

COVID-19 Public Health Emergency Unwind Planning

Community Partners
January 24, 2024

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COLORADO

Department of Health Care
Policy & Financing

About this webinar

Will this presentation be shared?

Yes. A recording of this meeting and the slide deck will both be posted on the PHE Planning webpage in a few days.

<https://hcpf.colorado.gov/covid-19-phe-planning>

Will all of your questions be answered?

We have a team of staff answering questions put into the Q/A throughout the presentation, but we may not get to all of them. Frequently asked questions will be added to the FAQs in the PHE Planning webpage. Question themes from prior meetings are already posted.

<https://hcpf.colorado.gov/covid-19-public-health-emergency-faqs>

Today's Agenda

1. Welcome & Kick Off
2. Transitions In Coverage - Connect for Health Colorado Updates
3. PEAK Updates
4. Policy Changes & System Updates
5. Data Overview (lookback data & breakout, other insurance)
6. Wrap Up & Future Meetings

Supporting Transitions in Coverage

Nina Schwartz, Connect for Health CO

Connect for Health Colorado: Medicaid to Marketplace Bridge

January 24, 2024



About Us

- **We are Colorado's official health insurance marketplace**, providing affordable coverage options to Coloradans who don't receive health insurance through an employer, Medicaid, or Medicare.
- Our **mission** is to increase access, affordability, and choice for individuals, families, and small businesses purchasing health insurance in Colorado.

Our Value to Customers



Financial help

The **only** place to receive tax credits to cover the monthly costs of health insurance.



Transparency

Compare plans and prices across private health insurance companies.



Quality coverage

Includes essential health benefits and coverage for preventive services at no charge.



Expert, local help

Enrollment assistance available from community organizations and certified Brokers around the state.

Financial Help

Depending on factors including **family size** and **annual income**, Coloradans may be eligible for financial help in two forms:



1. Lower Monthly Premiums

“Premium Tax Credits” help pay for your monthly premium.

2. Health Care Discounts

“Cost-Sharing Reductions” reduce the cost of copays, deductibles, coinsurance, and out-of-pocket-maximums in Silver-level plans.

More financial help available than ever before



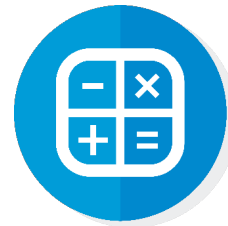
Inflation Reduction Act

In place through 2025, **more people can qualify for even more premium tax credits.** This year, 3 out of 5 people can find a plan for \$10 or less after financial help.



More financial help for families

Thanks to a regulatory change, **families who have access to employer-sponsored insurance can now qualify for financial help** on our Marketplace.



Enhanced Cost-Sharing Reductions

Made possible by SB20-215, **people in Silver plans under a certain income will see major savings on deductibles, copayments, prescriptions, and more.**



How Enhanced Cost-Sharing Helps:

A single 40-year-old person in Summit County making \$35,000 enrolls in the benchmark Silver plan...

Costs prior to the enhanced cost-sharing program...

