado.gov/maternity-advisory-committee>

members (15 to 20) and meets online in the evenings on the last Tuesday of the month. The Committee provides input on existing and future Medicaid policies, member lived experience including challenges faced during pregnancy and postpartum experiences.

Quality Assurance and Monitoring Activity

The Department is constantly striving to improve upon the Health First program in Colorado by evaluating quality of care and performance measures, increasing access, and reducing healthcare waste. In 2021, the Department released its written evaluation and effectiveness review for assessing and improving the quality of managed care services. The Department's Quality Strategy serves as the blueprint for advancing its commitment to improve quality health care delivered through the RAEs and their contracted MCOs. It adheres to the prescribed flow of required key elements, while highlighting the goals, priorities, and guiding principles for continuous measurement, assessment and improvement of health care services for Health First Colorado.¹⁵

The strategy outlines the use of standard assessment tools including the Healthcare Effectiveness Data and Information Set (HEDIS®), Behavioral Health Organization metrics, Experience of Care and Health Outcomes (ECHO) Survey, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, and Performance Improvement Plans.

HEDIS

The HEDIS® is a set of standardized performance measures designed to assess the operation and performance of health care plans. During this reporting year, the Department provided Medicaid services to members via the FFS program and two MCOs –Denver Health Medicaid Choice (DHMC) and Rocky Mountain Health Plans Medicaid Prime (RMHP).

To provide an objective, comparative review of the Colorado Medicaid health plans' quality-of-care outcomes and performance measures, the Department required its MCOs to report results following HEDIS protocols. Each MCO underwent a HEDIS Compliance Audit™ through a licensed organization in order to verify the processes used to report valid HEDIS rates. All final audit results were submitted to Health Services Advisory Group, Inc. (HSAG), the Department's external quality review organization (EQRO). HSAG examined the measures among different domains of care: Primary Care Access and Preventive Care, Maternal and Perinatal Health, Care of Acute and Chronic Conditions, Behavioral Health, Use of Services and Dental and Oral Health Services.

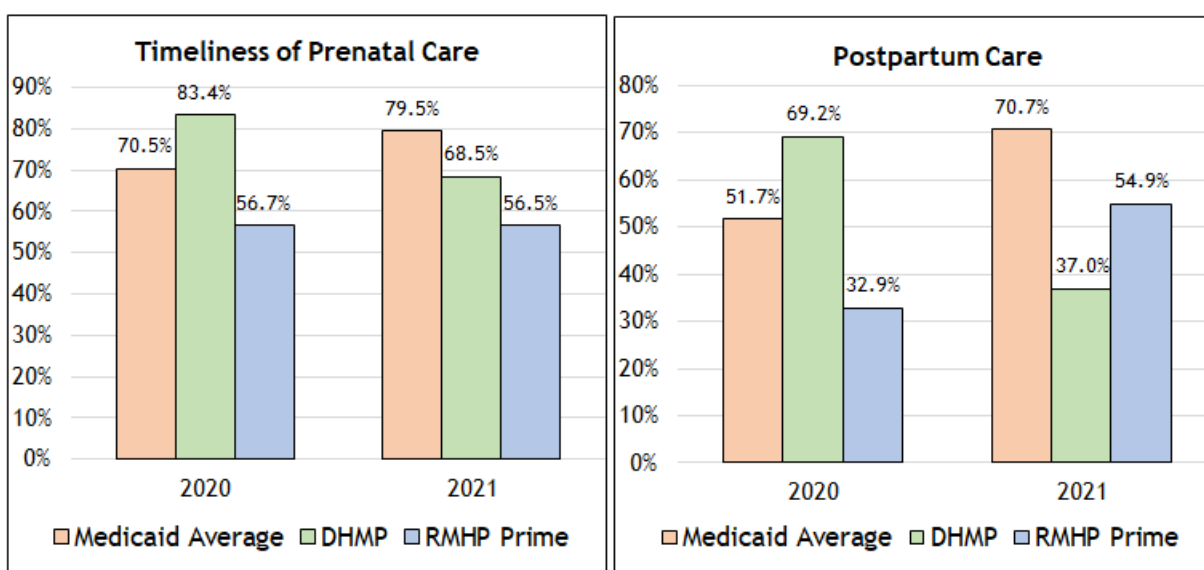
It should be noted that the HEDIS® data sets evaluate the operations of the Medicaid

¹⁵ <https://hcpf.colorado.gov/quality-and-health-improvement-reports>

and CHP+ programs related to all members. The HEDIS® data is not specific to the demonstration population or the prenatal program.

