
Executive Director Kim Bimestefer & Counties Discussion - Critical Updates Human Services

September 2020

Today's Agenda

- Dept Focus - Gov's WIGs
- Rising Medicaid Membership
- Updated App Processing Stats
- Context/End of Public Health Emergency (PHE)
- Getting Ready for End of PHE
 - Documentation clean-up and other prep work
 - Eligibility data: details on locked in population
 - Volume of cases - 64 counties + MA Sites
- Here's what we know
 - CMS checklist/current guidance
- Here's what we don't know
 - CMS noticing of end of PHE
 - Timing for Redeterminations
- How can we help?
 - Surveys
 - Seeking funding \$\$
 - Other?

To expedite dramatic change, we have set two **WILDLY IMPORTANT GOALS (WIGs)** that support our strategic pillars and the Governor's efforts to **save Coloradans money on health care**:

WIG #1: Deliver health care coverage, service and access support to Coloradans during the economic downturn.



**Member Health | Access to Care
Operational Excellence & Customer Service**

WIG #2: Responsibly manage health care costs to achieve an annual Medicaid trend of no more than 2% by June 30, 2021.



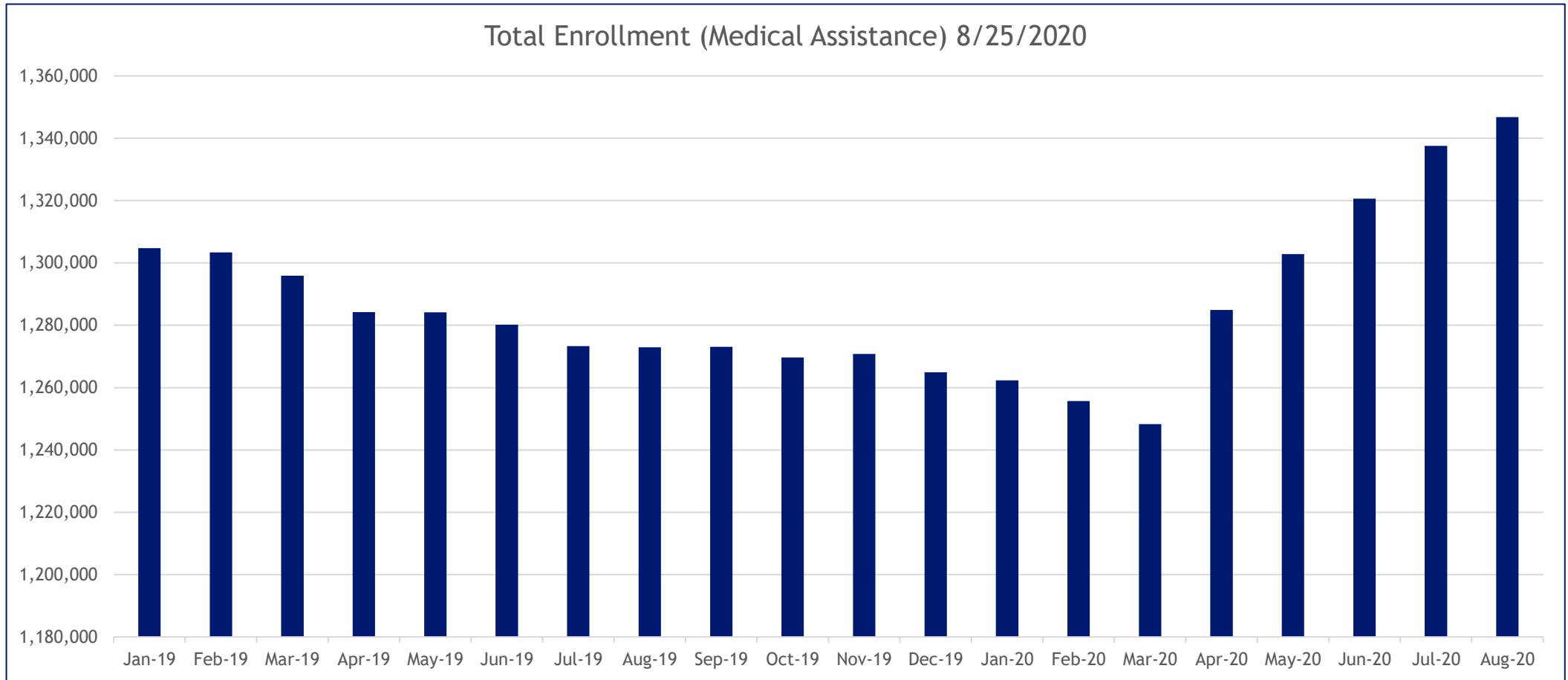
**Health Care Affordability for All Coloradans
Medicaid Cost Control**

Continued Pressure on State Budget

- Billions in less state money this year and the next few. Continued budget cuts expected, impacting all of us and our programs. Concurrently:
 - Fed steps are increasing risk of Fed \$\$ clawbacks for audit results
 - Uncertainty as to FMAP/Fed assistance, stimulus, etc.
 - Increasing programs demand - recessions average 4 years for fiscal recovery
 - Public Health Emergency ending - lack of Federal rule clarity
 - CBMS system continued opportunity in correspondence clarity; application processing turnaround time and processing quality; CBMS management collaborative partnership improvement.