Maximum out-of-pocket maximum: \$7,114

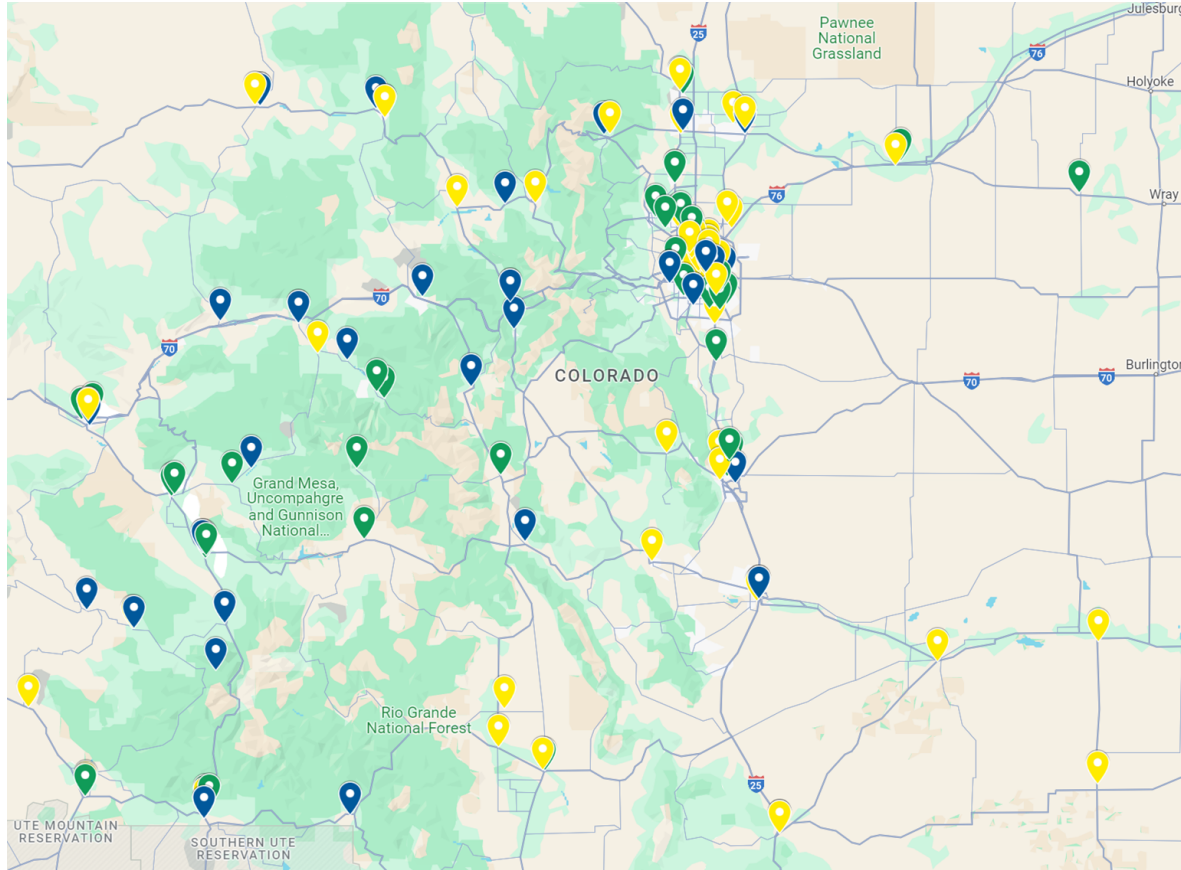
Deductible: \$3,305

Costs thanks to this program being in place....

Maximum out-of-pocket maximum: **\$914**

Deductible: **\$65**

Enrollment Assistance



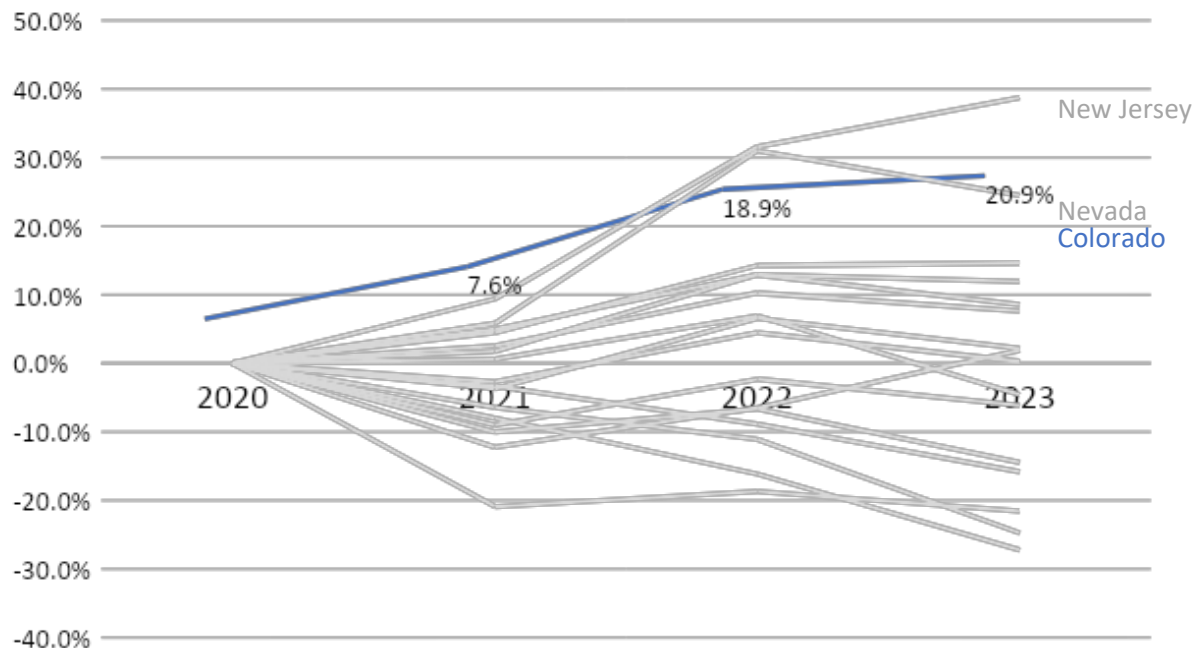
We offer free enrollment assistance across the state, and people are using it to get covered.