In the HEDIS Measurement Year 2021 Aggregate Report for Health First Colorado (Colorado’s Medicaid Program)¹⁶, aggregate results for Timeliness of Prenatal Care and Postpartum Care are presented for measurement year 2020 and 2021 (refer to Exhibit 8). When comparing performance on the timeliness metrics from 2020 to 2021, for the prenatal care metric, the MCO performance variance dropped from 27 to 23 percentage points (left box). For the postpartum care metric, the MCO performance variance decreased from 36 to 15 percentage points (right box).

Exhibit 8
HEDIS Measurement Year 2021 Prenatal and Postpartum Care



Accountable Care Collaborative¹⁷

The Accountable Care Collaborative (ACC) is designed to provide a person-centered approach to care by connecting members to medical and community resources, thus minimizing the barriers to access. The goal is better health outcomes at lower costs. The ACC is composed of seven Regional Accountable Entities (RAEs) throughout Colorado. The RAE model allows for flexibility and tailored outreach approaches that are based on an individual community’s needs. As the ACC has evolved and adapts, the RAEs are continuously engaged in iterative process improvement activities that are focused on developing more population-specific, targeted outreach programs that are unique to that community and driven by the guiding principles above. Accountability is central to the ACC. The ACC is using existing data to learn about the

¹⁶ Colorado Department of Health Care Policy & Financing and Health Services Advisory Group. HEDIS Measurement Year 2021 Aggregate Report for Health First Colorado (Colorado’s Medicaid Program). October 2022. Retrieved from: [HEDIS Measurement Year 2021 Aggregate Report for Health First Colorado \(Colorado's Medicaid Program\)](https://hcfp.colorado.gov/accphase2)

¹⁷ <https://hcfp.colorado.gov/accphase2>

needs of its population, how healthcare services are used, and how the ACC can improve health outcomes and contain costs. Payment is a powerful way to set into motion changes to the healthcare system. The ACC uses a hybrid of several payment strategies to shift the health care system from its current focus on delivering a high volume of services to getting the most value possible and rewarding outcomes. The program's strategy is incremental; payments that reward providers for the wise use of services and good health outcomes are gradually added. This incremental strategy is intentional. It is a way to gradually strengthen and build Colorado's healthcare infrastructure to adjust to a new way of thinking about care.

During DY 8, the Department published a concept paper that describes the major proposals for the third phase of the ACC (ACC Phase III). The vision for ACC Phase III is a pathway to success by focusing on goals that: improve quality care for members; close health disparities and promote health equity; improve access; improve member and provider experience; and manage costs. The vision and concept paper for the third phase can be found on the [ACC Phase III website](#).

Key Performance Indicators¹⁸

The Key Performance Indicators (KPI) measures are designed to assess the functioning of the overall system and the individual RAEs; they have been chosen to signal the direction of the ACC and focus RAE performance on ACC objectives and HCPF priorities. For this reason, the Department has chosen a robust set of measures that go beyond traditional HEDIS or clinical measures. The Department has attempted to choose measures that indicate the RAEs' progress in building a coordinated, community-based approach to serve the needs of members, use state resources wisely, and promote health and wellbeing in their region.

Incentive Payments are a central component of the ACC Pay-for-Performance. Since the initiation of the ACC Program, the Department has made incentive payments for performance on identified KPIs to signal program-level goals and objectives; encourage improved performance at the PCMP and regional level; and reward Regional Accountable Entities and managed care entities for meeting certain levels of performance. In Phase II of the ACC, incentive payments for KPIs are one of four components of Pay-for-Performance.

The KPI program was established so that RAEs have the ability to earn incentive payments on up to nine measures. KPIs were developed to assess the overall health and functioning of the Health First Program as a whole, as well as being able to track the performance of individual RAEs. Annually, the Department reviews, revises, and implements new measures as appropriate. The five KPIs for 2022-2023 include:

1. Behavioral Health Engagement
2. Dental Visits

¹⁸<https://hcpf.colorado.gov/sites/hcpf/files/Key%20Performance%20Indicator%20Methodology%20FY22-23.pdf>

3. Child and Adolescent Well Visits (comprised of two HEDIS measures)
4. Prenatal Engagement
5. Emergency Department Visits

The Department recognizes the importance of high-quality perinatal care for mother, child, and community. Prenatal engagement is a KPI that has an incentive payment tied to meeting certain goals, underscoring the importance of this measure to the Department.

