

Current Fiscal Year Action Plans

Gretchen Hammer
HCPF Executive Director

Action Plan

As we work to address the growth in expenditures and to bring spending in line with our appropriation we will be guided by the core commitment to **protect the health and safety of members.**

The Department is focusing our work in four areas:

1. Driving administrative efficiencies
2. Aligning benefits and services to maximize impact and value
3. Ensuring program integrity and fiscal accountability
4. Maximizing federal and non-general fund resources

Driving Administrative Efficiencies

1. Reduce Department administrative expenses

- a. Action 1. Executive Director Directive for a hiring, compensation, travel and discretionary spending freeze starting September 21, 2026 through at least December 31, 2026

2. Operational contract reductions

- a. Action 1. Termination of non-essential contracts, for example contracted Executive Coaching
- b. Action 2. Eliminate or reduce contract encumbrances for ad hoc or non-deliverable based work.

3. Programmatic partner contract reductions

- a. Action 1. Evaluating all contracts for activities or deliverables that are not statutorily or regulatorily required that could be eliminated or reduced.

4. Elimination of non-essential trainings, reports and expenses

Aligning Benefits and Services to Maximize Impact and Value

1. Ensure appropriate care and oversight of services

- a. Action 1. Increasing clinical oversight requirements for peer support services
- b. Action 2. Implementing new regulations and national clinical guidelines for Pediatric Behavioral Therapy

2. Implement targeted utilization limits

- a. Action 1. New prior authorization requirements for certain prescription drugs
- b. Action 2. Implement benefit limits

3. Modify and align payment policies

Ensuring Program Integrity and Fiscal Accountability

- 1. Implement Program Integrity enhancements**
- 2. Active provider and network management**
 - a. Action 1. Provider revalidation strategy that will ensure 100% of all high risk providers are revalidated by May 2028 and address enrolled “ghost providers”
- 3. New controls in high cost growth areas**
 - a. Action 1. Collaborate with the RAEs to implement changes to claims payment systems related to “medically unlikely” billing practices
 - b. Action 2. Provider accountability rules that restrict consumer provider marketing
- 4. Improve appeals management process**
 - a. Action 1. Internal Department administrative “sprint” to clear a backlog of appeals actions to ensure timeliness and appropriate due process
- 5. Take fiscally prudent actions**
- 6. Reduce provider incentive payments**

Maximize Federal and Non-General Fund Resources

- 1. Explore maximizing prescription drug rebates**
 - a. Action 1. Participate in a new federal supplemental rebate program called the GENEROUS model
 - b. Leverage Pharmacy Benefit Manager contractor to maximize drug rebate payments
- 2. Explore implementation of higher member cost sharing for programs that allow for cost sharing such as enrollment fees and premiums**
- 3. Explore changes to upper payment limit methodology**
 - a. Action 1. Continue collaboration with the Colorado Hospital Association about a change in methodology for hospital supplemental payments