Green = Enrollment Centers
Blue = Health Coverage Guides
Yellow = Certified Application Counselors

Marketplace Enrollment throughout the Unwind: State Comparison

ConnectforHealthCO.com

All State Based Marketplaces: Percent Change in Enrollments from 2020



Source: <https://www.kff.org/health-reform/state-indicator/marketplace-enrollment>

Medicaid to Marketplace Bridge Outreach and Communications

Ongoing Medicaid Unwind Efforts

- Direct outreach via letters, emails, outbound calls
- Increased funding for assister-led education and enrollment
- 60+ Medicaid Unwind events across the state
- Continuing to explore other data-driven strategies

Celebrating Open Enrollment Success (November 1st, 2023- January 15th, 2024)



During Open Enrollment, **237,107** people enrolled in a health insurance plan for 2024 coverage on Connect for Health Colorado's marketplace.

That is about **18 percent higher than last year's end of Open Enrollment total of 201,758 enrollments** and is **Connect for Health Colorado's biggest enrollment period ever.**



Questions?

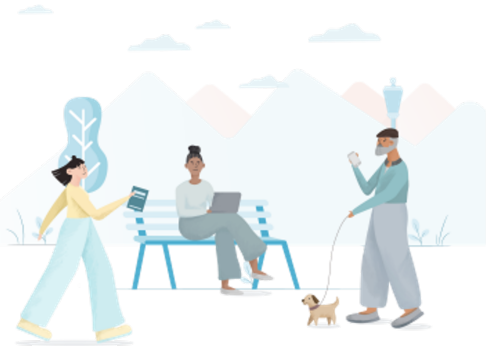
PEAK Updates

Aidan Barrett, HCPF

Plain Language

What is “plain language”?

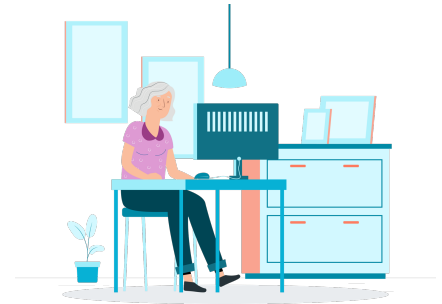
Writing in plain language means writing with your audience in mind, and making sure your message is clear, concise, and easy for them to understand. It can also mean using human-centered design principles when developing something for your audience.



Our goal for plain language on PEAK

One of our biggest goals has been to heal and rebuild trust with PEAK users by using simplified, trauma-informed language and design.

