County Human Services Directors and HCPF Executive Director Quarterly Meeting

Kim Bimestefer, Executive Director

December 9, 2020

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Agenda

- COVID-19 Impact Update

- Serving Coloradans – Medicaid Growth and Connect for Health

- COVID Locked In Report and Funding

- Legislative and Budget Agendas – FY 2021-22

- Hospital Transformation Program Update

- Comments/Q & A

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COVID-19 Impact Update,
Serving Coloradans – Medicaid Growth and Connect for Health and COVID Locked In Report and Funding

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COVID-19 Updates Data through 12/07/2020

National:
Cases: 13,447,627
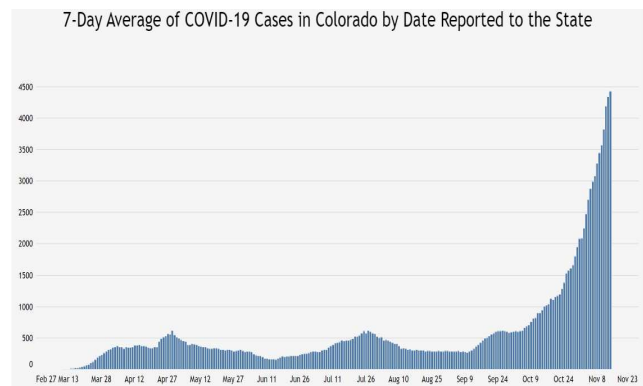Deaths: 267,302

Colorado:

Cases: 264,618

Deaths Due to COVID19: 2,776

Deaths Among Cases: 3,358

Contagious estimates: 1 in 40

CO Hospital Stats

- 46% of adult ventilators in use

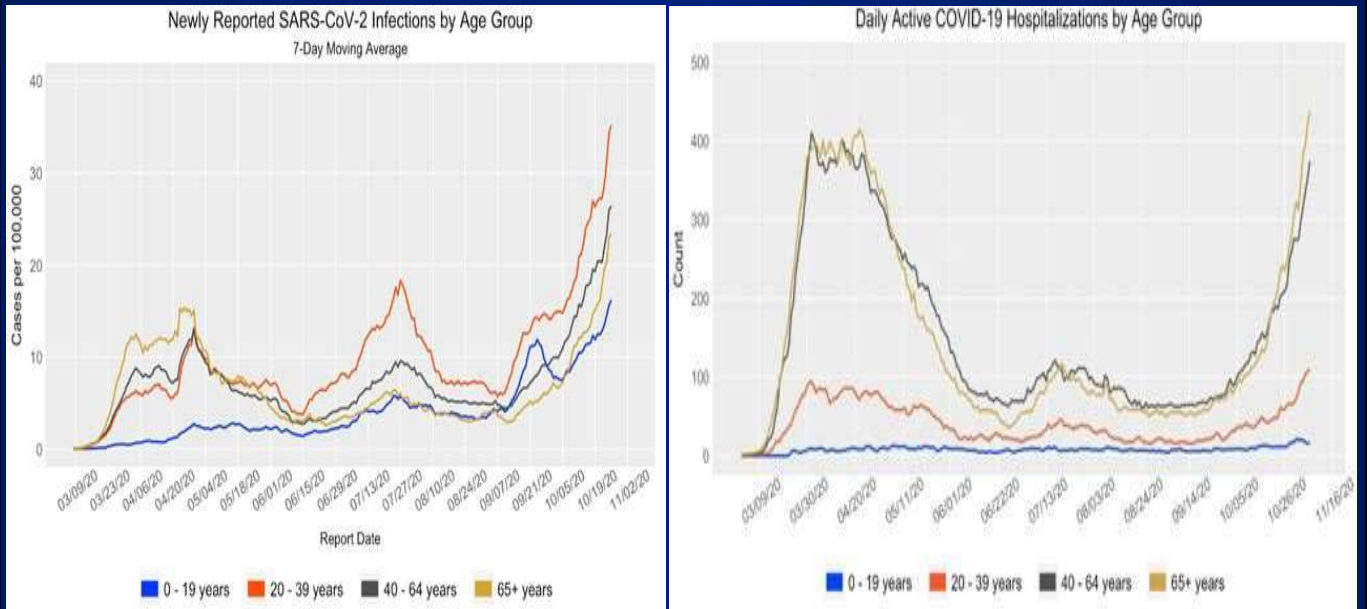- 75% of ICU beds in use

- **Regional systems breaching**

7-Day Average of COVID-19 Cases in Colorado by Date Reported to the State

Hospitals are increasing capacity, augmenting staff, scaling back elective procedures

EOC returned to highest level

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(1) Colorado Department of Public Health & Environment. **https://covid19.colorado.gov**   4

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OLDER POPULATIONS ARE INCREASINGLY AFFECTED.
CLOSE PATTERNS BTW 40-64 AND 65+ CATEGORIES

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Coronavirus & Death - Nationally

- Relationship between confirmed new coronavirus cases and deaths has held steady this fall.

- Track the # of new cases to predict # of deaths 3 weeks later. Every 100 new cases in the U.S. has led to an average of ~ 1.7 deaths, with that 3-week lag.

- Chart shows the relationship — daily deaths compared w/ index equal to 1.7% of newly diagnosed cases from 3 weeks earlier. The two lines have risen almost in tandem for the past 3 mo.
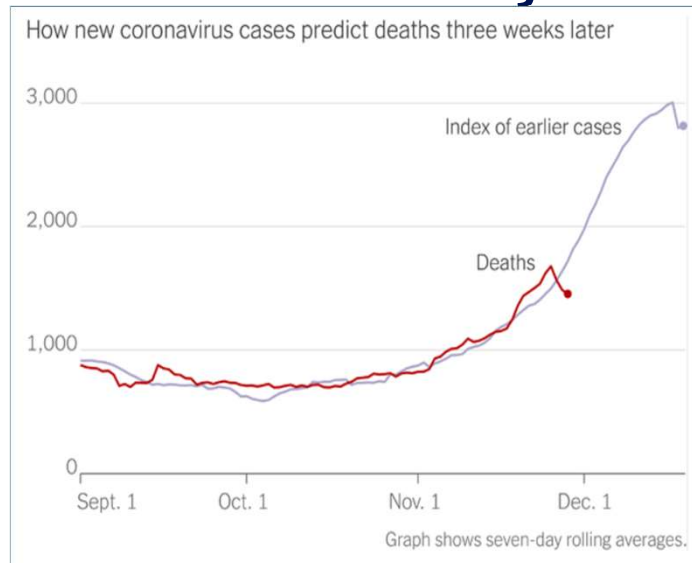
By The New York Times | Sources: State and local health agencies and hospitals

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Thank you for YOUR messaging & leadership

Actions You can do to help:
1. Socially distance. Wear your mask. Wash your hands
2. **Only interact with your household/pods during the holidays**
3. **Message:** Use attachments to email your network please.

Holiday stay safe Step-Up Campaign covid19.colorado.gov/social-media-graphics

Shout out!

Add Exposure Notifications to Your Phone (contact tracing) addyourphone.com

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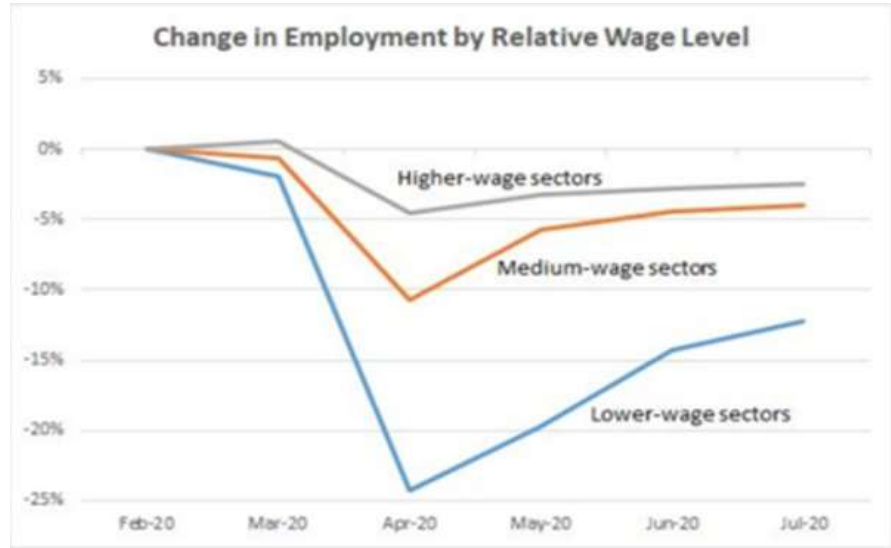Policy & Financing