• *Our collaborative partnership is more important than ever! Thank You!*

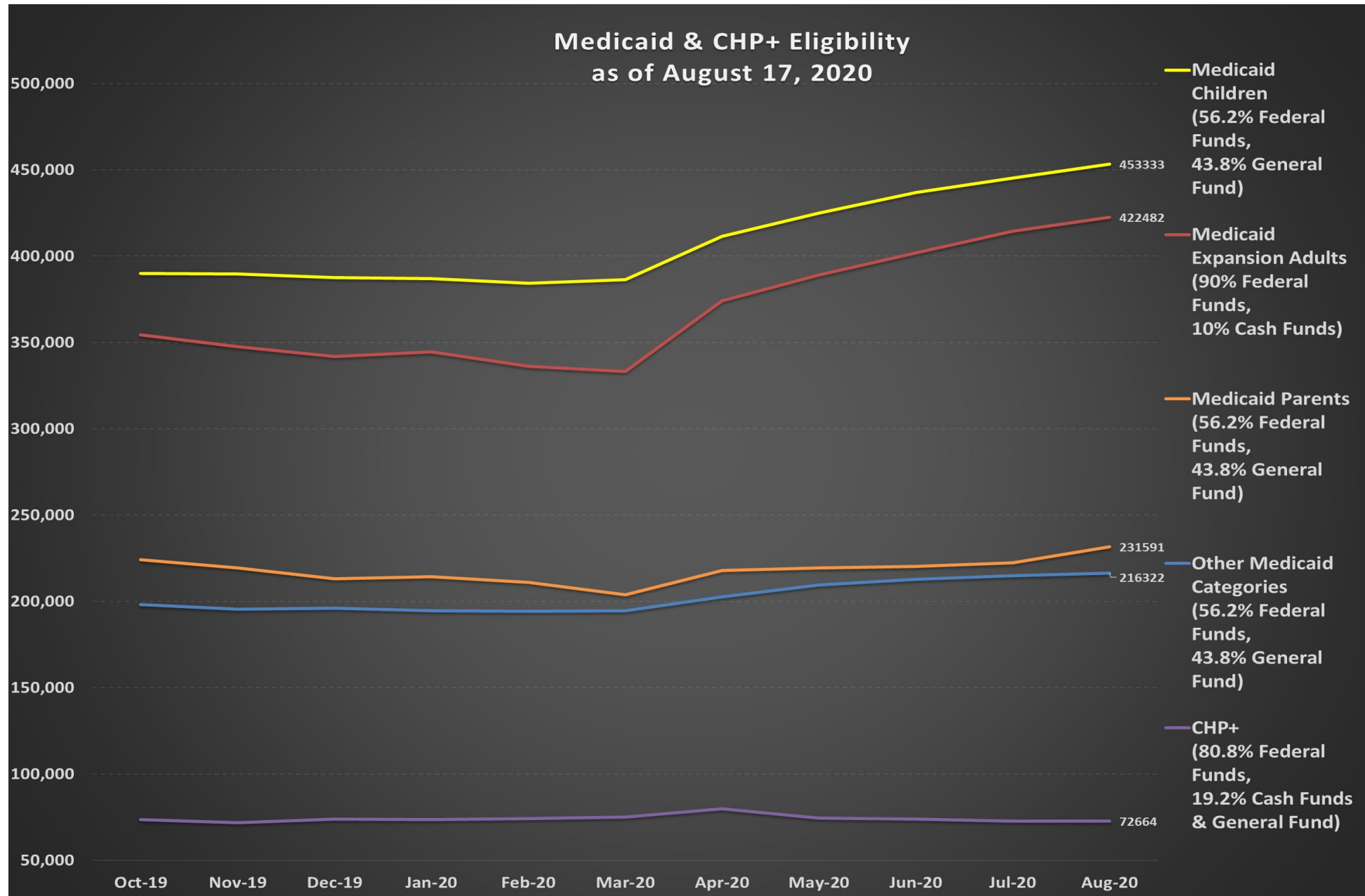
COVID-19 impact on monthly enrollment



By looking at total monthly enrollment over the last 20 months, you can see the immediate effects of COVID-19 and continuous enrollment.

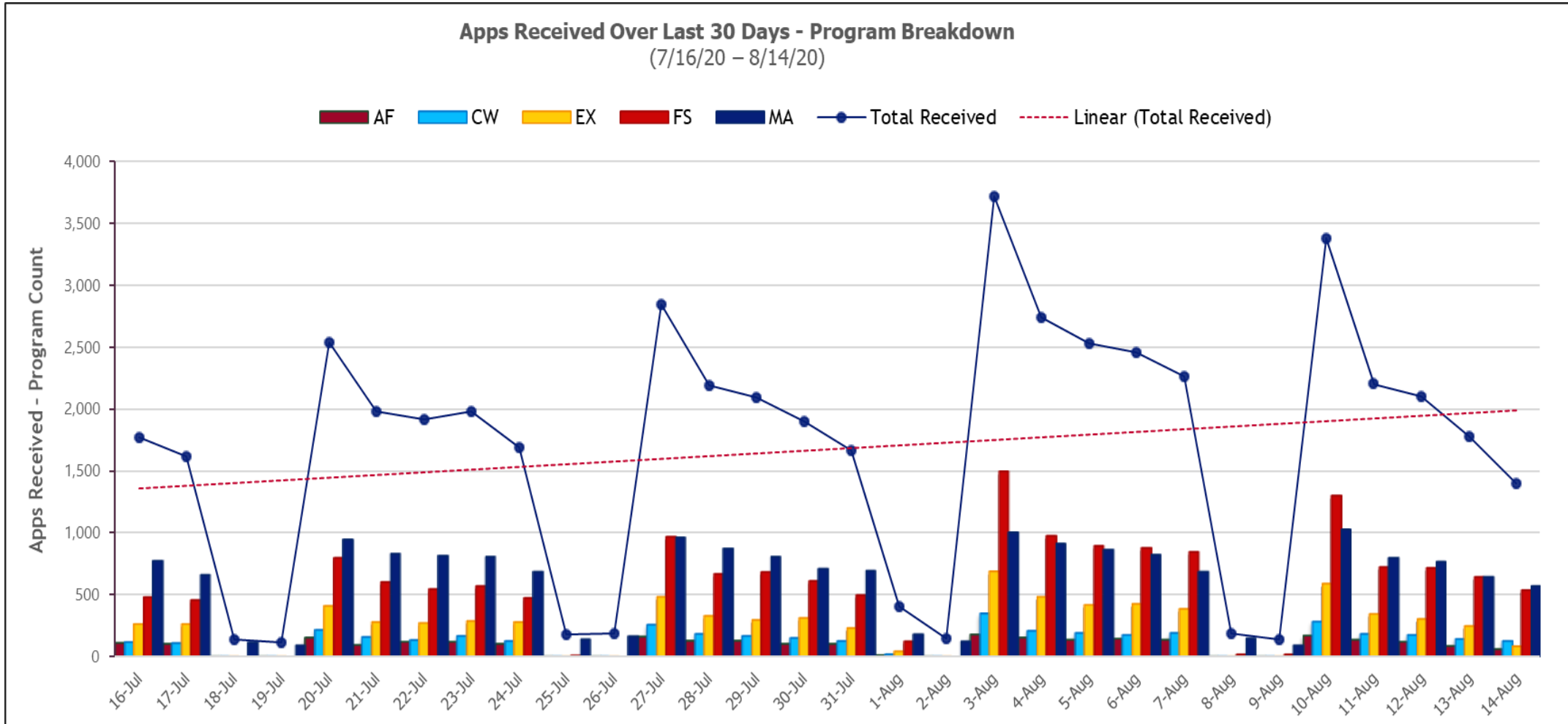
Medicaid Category Enrollment

Count of Clients enrolled by aid code. Chart shows total enrollments by time periods and the changes in its composition over time.



