Understanding the Current Passive Enrollment Process in the Denver Metro Region

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Our Mission

Improving health care access and outcomes for **people** we serve while demonstrating sound stewardship of financial **resources**

Agenda

1. Purpose and Goals
2. History of passive enrollment, current process, rules, current issues, and workarounds
3. Eligibility policy updates
4. The attribution process

What Is Passive Enrollment?

- Passive Enrollment:
  - The process by which the Department enrolls a new enrollee into a qualified health plan
  - The new enrollee has a period of time to make an active choice whether to be enrolled or not
  - If the new enrollee does not choose, they will be passively assigned to the health plan
- **The current passive enrollment process will only be in place until the implementation of ACC Phase II (July 2018)**

Passive Enrollment History

- 2006
  - Implemented passive enrollment for Denver Health Medicaid Choice (DHMC) in March 2006 for Denver County
- 2011
  - Passive enrollment in the ACC began in May 2011 upon program implementation
- 2015
  - Members with a demonstrated history with a non-DHMC Primary Care Medical Provider (PCMP), and members who are refugees or in foster care were no longer passively enrolled in DHMC

The Passive Enrollment Process

- The Colorado Benefits Management System (CBMS) sends a daily file of newly eligible members to the Colorado interChange
- The interChange processes enrollment based on county of residence
- The interChange applies specific population exclusions to health plans, identified by:
  - Opt-out codes
  - Aid codes (e.g., foster care, refugee)

Passive Enrollment Rules

- In nearly all counties, the ACC and the associated Regional Care Collaboration Organization (RCCO) is at the top of the passive enrollment hierarchy
- For counties with multiple health plans available, members are assigned based on a hierarchy
- DHMC is first in the hierarchy for Denver County residents

Passive Enrollment Noticing Periods

Members receive notice of enrollment 30 days before enrollment into a health plan

Once enrolled, members have 90 days to call Health First Colorado to opt out and choose a different health plan

- If no call is made, members remain in the plan until open enrollment period (two months prior to birth month)
- If a member opts out, Health First Colorado Enrollment uses a special disenrollment reason code to ensure the member will not be assigned to that health plan again

Passive Enrollment Hierarchy
Program Examples

- Denver County
  1) DHMC
  2) ACC with RCCO 5
  3) Health First Colorado Fee for Service (FFS)

Passive Enrollment

Member Examples

John Smith - Denver County resident - No claims history	→	-CBMS file sent to interChange -interChange assigns member
Jane Smith - Adams County resident - No claims history	→	-CBMS file sent to interChange -interChange assigns member
Mary Smith - Denver County resident - <12 month gap in eligibility - Previous history with non-DHMC provider	→	-CBMS file sent to interChange -interChange assigns member

→	John Smith assigned to DHMC
→	Jane Smith assigned to ACC, RCCO 3 (even though DHMC provides services in Adams County)
→	Mary Smith is enrolled in ACC with attribution to the non-DHMC provider

Issues with the Current Process

- Moving into Denver County
  - When an ACC member with a PCMP attribution moves into Denver County from any other county, the member is incorrectly enrolled into DHMC
- Churn
  - The loss and subsequent regain of Health First Colorado eligibility within 60 days triggers the Colorado interChange to incorrectly put the member through the assignment hierarchy. If that particular member lives in Denver County, they will be assigned to DHMC regardless of prior claims history.

Solutions

- Allowing for extended disenrollment
  - Any DHMC member who was disenrolled from a RCCO and PCMP after March 1, 2017 can call Health First Colorado Enrollment to request enrollment with their previous PCMP.

REMINDER: Providers may not request a member's disenrollment from any health plan. The member must call Health First Colorado Enrollment to request the change. Providers can support members in making the call.

Health First Colorado Enrollment can be reached at:

(303) 839-2120 or (888) 367-6557

Eligibility

- CBMS determines medical assistance eligibility, among other state benefits, based on an individual's income
- In response to an audit finding, new eligibility processes have been implemented to more accurately and consistently verify members' incomes
- These processes have contributed to declining enrollment and attribution numbers

Member Population Change Due to Eligibility

- The changes to CBMS included:
  - Income Eligibility Verification System (IEVS)
    - IEVS is primarily a quarterly process
  - Pending verification at redetermination (RRR)
    - Pending verification is monthly
- The decrease in member population across all health plans in the quarter ending in December is likely due to the timing of ACA Medicaid expansion
- The decrease in member population is NOT due to a Colorado interChange system error

Attribution

- Attribution is the process of assigning an ACC member to a PCMP, and can happen in multiple ways:
  - Member Choice
  - Utilization History
  - Family Connection

Attribution (continued)

- There was a decrease in attribution to PCMPs since the Colorado interChange Go Live in March 2017
- Contributing factors include:
  - Decrease in Health First Colorado enrollment across all programs (eligibility-related)
  - Newly enrolled providers not being contracted as PCMPs
- The Department has been working with RCCOs to get newly enrolled locations contracted as PCMPs
- It is important to have each location billing and contracted separately

Questions or Concerns?

Thank You!