Since October 2020 over 12,000 person hours have been dedicated to reviewing visual designs and almost all content in PEAK

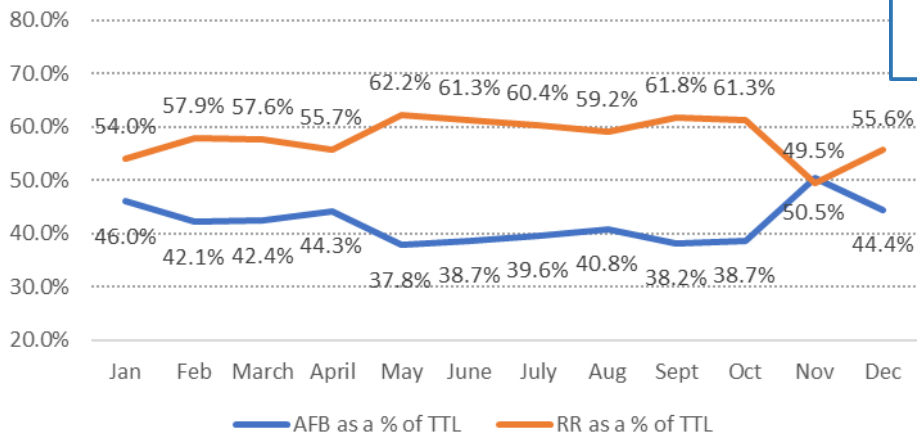


PEAK has a dedicated agile workstream for Plain Language enhancements.