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Update to CMS Letter

- I met with Regional HHS Director Beckman three weeks ago
- Sending a letter and slide deck to CMS Regional Office to help with federal partners on extending PHE
- Concerned about the timing of the PHE – ends day after Inauguration
- Meaningful change to content includes a request for 120-day period, compared to previous 90-days, if they extend the PHE

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672,000 Coloradans Received Unemployment Insurance March-Oct (22% of 2019 workforce) Now = 194,309 on UI

Unemployment Rate in Colorado

Feb: 2.5%
Mar: 5.2%
Apr: 12.2%
May: 10.2%
Jun: 10.6%
Jul: 7.4%
Aug: 6.7%
Sep: 6.4%
Oct: 6.4%

Change in Employment by Relative Wage Level

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(1) Colorado Department of Labor and Employment. (2) Office of State Planning and Budget.

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Where are you getting your health insurance coverage currently?

	July 31 (5,000+ respondents)	November 9 (800 respondents)
Employer extended health care benefits	8.97%	3.16%
Employer's COBRA option	4.73%	1.39%
Spouse's health insurance	15.94%	3.92%
Under age 26, on my parent's health insurance	2.18%	2.15%
Coverage through Connect for Health Colorado	10.70%	7.97%
Health First Colorado	22.47%	18.23%
Child Health Plan *Plus*	.21%	.25%
Have healthcare coverage, but not through any of above	15.47%	5.06%
*Medicare or Medicare Advantage	N/A	12.15%
*Veterans Administration (VA) or TRICARE	N/A	1.01%
I don't have health insurance coverage	19.33%	44.68%

* Medicare, VA and TRICARE were included in "have health care coverage but not any of the above" in the July survey.

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MJ18 Tim - ask OSPB for updated grahpic on right
    - Edmond
Montoya, Joshua, 12/7/2020

MJ24 This is the most recent version, Edmond has
    not updated. Also in the 12/3 advocate deck
Montoya, Joshua, 12/8/2020

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

	July 31 (5,000+ respondents)	November 9 (800 respondents)
Purchase coverage through Connect for Health Colorado	8.92%	8.65%
Purchase coverage directly from a health insurance company	2.70%	.86%
Apply for coverage w/Health First Colorado (Medicaid)	20.0%	36.02%
Apply for coverage w/Child Health Plan *Plus* (CHP+)	.99%	.86%
Get covered through my spouse's health insurance	1.71%	.29%
Under 26, get covered through my parent's health insurance	0.09%	.29%
Get covered, but not through any of the above	4.95%	4.32%
Other	14.50%	8.65%
Go without health insurance coverage	46.13%	40.06%

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New Q: Why are you planning to go without coverage? (check all that apply)

I can't afford the monthly premiums – **82.63%**

I can't afford the copayments, coinsurance or other out-of-pocket costs – **40.12%**

I don't think I will be out of work – and therefore without healthcare coverage – for that long – **3.56%**

I do not think I need health insurance -**4.79%**

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Connect for Health Colorado Enrollment

2020 Open Enrollment: 166,850   **74%** qualifying for financial help

COVID-19 Special Enrollment (March 20th to April 20th): 14,263

Enrollment Results November 1st through the 20th matches last year.