Applications Received Daily broken out by Program

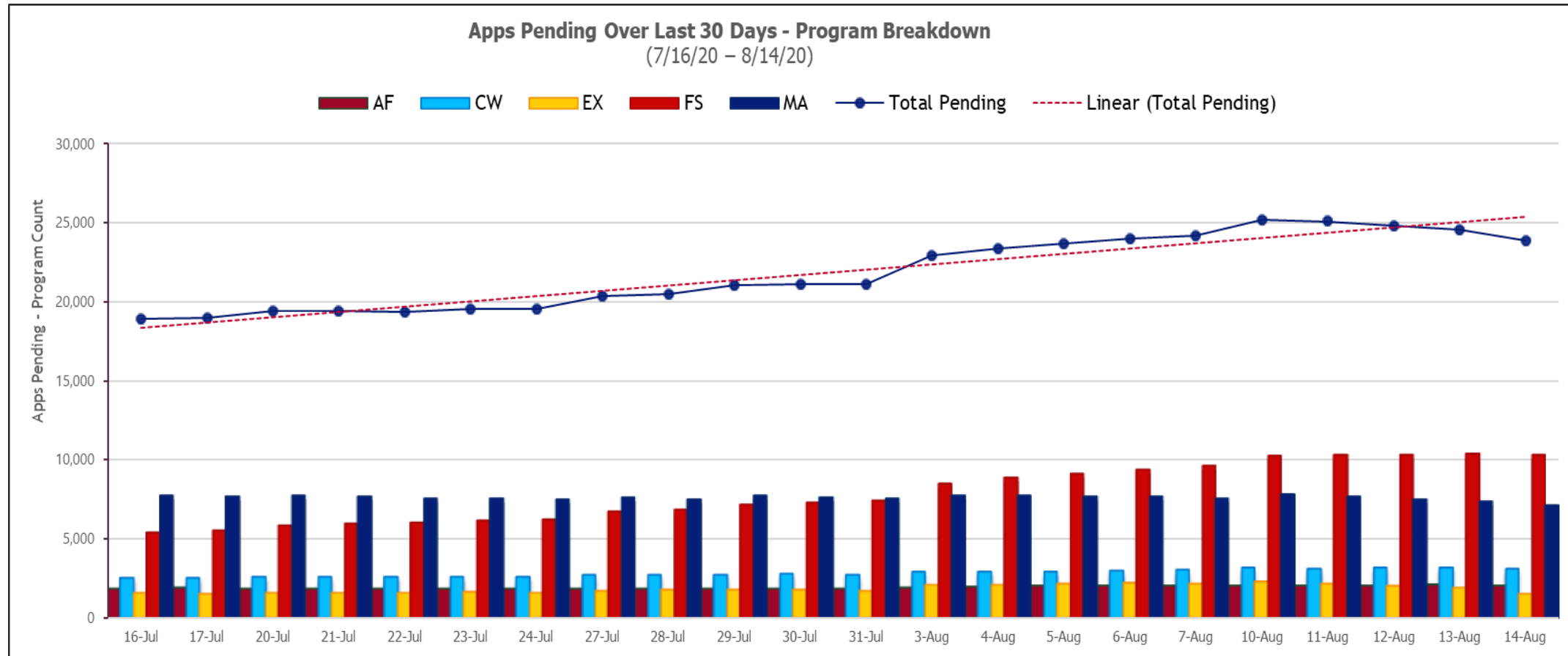
A closer look at the last month shows total applications received for all programs is increasing.



- AF = Adult Financial
- CW = Colorado Works
- EX = Expedited Food Assistance
- FS = Food Assistance
- MA = Medical Assistance

Applications Pending Daily broken out by Program (30-Day)

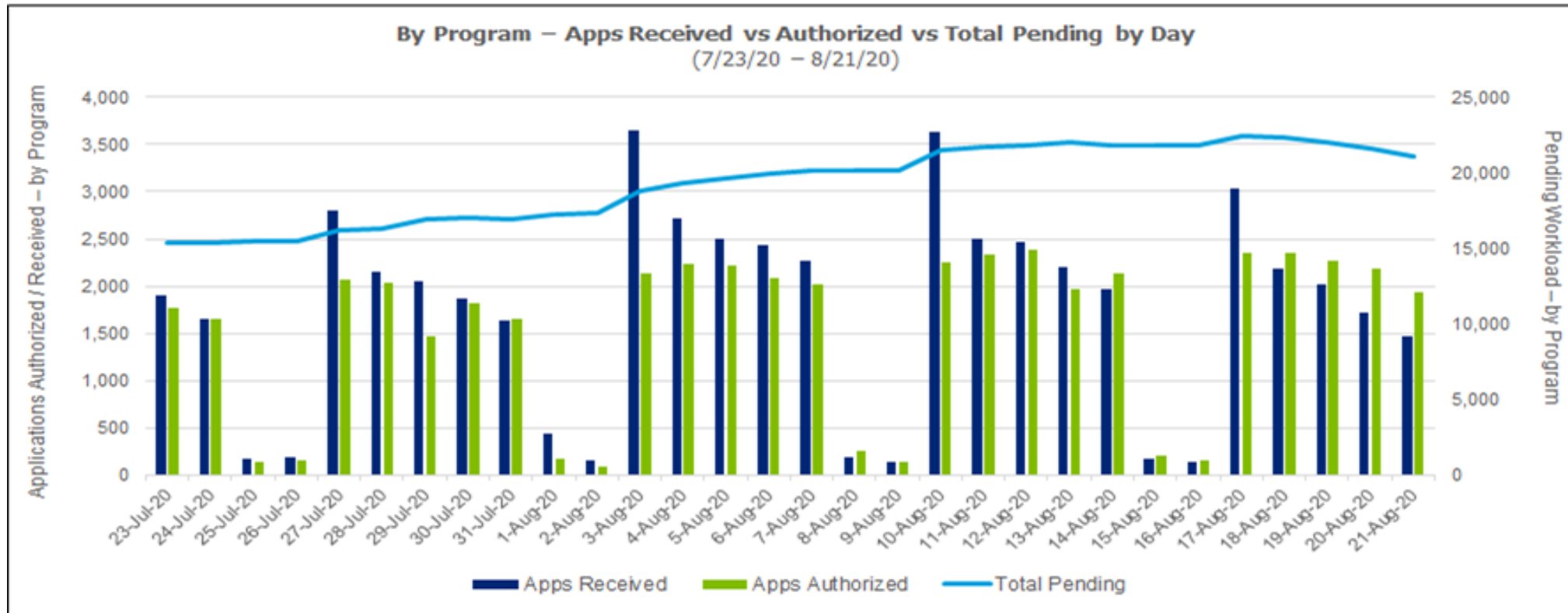
A closer look at the increase in pending workload shows that it is primarily being driven by Food Assistance (FS) Applications



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- CW = Colorado Works
- EX = Expedited Food Assistance
- FS = Food Assistance
- MA = Medical Assistance

Snapshot of Application Processing by Program

This chart shows unique applications by program received, authorized and pending. The number of new applications received is increasing. Pending application volume is also increasing slightly in August.