In 2021, the Department published the Evaluation and Effectiveness Review of the Medicaid Quality Strategy for assessing and improving the quality of managed care services, including the KPIs. For Prenatal engagement, six of the seven RAEs met their Target for Tier 2 by exceeding their prenatal visits baseline in the fourth quarter of FY 2020.¹⁹

Maternity Dashboard

Colorado is invested in continually improving maternal health outcomes. This has been a focus of the Accountable Care Collaborative, with emphasis on improving prenatal engagement as a KPI. Alongside this priority, the Department is performing a state and national review of population management including the use of tools to evaluate and monitor prenatal outcomes in the CHP+ and Medicaid population. During DY8, the Department continued to partner with the Colorado Department of Public Health & Environment (CDPHE) to populate the Maternity Dashboard as a tool using birth certificate and claims data. The dashboard has capabilities to view birth outcomes by using forty demographic filters and display results in tabular and graphical formats; with the ability to drill down to more granular levels (e.g., region, outcome, facility and race). By linking newborn birth certificate data with the birth parent's Medicaid ID and claims data, the Department has the ability to gain a better understanding of the relationship between health and social risks during pregnancy and birth outcomes.²⁰

Demonstration Evaluation

Burns & Associates, a division of Health Management Associates, (HMA-Burns) submitted a proposal through a competitive bid process to be retained for professional services to facilitate the research and design of the Colorado Adult Prenatal Coverage in CHP+ Section 1115 demonstration evaluation with the Department. The contract was entered into effective March 1, 2021 with an end date of December 31, 2022, and has subsequently been renewed through June 30, 2024. As part of the procurement, HMA-Burns was required to submit a work plan, including major tasks and milestones to complete the scope of work. A summary of key demonstration deliverables produced in DY8 is found in Exhibit 9.

¹⁹https://hcpf.colorado.gov/sites/hcpf/files/2021%20Evaluation%20and%20Effectiveness%20Review_0.pdf

²⁰<https://hcpf.colorado.gov/sites/hcpf/files/Maternity%20Report%20-%20Sept2021.pdf>

| Exhibit 9 | | | |
|--------------------------------------------------------------------|--------------------|----------------------|--------------------|
| Demonstration Deliverables Produced in Demonstration Year 8 | | | |
| Deliverable | Time Period | Initial Draft | Final Draft |
| Evaluation Design Plan | 2020 to 2025 | May 15, 2021 | September 10, 2021 |
| Annual Monitoring Report | DY5 | September 10, 2021 | |
| Annual Monitoring Report | DY6 | October 30, 2021 | |
| Annual Monitoring Report | DY7 | November 29, 2022 | |
| Annual Monitoring Report | DY8 | October 30, 2023 | |
| Summative Evaluation | 2015 to 2020 | September 10, 2021 | |

Transition Plan Updates

The demonstration continued through DY 8 without the need for changes to a transition plan. The demonstration is expected to continue forward through the approved demonstration period.

Post Award Forum²¹

Colorado uses its State Medical Assistance and Services Advisory Council meetings to provide updates on demonstration implementation to ensure that all interested parties are afforded the opportunity to provide meaningful comments on the demonstration progress. The DY 8 post award forum was held as an online meeting from 6:00 pm to 7:00 pm on May 24, 2023. HCPF provided an overview of the CHP+ program and its progress to date. No comments or issues have been raised by stakeholders related to this demonstration.

Financial, Budget Neutrality Development and Issues

In accordance with STCs Section VIII. General Financial Reporting, the Department is submitting a summary of expenditures and the demonstration and CHIP budget/allotment neutrality report. A summary table of demonstration expenditures by demonstration year is presented in Exhibit 10 below.

| Exhibit 10 | |
|-------------------------------------------------------------------------|--------------------|
| Demonstration Population Expenditures (>141 through 195% FPL) | |
| Demonstration Period | Expenditure |
| 8/1/2015 - 7/31/2016 | \$17,941,864 |
| 8/1/2016 - 7/31/2017 | \$14,722,934 |
| 8/1/2017 - 7/31/2018 | \$18,905,554 |
| 8/1/2018 - 7/31/2019 | \$22,511,714 |
| 8/1/2019 - 7/31/2020 | \$29,340,705 |
| 8/1/2020 - 7/30/2021 | \$25,634,796 |
| 8/1/2021 - 7/31/2022 | \$31,357,352 |

²¹ <https://hcpf.colorado.gov/child-health-plan-plus-prenatal-waiver>

| | |
|----------------------|--------------|
| 8/1/2023 - 7/31/2023 | \$45,702,382 |
|----------------------|--------------|

Source: Colorado HCPF

The Demonstration Budget Neutrality Worksheet analysis is found in Exhibit 11 on pages 16 to 17 of this report. The Template of Projected Expenditures from the July 31, 2020 application is found in Exhibit 12 on pages 18 to 19 of this report. Overall, the expenditures for CHIP and the demonstration remain below the allotment in each year of the demonstration.