2020 = 30,539   2021 = 30,434   73% qualifying for financial help

CONNECT for HEALTH COLORADO®

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Efforts to Date: Get Covered 2021!
Get Covered America Day 12/10

GET COVERED 2021 STAY HEALTHY GET INSURED

https://www.getcovered2021.org/

Website linking to state coverage: *GetCovered2021.org* connects people directly to their state or federal marketplace to learn more about coverage options and enroll.

- **Get Covered America Day on December 10th:** Get Covered America Day is about awareness and action. We are asking our partners to issue proclamations, do events, release a personal message about why insurance matters, tag GetCovered2021.org and #GetCovered2021. Blanketing the country with messaging – including CO.

- **Social media Toolkit:** Used for Get Covered America Day and into 2021 to foster awareness and voices of governors, mayors, fed reps, health care providers, insurers, entertainers, athletes, advocates....importance of insurance to physical/mental health

- **Get Covered 2021 events:** second national event in late January after the inauguration

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Medical Assistance Enrollment through 12/01/2020

	New Members 2020	Disenrolled Members 2020	Continuous Coverage	Locked into a higher benefit category	Net Change in enrollment	Total enrollment 2020	COVID-19 Testing Only
January	35,048	38,024			-1,911	1,262,984	
February	27,176	33,600			-6,424	1,256,560	
March	33,570	40,686			-7,116	1,249,444	
April	42,333	4,611	37,773	2,956	37,722	1,287,166	139
May	26,418	6,899	34,816	5,679	19,519	1,306,685	155
June	28,011	6,226	24,615	5,605	21,785	1,328,470	139
July	26,842	6,181	28,553	6,638	20,661	1,349,131	204
August	26,847	6,356	34,733	5,630	20,491	1,369,622	148
September	23,887	6,449	25,945	5,762	17,438	1,387,060	125
October	21,027	6,412	37,875	9,248	14,614	1,401,674	121
November	16,753	7,356	31,531	6,578	9,397	1,411,071	266
December	2,080	6,415	25,225	6,484	-4,335	1,406,736	18
Total			281,066	54,580			1,315

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

Disenrolled: Beginning April 2020, captures only members who met the exceptions to the continuous coverage requirements

Continuous Coverage: Members who were locked into their MA benefit due to the continuous coverage requirement

Locked into a higher benefit category: Members who would have switched to a lower MA benefit, but were locked into a higher category due to continuous coverage

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

Total Enrollment: 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

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PHE Locked In Report

- What we've heard: counties are overwhelmed with working the report, unclear on goals, frustrated with system and data entry issues

- Goal is to minimize workload at end of PHE. Work through cases that can be cleared with minimal member intervention (data entry, interfaces, systems issues)

- Reminder: Truly ineligible members will remain on report and will receive opportunity for an eligibility review at end of PHE

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PHE Locked In Report

- Pivoting from a sprint to a marathon: New guidance forthcoming to narrow down focus and additional tips and tricks. Mostly focus on one termination reason.

- Department creating Eligibility COVID Taskforce to provide additional support.

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PHE Locked In Grants: County Grant Program

- What we've heard: counties need additional resources to help with the PHE locked in report

- We will implement a new funding opportunity to provide additional resources to counties to help work and manage the COVID locked in report and related workload

- Funding should become available in January 2021

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PHE Locked In Grants

- Total of $500,000 is available to all counties and will be allocated by the total % of locked in members on the COVID locked in report
  - ➢ Ex: County X has 15% of all locked in members, will receive 15% of the $500k
- Funding can be used for overtime and processing by supervisors and non-traditional staff (trainers, QA, etc.), costs related to proactively working the PHE locked in report OR to hire new staff specific to working the PHE locked in report/eligibility reviews
- Counties can opt-out; funding will be redistributed to those that opt-in
- Counties can regionalize funding agreements that hire new staff by combining allocations

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Next Steps for PHE Locked In Grants