Value Definitions

- **Apps Received** - includes all applications received through PEAK and all applications started by an eligibility worker in CBMS
- **Apps Authorized** - Means a determination of eligible or denied has been made on the application
- **Total Pending** - all applications received that have not yet had a determination made
- **NOTE:** This includes both HCPF and CDHS Applications.

Public Health Emergency Ending Discussion

- Extending or Ending the Public Health Emergency is Fed's decision. Can extend for up to 90-days at a time
- We have asked CMS/HHS for 2-months notice prior to allowing the Public Health Emergency to end. *That has come and gone. Letter from HCPF is going this week to CMS/HHS, accordingly.*
- We asked for 90-days to re-determine eligibility. *That is getting traction. But we have to better understand the parallel FMAP \$\$ to afford this added time.*
- CMS is collaborating with HCPF to create PHE-Ending rules, approach, pathways.

If Public Health Emergency Ends...	Then SPAs, 1135 Waivers, and Optional Uninsured Testing Group Ends	Then Continuous Coverage Requirement Ends	Then MOE Requirement keep Eligibility Levels & Benefits the Same and Enhanced 6.2% FMAP Ends
October 25, 2020	October 25, 2020	October 31, 2020	December 31, 2020
January 23, 2021	January 23, 2021	January 31, 2021	March 31, 2021

Continuous Coverage Impact through 8/25/2020

	New Members 2020	Disenrolled Members 2020	Locked-in (disenrolled)	Locked-in (lower category)	Net Change in enrollment	Total enrollment (MA) 2020	COVID-19 Testing Only
January	34,935	38,109			-2,571	1,262,324	
February	27,096	33,738			-6,642	1,255,682	
March	33,391	40,818			-7,427	1,248,255	
April	41,953	5,301	38,681	3,449	36,652	1,284,907	139
May	25,673	7,741	36,231	6,946	17,932	1,302,839	155
June	25,009	7,267	27,056	6,560	17,742	1,320,581	139
July	23,883	6,884	35,227	9,944	16,999	1,337,580	204
August	16,009	6,817	36,379	6,972	9,192	1,346,772	133
September*	2,103	5,503	30,011	7,593	-3,400	1,343,372	
Total			203,585	41,464			770

*Because the report was run after batch cut-off, actions for members occurring in the following month are captured

New Member: Members who started receiving MA benefits in that month, and who were not eligible the previous month

Disenrolled: Members who terminated *as of the end of previous month* (Members are locked in the first of the month after their benefits would have ended)

Locked-in (disenrolled): Members who would have been disenrolled at the end of the previous month, but were locked-in their MA benefit due to Continuous Eligibility

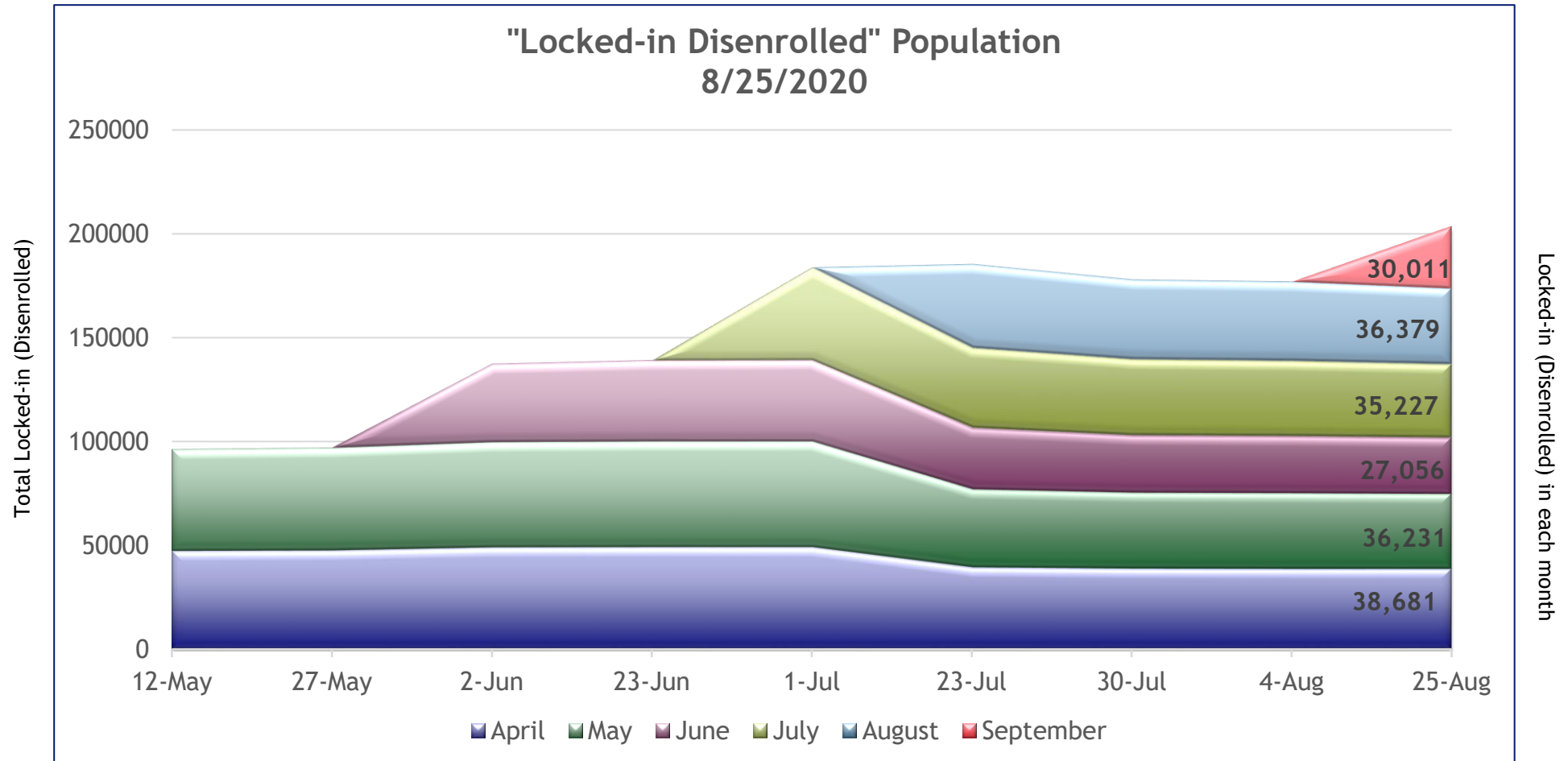
Locked-in (lower category): Members who would have switched to a lower MA benefit, but were locked in due to Continuous Eligibility

Net Change: Net change in Total Enrollment compared to previous month

Total Enrollment (MA): Total unique members eligible and receiving Medical Assistance benefits

COVID-19 Testing Only: Members eligible for COVID-19 testing benefit only. NOTE: April includes March numbers

Changes in Locked-in (Disenrolled) Population



Beginning in July, retroactivity in the locked-in population is captured. This chart shows that as eligibility sites work cases, the population that was locked-in instead of being disenrolled, decreases over time by an average of ~20%.