Enclosures and Attachments

None. All required exhibits are included in the report.

Exhibit 11: Demonstration Budget Neutrality Worksheet for Demonstration Year 8 - FFY 2020 - FFY 2025

| COLORADO | FFY 2020 | FFY 2021 | FFY 2022 | FFY 2023 | FFY 2024 | FFY 2025 |
|----------------------------------------------------------------------------|----------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| | Federal Fiscal Year | Federal Fiscal Year +1 | Federal Fiscal Year +2 | Federal Fiscal Year +3 | Federal Fiscal Year +4 | Federal Fiscal Year +5 |
| State's Allotment | \$315,357,876 | \$333,264,336 | \$297,449,442 | \$265,484,848 | \$265,484,848 | \$265,484,848 |
| Funds Carried Over From Prior Year(s) | \$46,495,074 | \$89,849,286 | \$174,846,118 | \$232,302,070 | \$244,280,491 | \$295,276,504 |
| SUBTOTAL (Allotment + Funds Carried Over) | \$361,852,950 | \$423,113,622 | \$472,295,560 | \$497,786,918 | \$509,765,339 | \$560,761,352 |
| Reallocated Funds (Redistributed or Retained that are Currently Available) | | | | | | |
| TOTAL (Subtotal + Reallocated funds) | \$361,852,950 | \$423,113,622 | \$472,295,560 | \$497,786,918 | \$509,765,339 | \$560,761,352 |
| State's Enhanced FMAP Rate | 79.76% | 69.34% | 69.34% | 68.48% | 65.26% | 65.00% |

| COST PROJECTIONS OF APPROVED SCHIP PLAN | | | | | | |
|------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Benefit Costs | | | | | | |
| Insurance payments | | | | | | |
| Managed care | \$214,626,564.59 | \$184,676,368.92 | \$128,242,002.00 | \$114,320,495.00 | \$162,826,681.03 | \$205,601,250.13 |
| per member/per month rate @ # of eligibles | \$235.46 @ 75,961 | \$232.53 @ 66,185 | \$205.06 @ 52,115 | \$201.7 @ 47,231 | \$204.81 @ 66,249 | \$228.85 @ 74,866 |
| Total Benefit Costs | \$214,626,565 | \$184,676,369 | \$128,242,002 | \$114,320,495 | \$162,826,681 | \$205,601,250 |
| (Offsetting beneficiary cost sharing payments) | (\$745,014) | (\$158,817) | (\$121,149) | \$0 | \$0 | \$0 |
| Net Benefit Costs | \$213,881,551 | \$184,517,552 | \$128,120,853 | \$114,320,495 | \$162,826,681 | \$205,601,250 |

| COST PROJECTIONS OF APPROVED MCHIP PLAN | | | | | | |
|------------------------------------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Benefit Costs | | | | | | |
| Insurance payments | | | | | | |
| Managed care | \$16,009,313 | \$26,780,282 | \$35,899,851 | \$36,561,085 | \$36,667,112 | \$37,033,783 |
| per member/per month rate @ # of eligibles | \$126.66 @ 58,048 | \$177.81 @ 66,833 | \$199.97 @ 73,746 | \$221.74 @ 76,073 | \$231.08 @ 61,791 | \$234.41 @ 60,981 |
| Fee for Service | \$72,222,117 | \$115,825,292 | \$141,067,795 | \$165,858,443 | \$134,677,056 | \$134,501,976 |
| Total Benefit Costs | \$88,231,430 | \$142,605,574 | \$176,967,646 | \$202,419,528 | \$171,344,168 | \$171,535,759 |

| | | | | | | |
|----------------------------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Administration Costs | | | | | | |
| Personnel | \$422,096 | \$328,713 | \$470,964 | \$290,494 | \$290,494 | \$290,494 |
| General administration | \$1,254,542 | \$976,992 | \$1,399,786 | \$863,397 | \$863,397 | \$863,397 |
| Contractors/Brokers (e.g., enrollment contractors) | \$2,217,908 | \$1,727,227 | \$2,474,685 | \$1,526,402 | \$1,526,402 | \$1,526,402 |
| Claims Processing | \$2,034,148 | \$1,584,122 | \$2,269,650 | \$1,399,936 | \$1,399,936 | \$1,399,936 |
| Outreach/marketing costs | \$2,025,087 | \$1,577,065 | \$2,259,540 | \$1,393,700 | \$1,393,700 | \$1,393,700 |
| Other | \$290,656 | \$226,352 | \$324,306 | \$200,034 | \$200,034 | \$200,034 |
| Total Administration Costs | \$8,244,436 | \$6,420,472 | \$9,198,931 | \$5,673,963 | \$5,673,963 | \$5,673,963 |
| 10% Administrative Cap | | | 33,049,938 | 29,498,316 | 29,498,316 | 29,498,316 |