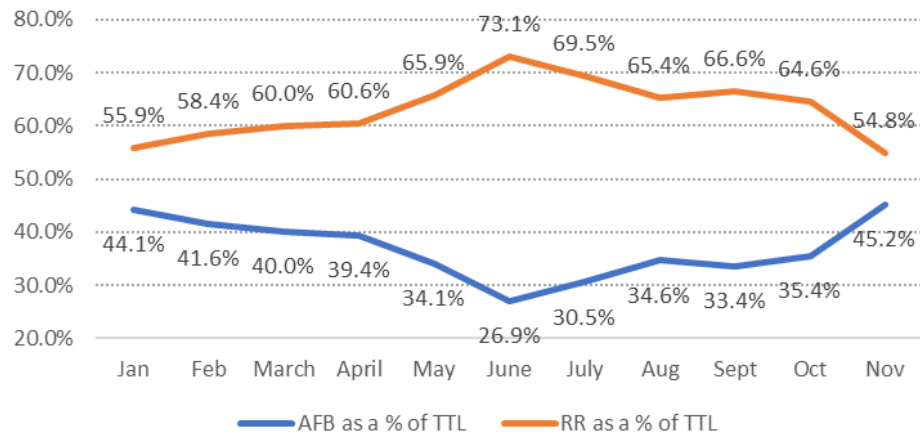


PEAK Applications Abandoned vs. Submitted

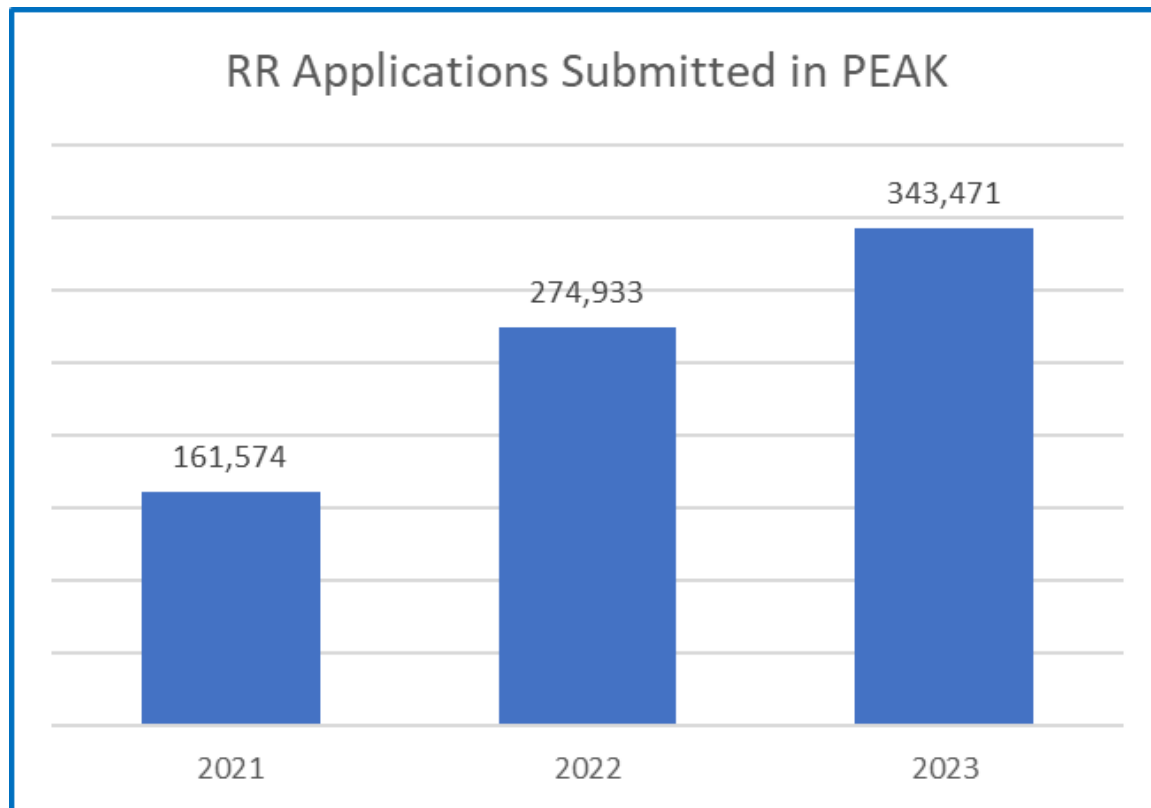
2022 % of application type submitted



2023 % of application type submitted



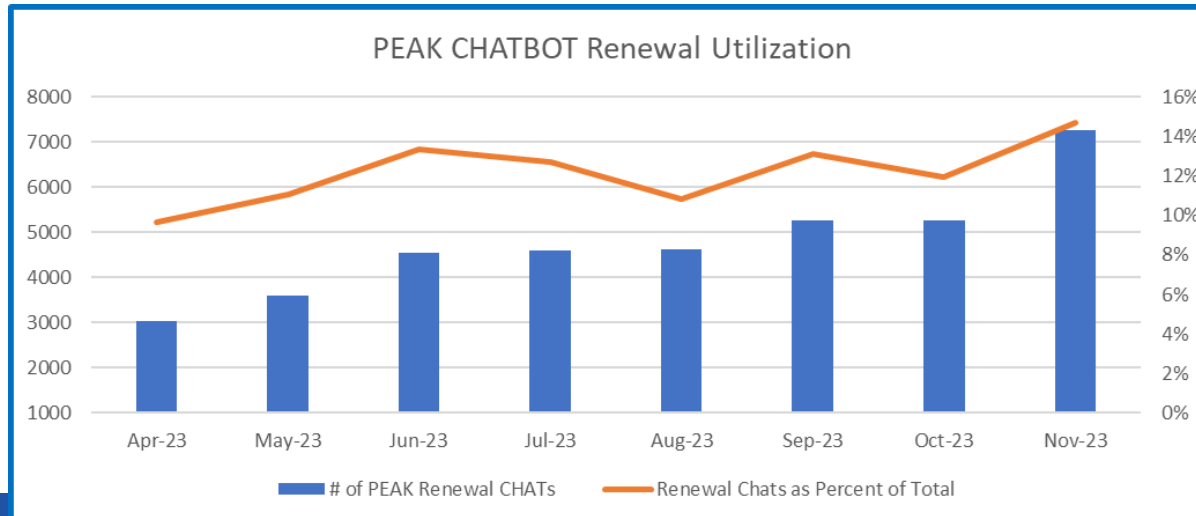
Renewals Submitted



CHATBOT - Renewal Data


23-Nov	Total Chats		% of Total Chats	
	49399		14.7%	
Business Hours	HealthFirst Web Site			
	Re:Apply for Benefits	Renewal Alerts	Renewal FAQ	TTL
	241	20	193	454
	163	4	127	294
	748			
Non-Business Hours	PEAK			
	Re:Apply for Benefits	Renewal Alerts	Renewal FAQ	TTL
	1470	143	2846	4459
	1035	37	1733	2805
	7264			


40% of all Chats occur outside business hours




Apply for Benefits Post Survey

*How was your experience applying for benefits?


Helpful


Ok


Not helpful

*How was the application completed?