Application Processing Time – Opp to Leverage PEAK

In the past 30 days, 68% of applications had a determination made within 5 days
(7/28-8/26).

# Days it takes for a determination to be made									
	0 - 1	2 - 5	6 - 10	11 - 15	16 - 30	31 - 45	46 - 59	60 +	Total
Medical Assistance	9,788	3,115	3,276	875	850	386	165	452	18,907

- 52% of medical assistance applications have an eligibility determination made within 1 day
- 68% of medical assistance applications have an eligibility determination made within 5 days
- 97% of medical assistance applications have an eligibility determination made within 45 days
- Standard is that 95% of applications receive a determination within 45 days*

*NOTE: in June, 164 Long Term Services and Support cases were processed untimely. Some of these cases require additional documentation and are therefore allowed 90 days to receive a determination.

CBMS Report - Locked In Members

Purpose of report is to provide details on locked-in members so action can be taken proactively

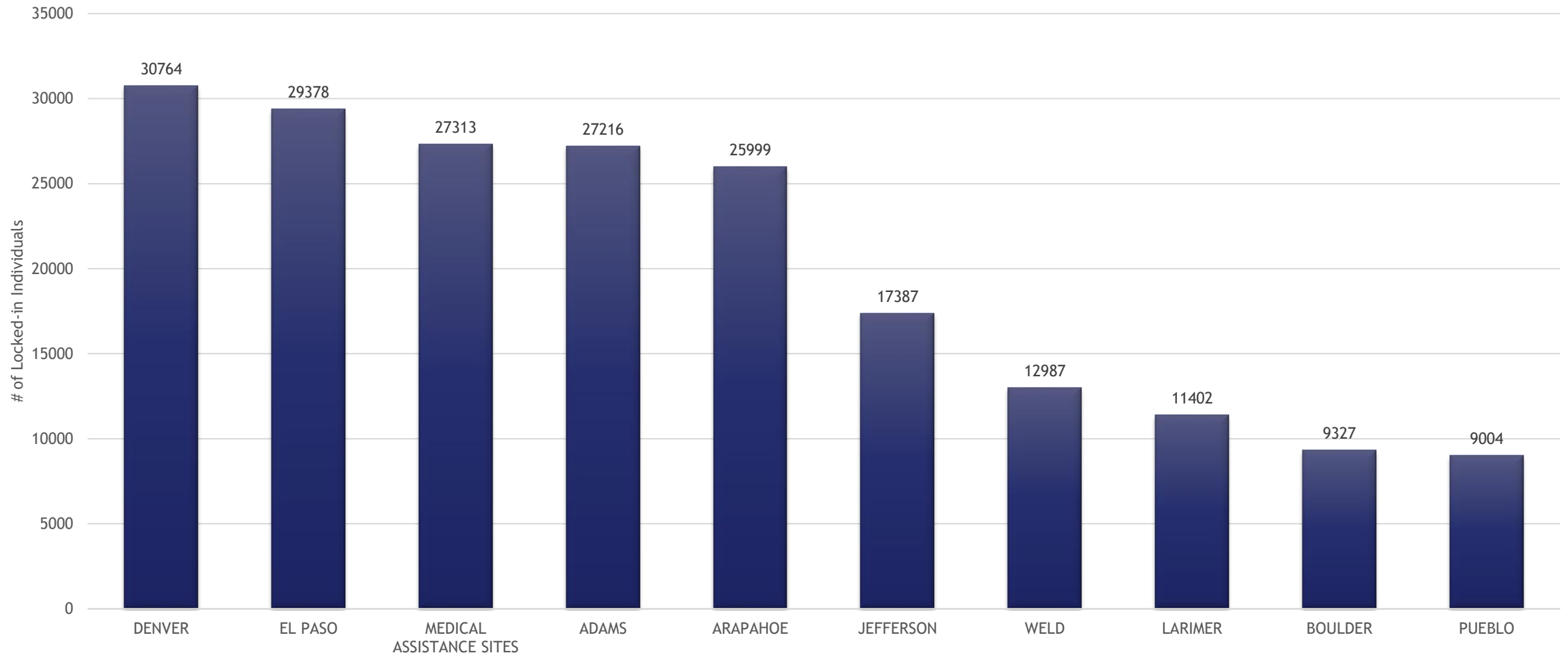
- Focus on missing verifications

Report available now for all counties through COGNOS

- Additional guidance forthcoming within next couple of weeks - this will provide priorities to work on along with tips and tricks
- If possible, please wait on working the report until guidance received