| | | | | | | |
|-------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Federal Title XXI Share | \$247,541,076 | \$231,279,131 | \$217,926,904 | \$220,789,098 | \$221,791,220 | \$248,827,132 |
| State Share | \$62,816,341 | \$102,264,467 | \$96,360,526 | \$101,624,888 | \$118,053,592 | \$133,983,840 |
| TOTAL COSTS OF APPROVED CHIP PLANS | \$310,357,417 | \$333,543,598 | \$314,287,430 | \$322,413,986 | \$339,844,812 | \$382,810,972 |

Exhibit 11: Demonstration Budget Neutrality Worksheet for Demonstration Year 8 - FFY 2020 - FFY 2025

| COLORADO | FFY 2020 | FFY 2021 | FFY 2022 | FFY 2023 | FFY 2024 | FFY 2025 |
|--------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| | Federal Fiscal Year | Federal Fiscal Year +1 | Federal Fiscal Year +2 | Federal Fiscal Year +3 | Federal Fiscal Year +4 | Federal Fiscal Year +5 |
| COST PROJECTIONS OF 1115 DEMONSTRATION PROPOSAL | | | | | | |
| Demonstration Population (pregnant women 142% - 195% FPL) | | | | | | |
| Insurance payments | | | | | | |
| Managed care | \$3,916,133 | \$5,852,986 | \$7,787,853 | \$8,555,933 | \$6,844,746 | \$7,255,431 |
| per member/per month rate @ # of eligibles | \$1,041.93 @ 2,453 | \$565.72 @ 3,609 | \$574.15 @ 4,619 | \$611.58 @ 6,510 | \$623.55 @ 5,108 | \$633.08 @ 5,333 |
| Fee for Service | \$26,754,114 | \$18,647,119 | \$24,035,893 | \$39,220,541 | \$31,376,433 | \$33,259,019 |
| Total Benefit Costs for Waiver Population | \$30,670,247 | \$24,500,106 | \$31,823,746 | \$47,776,474 | \$38,221,179 | \$40,514,450 |
| Total Benefit Costs | \$30,670,247 | \$24,500,106 | \$31,823,746 | \$47,776,474 | \$38,221,179 | \$40,514,450 |
| (Offsetting beneficiary cost sharing payments) * Premium Payments will be net of cost sharing | | | | | | |
| Net Benefit Costs | \$30,670,247 | \$24,500,106 | \$31,823,746 | \$47,776,474 | \$38,221,179 | \$40,514,450 |
| Federal Title XXI Share | \$24,462,588.70 | \$16,988,373.27 | \$22,066,585.48 | \$32,717,329.40 | \$24,944,097.08 | \$26,334,392.47 |
| State Share | \$6,207,657.92 | \$7,511,732.40 | \$9,757,160.52 | \$15,059,144.60 | \$13,277,082.12 | \$14,180,057.48 |
| TOTAL COSTS FOR DEMONSTRATION | \$30,670,247 | \$24,500,106 | \$31,823,746 | \$47,776,474 | \$38,221,179 | \$40,514,450 |
| TOTAL PROGRAM COSTS (State Plan + Demonstration) | \$341,027,664 | \$358,043,703 | \$346,111,176 | \$370,190,460 | \$378,065,991 | \$423,325,422 |
| Total Federal Title XXI Funding Currently Available (Allotment + Reallocated Funds) | \$361,852,950 | \$423,113,622 | \$472,295,560 | \$497,786,918 | \$509,765,339 | \$560,761,352 |
| Total Federal Title XXI Program Costs (State Plan + Demonstration) | \$272,003,664.69 | \$248,267,503.99 | \$239,993,489.44 | \$253,506,427.01 | \$246,735,317.44 | \$275,161,524.23 |
| Unused Title XXI Funds Expiring (Allotment or Reallocated) | | | | | | |
| Remaining Title XXI Funds to be Carried Over (Equals Available Funding - Costs - Expiring Funds) | \$89,849,285.52 | \$174,846,117.63 | \$232,302,070.19 | \$244,280,491.18 | \$263,030,021.74 | \$285,599,827.33 |

Exhibit 12: Demonstration Budget Template of Projected Expenditures from July 31, 2020 Application