- We'll hold a funding call on Wednesday, December 16 from 11:30am – 12:30pm
  - ➢ https://meet.google.com/ivx-ngnk-gnk
  - ➢ Join by phone: (US) +1 316-302-5913 PIN: 466 458 063#
  - ➢ Directors will receive the invite this afternoon
- Initial allocations will be shared and we'll walk through the grant funding process
- Counties will need to opt-in by Friday, December 18
- Contact Joshua Montoya with questions

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Medicaid Oversight and Accountability Update

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Our Thanks to You

- Over the past six months, our teams have engaged with you on implementation of the new Medicaid Oversight and Accountability programs. Our thanks to all of you who have participated in and informed this work.
- The task group will continue into early 2021 as we finalize the last of our accountability workstreams
- I would be delighted to record a message from me to county staff sharing our sincere appreciation for all they do everyday and for their perseverance during the PHE

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What's Coming

- Management Evaluation (ME) Reviews, on-site review program, launch in early 2021, with pre-visit meetings in January and first ME Reviews in February
- Eligibility Site Dashboards also launch in early 2021, with the first distribution in February, using January data
- Eligibility Quality Assurance (QA) reviews also begin in February, using January review data
- Work continues on other workstreams and the task group will meet until February 2021

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Legislative and Budget Agenda

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Special Session

Stimulus Legislation approved by the legislature includes:

SB20B-001 **$57 million** in direct aid, grants, and annual fee waivers to struggling small businesses.

SB20B-002 **$60 million** for emergency housing assistance.

SB20B-003 **$5 million** to the Energy Outreach Colorado Low-Income Energy Assistance Fund to provide financial relief to Coloradans that are struggling to pay their utility bills.

SB20B-004 **$100 million** to ensure the state can continue to protect public health while waiting for further federal stimulus and FEMA $$.

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Special Session

HB20B-1001 **$20 million** towards increasing our state's broadband capacity.

HB20B-1002 **$45 million** to enable existing child care providers to keep their doors open and new providers to open.

HB20B-1003 **$5 million** to replenishing essential community services that increase access to food.

HB20B-1004 will allow restaurants, bars, and food trucks to retain state sales tax they collect from Nov through Feb.

HB20B-1005 gives authority to counties and municipalities to cap fees that third-party food delivery companies charge to restaurants

HB20B-1006 adjusts several requirements of insurance premium tax payments

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FY 2021-22 HCPF Budget

The Department's General Fund budget request accounts for increases within the Health First Colorado and Child Health Plan *Plus* (CHP+) programs and discretionary requests

- Most of the budget increase ($207 million General Fund) is due to the expiration of an enhanced bump to the Federal Medical Assistance Percentage (FMAP) during the COVID public health emergency in Fiscal Year 2020-21
- The remaining increase ($40 million General Fund) is driven by year-over-year growth in Long-Term Services and Supports (LTSS) costs
- The Department also has 19 discretionary requests that net to $136 million in General Fund savings

Resources:	Understanding Health First Colorado: Budget Basics	FY 2021-22 HCPF Budget Request website

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FY 2021-22 HCPF Budget: Requests

- Budget requests of potential interest to counties:

R6 | Remote Supports for HCBS Programs Summary: The Department requests to add a remote support benefit to five Home and Community Based Services (HCBS) waiver programs.	R7 | Nurse Advice Line Summary: The Department requests a funding adjustment to continue operation of the Nurse Advice Line (NAL) services.
R23 | Behavioral Health Claims and Eligibility Processing Summary: The Department requests funding to implement recommendations from Colorado's Behavioral Health Task Force.	R24 | Addressing Health Care Disparities Summary: The Department requests funding to address health disparities in the Medicaid program and Colorado by collecting data to identify health disparities by race and ethnicity and use the data to inform outcome-based value-based payments to Medicaid providers

Resources:	Understanding Health First Colorado: Budget Basics	FY 2021-22 Budget Agenda Summary (includes all requests)

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2021 HCPF Legislative Agenda