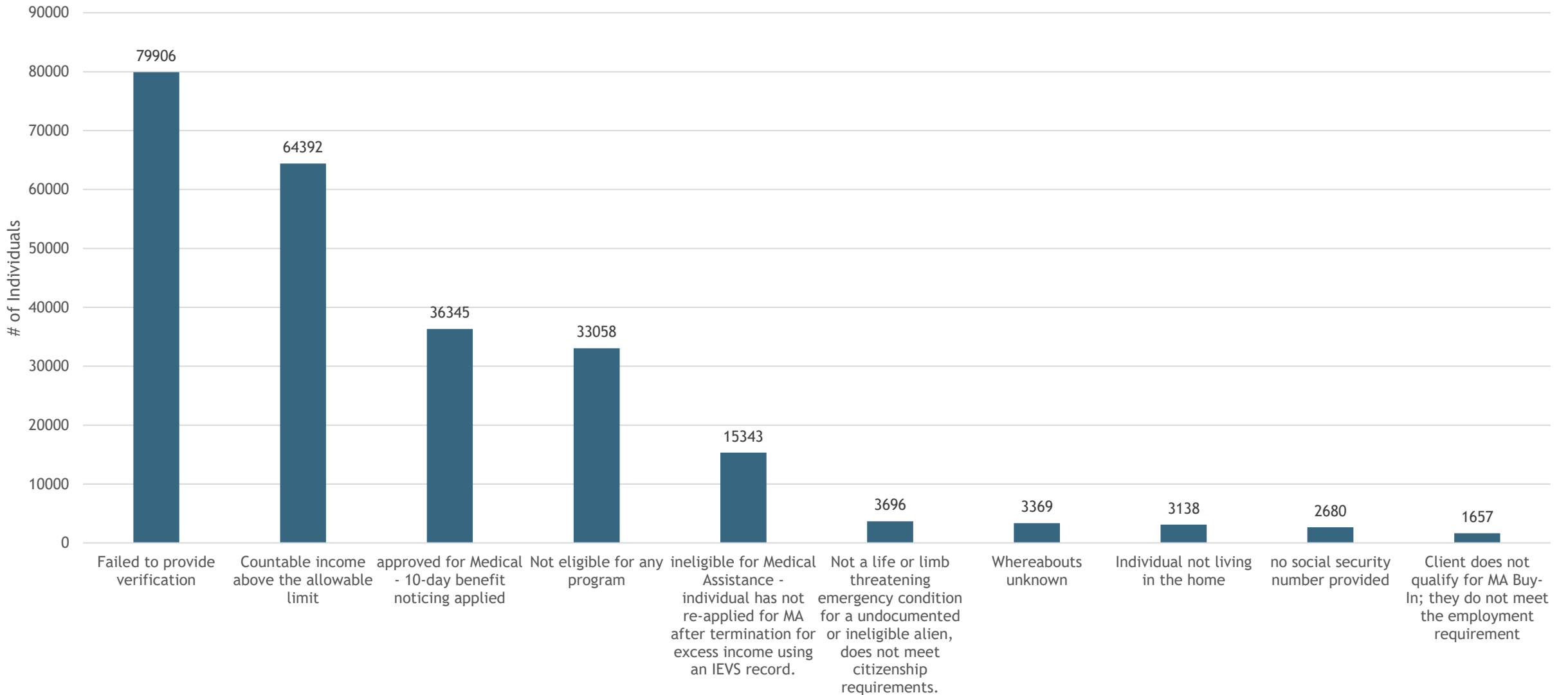
Locked-In Members by Site

Top 10 Counties as of 08/31/2020



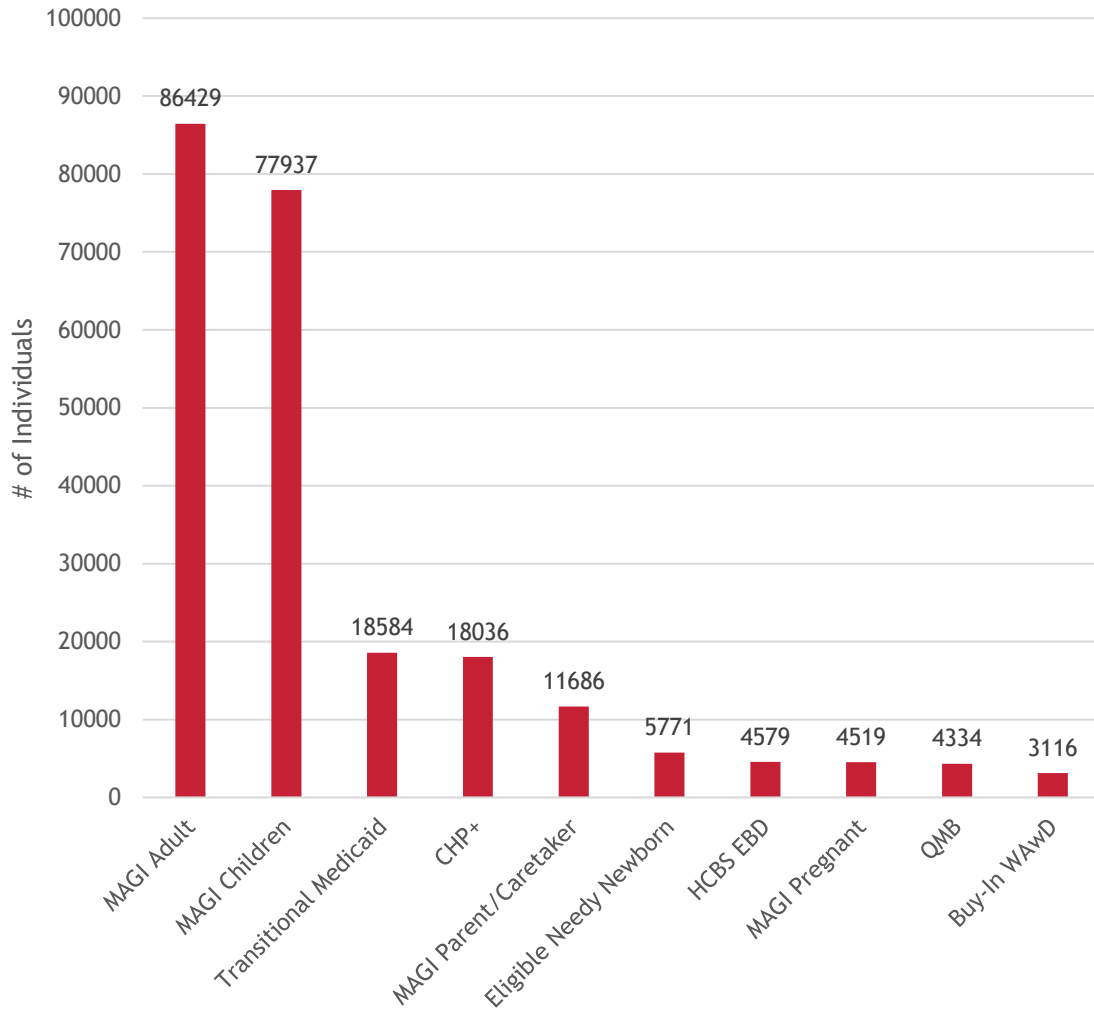
Locked-In Workload Categories

Top 10 Reasons

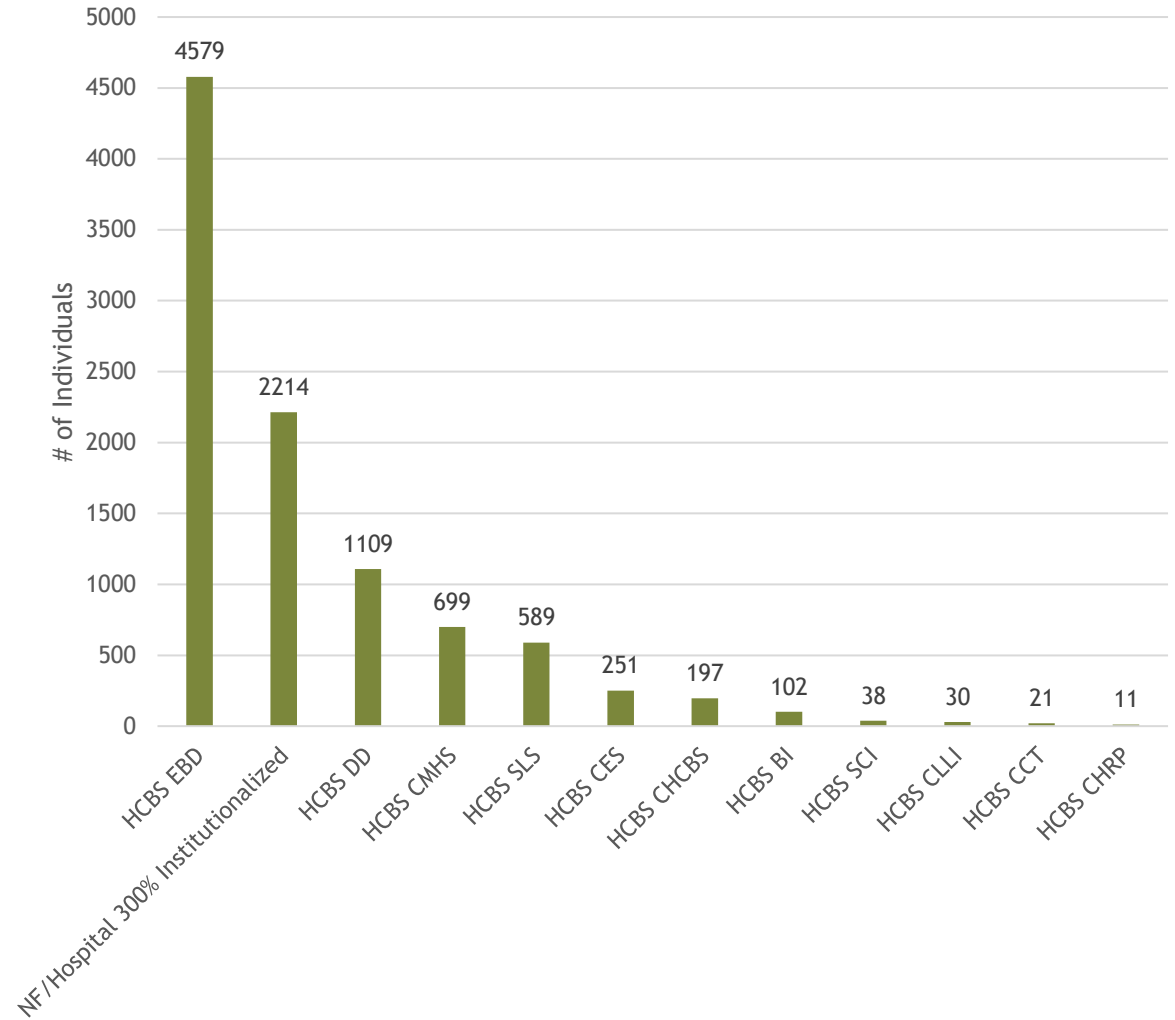


Locked-In by Medicaid Category

Top 10 Aid Categories



HCBS and Nursing Facility



Communications with Counties

Working with CHSDA representatives to meet weekly with HCPF on preparing for the PHE ending. They will be responsible for reporting back to CHSDA Executive Committee and CBMS ESC.

The representatives are:

- Bernadette O’Keefe, Pueblo County
- Melinda Vanderkooy, El Paso County
- Becca Frank, Denver County
- Jodi Gulley, Arapahoe County

Look for updates via County Connections newsletter, upcoming webinars, FAQs, Operational Memos. As available, resources will be posted on HCPF COVID county website.