1115 Demonstration Extension Application - Budget Template With Historical & Projected Expenditures

| COLORADO | FFY 2015 | FFY 2016 | FFY 2017 | FFY 2018 | FFY 2019 | FFY 2020 | FFY 2021 | FFY 2022 | FFY 2023 | FFY 2024 | FFY 2025 |
|----------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| | Federal Fiscal Year -5 | Federal Fiscal Year -4 | Federal Fiscal Year -3 | Federal Fiscal Year -2 | Federal Fiscal Year -1 | Federal Fiscal Year | Federal Fiscal Year +1 | Federal Fiscal Year +2 | Federal Fiscal Year +3 | Federal Fiscal Year +4 | Federal Fiscal Year +5 |
| State's Allotment | \$157,511,557 | \$228,329,398 | \$210,135,383 | \$270,402,569 | \$298,413,539 | \$315,357,876 | \$315,357,876 | \$315,357,876 | \$352,187,550 | \$352,187,550 | \$352,187,550 |
| Funds Carried Over From Prior Year(s) | \$97,768,837 | \$86,450,144 | \$86,279,015 | \$98,298,761 | \$83,200,533 | \$46,495,074 | \$101,485,396 | \$186,241,501 | \$263,608,431 | \$294,639,591 | \$295,276,504 |
| SUBTOTAL (Allotment + Funds Carried Over) | \$255,280,394 | \$314,779,542 | \$296,414,398 | \$368,701,330 | \$381,614,072 | \$361,852,950 | \$416,843,272 | \$501,599,377 | \$525,893,686 | \$525,893,686 | \$525,893,686 |
| Reallocated Funds (Redistributed or Retained that are Currently Available) | | | | | | | | | | | |
| TOTAL (Subtotal + Reallocated funds) | \$255,280,394 | \$314,779,542 | \$296,414,398 | \$368,701,330 | \$381,614,072 | \$361,852,950 | \$416,843,272 | \$501,599,377 | \$525,893,686 | \$525,893,686 | \$525,893,686 |
| State's Enhanced FMAP Rate | 66.71% | 88.50% | 88.01% | 88.00% | 88.00% | 76.51% | 65.00% | 65.00% | 65.00% | 65.00% | 65.00% |
| COST PROJECTIONS OF APPROVED SCHIP PLAN | | | | | | | | | | | |
| Benefit Costs | | | | | | | | | | | |
| Insurance payments | | | | | | | | | | | |
| Managed care | \$117,903,938 | \$123,353,654 | \$141,907,980.17 | \$188,991,081.53 | \$210,827,181.19 | \$185,558,963.00 | \$194,980,225.00 | \$202,135,034.00 | \$206,379,869.71 | \$210,713,846.98 | \$215,138,837.76 |
| per member/per month rate @ # of eligibles | 187.70 @ 52,346 avg elig/mo | 187.18 @ 54,549 avg elig/mo | \$169.31 @ 69,603 avg elig/mo | \$192.32 @ 81,893 avg elig/mo | \$274.65 @ 80,967 | \$203.38 @ 76,032 | \$209.61 @ 77,519 | \$212.89 @ 79,121 | \$217.36 @ 79,121 | \$221.93 @ 79,121 | \$226.59 @ 79,121 |
| Total Benefit Costs | \$117,903,938 | \$123,353,654 | \$141,907,980 | \$188,991,082 | \$210,827,181 | \$185,558,963 | \$194,980,225 | \$202,135,034 | \$206,379,870 | \$210,713,847 | \$215,138,838 |
| (Offsetting beneficiary cost sharing payments) | (\$1,135,268) | (\$826,734) | (\$495,694) | (\$580,095) | (\$1,023,877) | (\$1,131,280) | (\$1,135,947) | (\$1,161,651) | (\$1,161,651) | (\$1,161,651) | (\$1,161,651) |
| Net Benefit Costs | \$116,768,670 | \$122,526,920 | \$141,412,286 | \$188,410,986 | \$210,827,181 | \$184,427,683 | \$193,844,278 | \$200,973,383 | \$205,218,219 | \$209,552,196 | \$213,977,187 |