☐ Desktop/PC ☐ Cell phone ☐ Tablet/iPad

*Did you need help understanding or responding to questions?

☐ Yes ☐ No

*What is your feedback about? Choose all that apply.

*Tell us more.

Add comments here

0/1000

Preliminary AFB Post Survey - All Modes

Helpful	OK	Not Helpful
5286	2954	446
60.9%	34.0%	5.1%

Mobile % of Survey Response

61.0%

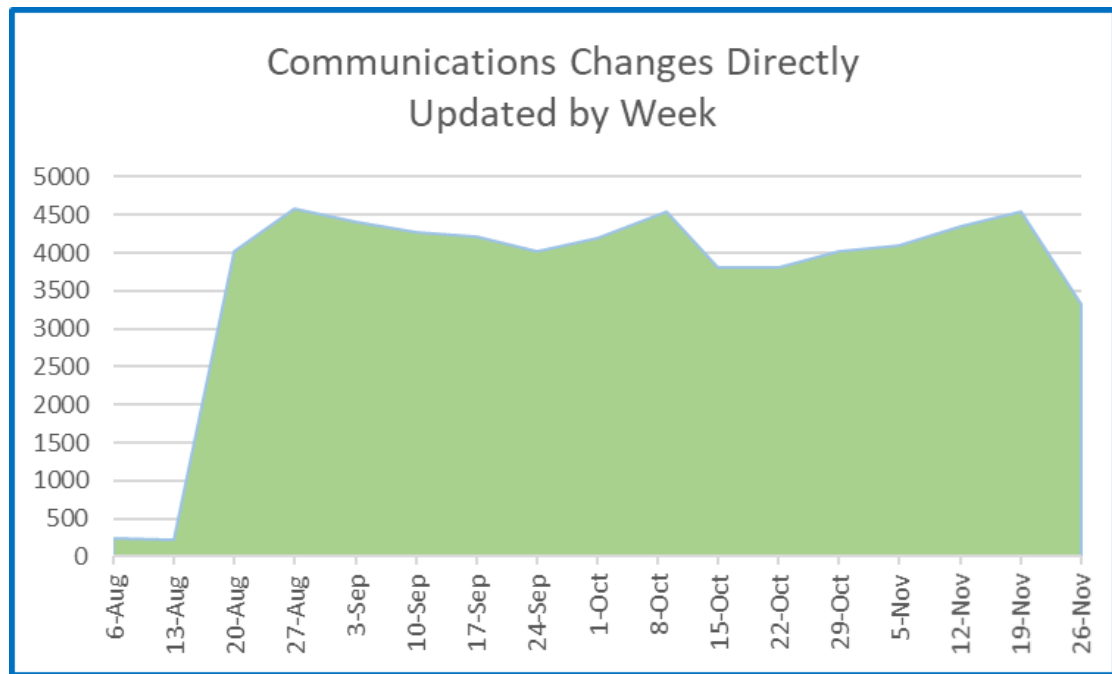
94% of AFB users since 06/25/2023 tell us the new PEAK AFB module is OK or Helpful

Post application survey has a response rate of 10%

November surveys increased from 1,900 in October to 3,200 in November.

Year to Date 8,700 surveys have been completed.

Communications Direct Update Project - Released in August



Post release tracking indicates a weekly average of 4,100 communications preferences directly updating into CBMS and not displaying in PEAK Inbox for caseworker review.

Since the August release, 250,000 data elements have been sent directly to CBMS

Questions?



Policy Changes & System Updates

Marivel Klueckman, HCPF

Reminder: County Escalation Process

- HCPF's county escalation process is available to any member or provider who has attempted to work with their county and is still facing challenges.
- Upon completion of our [Member Escalation webform](#), which collects the necessary background information to escalate the case, the member is provided a Salesforce tracking number.
 - Once submitted, the County Escalations team triages the request and prioritizes access to care issues.
 - Once triaged, the team coordinates with the county to prioritize resolution of the issue.
 - The member is then notified by the county and the escalations team of the outcome.
 - **The cases escalated tend to be the most complex cases and resolution can take policy research and is not immediate.**
- Members and providers can access this form by visiting healthfirstcolorado.com/county feedback or by scanning a QR code on public postings available in all county lobbies. For additional information, you can contact hcpf_membercomplaints@state.co.us.