Where are you getting your health insurance coverage currently?

8.97% - employer extended health care benefits

4.73% - employer's COBRA option

15.94% - spouse's health insurance

2.18% - under age 26, on my parent's health insurance policy

10.70% - coverage through Connect for Health Colorado

22.47% - Health First Colorado (Colorado's Medicaid Program)

.21% - covered by Child Health Plan *Plus* (CHP+)

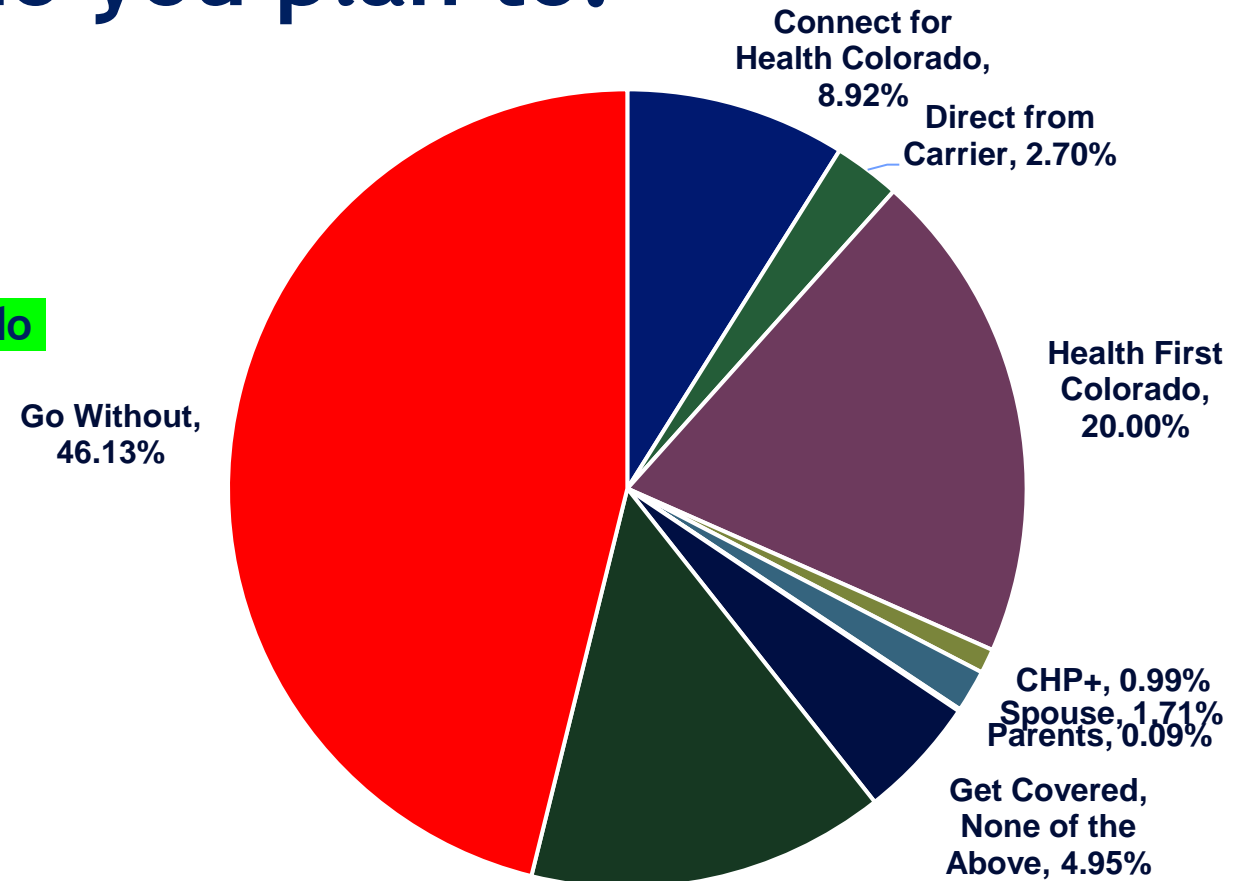
15.47% - have healthcare coverage, but not through any of the above*

19.33% - I don't have health insurance coverage

*Examples of coverage respondents listed include: Medicare, Medicare Advantage Plans, VA, TriCare, COBRA and other insurance purchased directly from a carrier but not through Connect for Health Colorado.