| COST PROJECTIONS OF APPROVED MCHIP PLAN | | | | | | | | | | | |
| Benefit Costs | | | | | | | | | | | |
| Insurance payments | | | | | | | | | | | |
| Managed care | \$14,747,350 | \$14,382,637 | \$13,728,229 | \$9,968,618 | \$14,612,491 | \$17,372,270 | \$18,638,744 | \$19,504,965 | \$19,787,787 | \$20,074,710 | \$20,365,793 |
| per member/per month rate @ # of eligibles | \$176.95 @ 53,747 avg elig/mo | \$154.16 @ 61,103 avg elig/mo | \$81.55 @ 65,503 avg elig/mo | \$145.63 @ 62,854 avg elig/mo | \$194.83 @ 57,995 | \$178.46 @ 57,088 | \$181.27 @ 58,121 | \$183.71 @ 58,856 | \$186.37 @ 58,856 | \$189.07 @ 58,856 | \$191.81 @ 58,856 |
| Fee for Service | \$99,378,269 | \$98,652,959 | \$50,395,546 | \$99,868,755 | \$120,881,144 | \$104,881,546 | \$107,790,728 | \$110,241,983 | \$111,840,492 | \$113,462,179 | \$115,107,380 |
| Total Benefit Costs | \$114,125,619 | \$113,035,595 | \$64,123,775 | \$109,837,373 | \$135,493,635 | \$122,253,816 | \$126,429,472 | \$129,746,948 | \$131,628,279 | \$133,536,889 | \$135,473,174 |
| Administration Costs | | | | | | | | | | | |
| Personnel | \$157,219 | \$252,957 | \$371,521 | \$284,843 | \$580,799 | \$580,799 | \$580,799 | \$580,799 | \$580,799 | \$580,799 | \$580,799 |
| General administration | \$959,829 | \$1,009,042 | \$543,828 | \$544,193 | \$1,726,235 | \$1,726,235 | \$1,726,235 | \$1,726,235 | \$1,726,235 | \$1,726,235 | \$1,726,235 |
| Contractors/Brokers (e.g., enrollment contractors) | \$1,874,853 | \$1,091,567 | \$1,499,241 | \$993,769 | \$3,051,816 | \$3,051,816 | \$3,051,816 | \$3,051,816 | \$3,051,816 | \$3,051,816 | \$3,051,816 |
| Claims Processing | \$181,818 | \$924,776 | \$1,179,120 | \$3,714,307 | \$2,798,965 | \$2,798,965 | \$2,798,965 | \$2,798,965 | \$2,798,965 | \$2,798,965 | \$2,798,965 |
| Outreach/marketing costs | \$1,427,908 | \$1,112,097 | \$1,111,190 | \$1,558,611 | \$2,786,497 | \$2,786,497 | \$2,786,497 | \$2,786,497 | \$2,786,497 | \$2,786,497 | \$2,786,497 |
| Other | \$268,713 | \$104,687 | \$44,077 | \$399,301 | \$399,939 | \$399,939 | \$399,939 | \$399,939 | \$399,939 | \$399,939 | \$399,939 |
| Total Administration Costs | \$4,870,340 | \$4,495,126 | \$4,748,977 | \$7,495,024 | \$11,344,251 | \$11,344,251 | \$11,344,251 | \$11,344,251 | \$11,344,251 | \$11,344,251 | \$11,344,251 |
| 10% Administrative Cap | | | | | | | | | | | |
| Federal Title XXI Share | \$157,278,584 | \$212,451,013 | \$185,071,862 | \$269,054,177 | \$314,745,259 | \$243,321,501 | \$215,551,701 | \$222,341,978 | \$214,968,215 | \$214,968,215 | \$214,968,215 |
| State Share | \$78,486,045 | \$27,606,629 | \$25,213,176 | \$36,689,206 | \$42,919,808 | \$74,704,249 | \$116,066,300 | \$119,722,604 | \$115,752,116 | \$115,752,116 | \$115,752,116 |
| TOTAL COSTS OF APPROVED CHIP PLANS | \$235,764,629 | \$240,057,642 | \$210,285,038 | \$305,743,383 | \$357,665,067 | \$318,025,750 | \$331,618,001 | \$342,064,582 | \$330,720,331 | \$330,720,331 | \$330,720,331 |