Bill Title	Summary
Telemedicine Policy and Rates	This bill will amend the statute requiring HCPF to reimburse for telehealth visits at the same rate as in-person visits. It may also refine the Department's authority to determine what services will and will not be eligible for telemedicine coverage.
Case Management Redesign	The proposal will help the Department build a high performing conflict free case management system that serves all populations.
Skilled Nursing Facility Demonstration of Need	The creation of a Demonstration of Need creates the framework for the Dept to develop criteria for authorizing the expansion of new skilled nursing Medicaid facilities.
Remote Supports for Adults in HCBS Waivers	Implement a remote support option into existing electronic monitoring services in several Home and Community Based Services (HCBS) waivers.
Prescription Drug Importation Program	This bill will expand importation from other countries pending a federal change.

Resources:	FY 2021-22 Legislative Agenda Summary	Legislator Resource Webpage

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Upcoming Hearings + Contact

- HCPF JBC Briefing: **December 10, 2020**
- HCPF JBC Hearing: **January 7, 2021**
- SMART Act Presentation (tentatively): **January 22, 2021**

County Directors can contact:

Joshua Montoya, joshua.montoya@state.co.us

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**Please Join Us
January 12, 8am-noon**

SAVE THE DATE
JANUARY 12, 2021 • 8 a.m.-noon

Join Colorado Lt. Gov. Dianne Primavera, event host Kim Bimestefer, Health Cabinet Executive Directors and industry leaders for an important Health Policy Summit.

We will discuss the Governor's priorities for the 2021 legislative session as well as best practices for the coming year to address health care industry challenges and opportunities.

This FREE, virtual event, powered by the State of Reform, is designed for policy makers, advocates, payers, care providers and other industry stakeholders. Presentations and panels will include:

- Highlights from *Reducing the Cost of Prescription Drugs,* 2nd edition
- Federal opportunities to address prescription drug costs
- Behavioral Health Task Force next steps and priorities
- Helping rural hospitals and communities thrive
- COVID-19 update and response
- Strategies to help employers better control health care costs

Please mark your calendar for January 12, from 8 a.m. - noon.
Registration link will be sent later this week.

Dianne Primavera
Colorado Lieutenant Governor

Kim Bimestefer
Dept. of Health Care Policy & Financing Executive Director

Jill Ryan
Dept. of Public Health & Environment Executive Director

Michael Conway
Division of Insurance Commissioner

Michelle Barnes
Dept. of Human Services Executive Director

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Hospital Transformation Program (HTP):

Nancy Dolson

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WHY HTP?

- Incorporates value-based purchasing strategies in $1 billion+ annual hospital supplemental payments
- Improves health outcomes
- Rural Support Fund: $12 million x 5 years = $60 million
- HTP transitions from pay-for-process and reporting to pay-for-performance and shared savings structure over five-year period
- **Revised start date is April 1, 2021**

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RURAL SUPPORT FUND

How did this Fund evolve within HTP?

- HCPF/Rural hospital leader "concept to reality"

What is it? How much funding?

- Assistance to help rural hospitals transform towards a sustainable delivery model
- $12 million annually for each of the five years of the HTP waiver = $60 million total funding
- Dedicated rural hospital funding in the Hospital Transformation Program
- Helping rural hospitals prepare for future value-based payment environments

Who is eligible?

- Rural hospitals demonstrating the most financial distress based on financial / utilization measures
- Prioritized to low revenue and low reserve hospitals

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RURAL SUPPORT FUND

How can the funding be used?

Technical capacity
- Health Information Exchange (HIE) connectivity
- Strategic planning and consulting
- Employee trainings
- Data analytics
- Actuarial services and financial modeling
- Facilitation and/or convening of community and partner meetings with key stakeholders
- Travel stipends for hospital staff

Transformation capital to operationalize plan
- Establish or augment service lines
- Physical plant changes

How can the funding NOT be used?
- Land or real estate investments for the sole purpose of future financial benefit
- Finance or satisfy any existing debt
- Establish service lines that do not service the community's needs

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Thank You!

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