If you are currently uninsured, or anticipate being uninsured, do you plan to:

- 8.92% - Purchase coverage through Connect for Health Colorado
- 2.70% - Purchase coverage directly from a health insurance company
- **20.0% - Apply for coverage with Health First Colorado (CO Medicaid)**
- **.99% - Apply for coverage with Child Health Plan Plus (CHP+)**
- 1.71% - Get covered through my spouse's health insurance
- 0.09% - Under 26, get covered through my parent's health insurance
- 4.95% - Get covered, but not through any of the above
- 14.50% - Other
- **46.13% - Go without health insurance coverage**



- Connect for Health Colorado
- Direct from Carrier
- Health First Colorado
- CHP+
- Spouse
- Parents
- Get Covered, None of the Above
- Other
- Go Without

Collaboration with Connect for Health Colorado

Members no longer eligible for Health First Colorado/CHP+ could qualify for marketplace plans

We want to ensure smooth transitions in coverage

Following slides include links to enrollment assistance, resources for those experiencing job loss and Connect for Health contact information

Connect for Health Colorado - Resources

Connect for Health can help with Enrollment Assistance for those above Health First Colorado and/or CHP+ thresholds

Visit <https://connectforhealthco.com/we-can-help/>

Resources to help those experiencing job loss: <https://bit.ly/JobLossToolkit>

Contact: Saphia Elfituri, C4H Public Affairs Manager, sefituri@c4hco.com

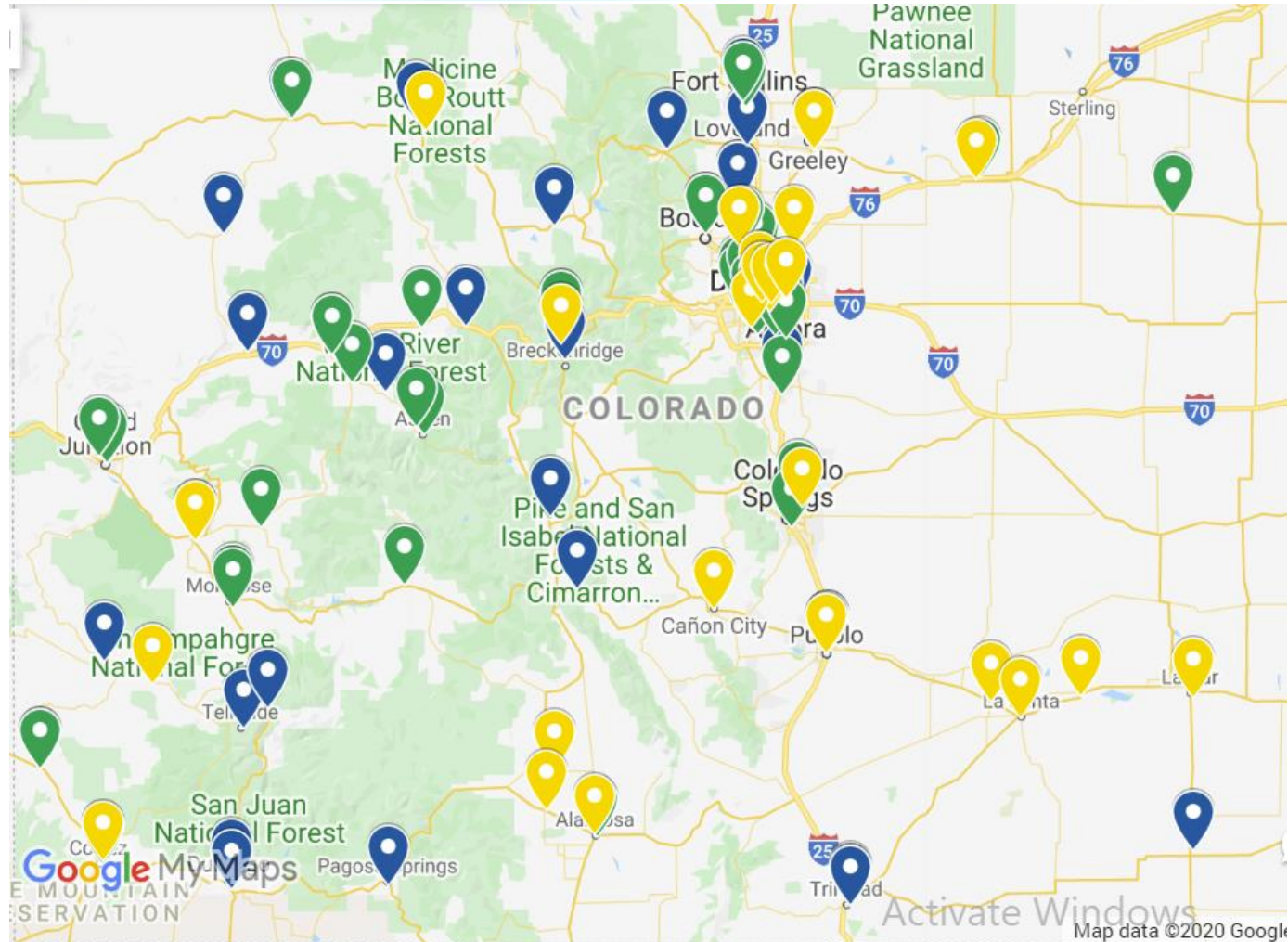
All Contracted Partners Map

Green —

Enrollment Centers

Blue — Assistance Sites

Yellow — CAC Location



Seeking additional funds \$\$

Governor Polis Calls on Congressional Delegation To Provide State & Local Funding & Relief to Coloradans in New Federal Stimulus Bill

TUESDAY, JULY 28, 2020

[Click here](#) for August 4, 2020 Press Release

[Click here](#) for July 28, 2020 Press Release

Governor Polis, Treasurer Young Call for Additional Funding to Support Coloradans in Next Stimulus Package

TUESDAY, AUGUST 4, 2020

How can we help/suggestions??

Over-the-shoulder support for CBMS locked in report: Call in information will be shared with the county guidance being distributed week of 9/21.

County Grant Program: Targeted Grants that would follow the process of the Supervisor Targeted Grant from CBMS Transformation to support additional processing.

Other??

Thank You!

- We will continue to provide updates as they become available
- We appreciate your partnership and engagement
- The work you and your staff do every day is critical to Colorado's communities.
- ***Please share our sincere appreciation with your staff for all they do!***