Exhibit 12: Demonstration Budget Template of Projected Expenditures from July 31, 2020 Application

1115 Demonstration Extension Application - Budget Template With Historical & Projected Expenditures

| COLORADO | FFY 2015 | FFY 2016 | FFY 2017 | FFY 2018 | FFY 2019 | FFY 2020 | FFY 2021 | FFY 2022 | FFY 2023 | FFY 2024 | FFY 2025 |
|--------------------------------------------------------------------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | Federal Fiscal Year -5 | Federal Fiscal Year -4 | Federal Fiscal Year -3 | Federal Fiscal Year -2 | Federal Fiscal Year -1 | Federal Fiscal Year | Federal Fiscal Year +1 | Federal Fiscal Year +2 | Federal Fiscal Year +3 | Federal Fiscal Year +4 | Federal Fiscal Year +5 |
| COST PROJECTIONS OF 1115 DEMONSTRATION PROPOSAL | | | | | | | | | | | |
| Demonstration Population (pregnant women 142% - 195% FPL) | | | | | | | | | | | |
| Insurance payments | | | | | | | | | | | |
| Managed care | \$524,592 | \$2,128,650 | \$983,044 | \$1,762,913 | \$4,365,192 | \$823,709 | \$897,345 | \$960,418 | \$999,507 | \$1,040,187 | \$1,082,523 |
| per member/per month rate @ # of eligibles | \$845.35 @ 1,707 avg elig/mo | \$830.82 @ 1,819 avg elig/mo | \$605.72 @ 2,039 avg elig/mo | \$605.72 @ 2,265 avg elig/mo | \$854.06 @ 2,259 | \$865.56 @ 2,145 | \$863.7 @ 2,234 | \$867.39 @ 2,313 | \$902.69 @ 2,313 | \$939.43 @ 2,313 | \$977.67 @ 2,313 |
| Fee for Service | \$16,791,651 | \$16,006,395 | \$13,837,743 | \$16,926,428 | \$18,786,784 | \$21,455,801 | \$22,256,609 | \$23,114,917 | \$24,055,694 | \$25,034,761 | \$26,053,676 |
| Total Benefit Costs for Waiver Population | \$17,316,244 | \$18,135,045 | \$14,820,787 | \$18,689,341 | \$23,151,976 | \$22,279,510 | \$23,153,954 | \$24,075,335 | \$25,055,201 | \$26,074,948 | \$27,136,198 |
| Total Benefit Costs | \$17,316,244 | \$18,135,045 | \$14,820,787 | \$18,689,341 | \$23,151,976 | \$22,279,510 | \$23,153,954 | \$24,075,335 | \$25,055,201 | \$26,074,948 | \$27,136,198 |
| (Offsetting beneficiary cost sharing payments) * Premium Payments will be net of cost sharing | | | | | | | | | | | |
| Net Benefit Costs | \$17,316,244 | \$18,135,045 | \$14,820,787 | \$18,689,341 | \$23,151,976 | \$22,279,510 | \$23,153,954 | \$24,075,335 | \$25,055,201 | \$26,074,948 | \$27,136,198 |
| Federal Title XXI Share | \$11,551,666.09 | \$16,049,514.52 | \$13,043,774.57 | \$16,446,619.65 | \$20,373,738.92 | \$17,046,053.10 | \$15,050,070.10 | \$15,648,967.75 | \$16,285,880.74 | \$16,948,716.08 | \$17,638,528.83 |
| State Share | \$5,764,577.48 | \$2,085,530.14 | \$1,777,012.35 | \$2,242,720.86 | \$2,778,237.12 | \$5,233,456.90 | \$8,103,883.90 | \$8,426,367.25 | \$8,769,320.40 | \$9,126,231.74 | \$9,497,669.37 |
| TOTAL COSTS FOR DEMONSTRATION | \$17,316,244 | \$18,135,045 | \$14,820,787 | \$18,689,341 | \$23,151,976 | \$22,279,510 | \$23,153,954 | \$24,075,335 | \$25,055,201 | \$26,074,948 | \$27,136,198 |
| TOTAL PROGRAM COSTS (State Plan + Demc | \$253,080,872 | \$258,192,686 | \$225,105,825 | \$324,432,724 | \$380,817,043 | | | | | | |
| Total Federal Title XXI Funding Currently Available (Allotment + Reallocated Funds) | \$255,280,394 | \$314,779,542 | \$296,414,398 | \$368,701,330 | \$381,614,072 | \$361,852,950 | \$416,843,272 | \$501,599,377 | \$525,893,686 | \$525,893,686 | \$525,893,686 |
| Total Federal Title XXI Program Costs (State Plan | \$168,830,249.92 | \$228,500,527.29 | \$198,115,636.49 | \$285,500,797.00 | \$335,118,998.10 | \$260,367,554.55 | \$230,601,770.85 | \$237,990,946.15 | \$231,254,095.89 | \$231,916,931.23 | \$232,606,743.98 |
| Unused Title XXI Funds Expiring (Allotment or Reallocated) | | | | | | | | | | | |
| Remaining Title XXI Funds to be Carried Over (Equals Available Funding - Costs - Expiring Funds) | \$86,450,144.08 | \$86,279,014.79 | \$98,298,761.31 | \$83,200,533.31 | \$46,495,074.22 | \$101,485,395.67 | \$186,241,500.81 | \$263,608,430.66 | \$294,639,590.58 | \$293,976,755.23 | \$293,286,942.49 |