Reminder: 90 Day Reconsideration FAQs

Can a member return their renewal packet late? Members can resume medical coverage if they still qualify by returning their renewal packet and any missing information to their county for processing within 90 days of losing coverage. In PEAK, an item was added to the To-Do List to indicate when a late medical assistance renewal can be submitted and processed without needing a new application. Members are encouraged to return renewal packets if they miss the deadline rather than submitting new applications.

Can a member's eligibility be backdated if they are disenrolled? If a member is disenrolled for a procedural reason, they have a 90-day reconsideration period to submit their renewal packet. If they are determined still eligible during that 90-day period, coverage begins as of the 1st of the month they are determined eligible again. If there is a gap in coverage, members must ask the county to be enrolled retroactively. If a member is determined no longer eligible and they disagree with the decision, they can file an appeal.

What is the process for a member who is determined eligible during the reconsideration period to request their coverage be backdated? Members who are determined eligible during the 90-day reconsideration period can request retroactive coverage by [contacting their local county](#) or they can request retroactive coverage in PEAK once they are approved and their new eligibility date is known.

Supporting Member Renewals

Improvements Implemented:

- Enhanced Member Outreach
- Improved Automatic Renewals
- Shortened Renewal Packet
- Online Renewal Upgrades
- Improved Contact Info. and system changes to reduce Whereabouts Unknown denials
- Extra Renewal Time (60 more days) for Long Term Care Renewals

Improvements in Process (requires system updates and federal approvals):

- Automatically renew members earning less than 100% FPL when third party data sources return no information (\$1,215/month individual, \$2,500/month family of 4)
- Automatically backdate coverage for those who renew during reconsideration period
- Enhanced outreach during reconsideration period
- Ongoing strategic advances in collaboration with counties and further improving member letters

Status of (e)14 Waivers for CO

Strategy	Implemented	In Progress	Under Consideration
Renew Medicaid eligibility based on financial findings from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or other means-tested benefit programs	X		
Renew Medicaid eligibility for individuals with no income and no data returned on an ex parte basis (\$0 income strategy)	X		
Extend the timeframe to take final administrative action on fair hearing requests within the maximum 90 days permitted under the regulations for fair hearing requests	X		
Permit acceptance of updated in-state enrollee contact information from the National Change of Address (NCOA) database and United States Postal Service (USPS) in-state forwarding address without additional confirmation from the individual to update beneficiary contact information	X		
Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an ex parte basis (100% income strategy)		X	
Permit designation of an authorized representative for the purposes of signing an application or renewal form via the telephone without a signed designation from the applicant or beneficiary		X	
Reinstate eligibility effective on the individual's prior termination date for individuals who were disenrolled based on a procedural reason and are subsequently redetermined eligible for Medicaid during a 90-day Reconsideration Period.			X



Individual Ex Parte Reinstatements

Medicaid Category reinstated	# of Individuals
MAGI Children	2928
MAGI Adult	2141
MAGI Parent/Caretaker	894
CHP+	487
Family Planning	352
Buy-In WAWD	318
Transitional Medicaid	162
QMB	45
MAGI Pregnant	30

Renewal Month	# of Individuals
May	1452
Jun	1703
Jul	2081
Aug	2005
Sep	226
Oct	43
Grand Total	7510

Notes

- Additional categories included SSI Mandatory, CHP+ Prenatal, Refugee
- Vulnerable population LTC, Buy-In, PACE had a total of 65 individuals reinstated
- Unintended positive fix for mandatory categories (such as prenatal, SSI Mandatory) as they were inappropriately terminating before and will no longer with October fix. Reinstatement went back and reopened those that were termed.

60 Day Extension & LTSS Supports

- **Renewal packet return rate** increased for non-Modified Adjusted Gross Income (MAGI) since start of unwind from 46% to 67%
- **Redesigned renewal packets** - 33% shorter, added Colorado State seal
- **60-day extension for vulnerable populations through June 2024**
 - Long-term care, members on waived services, buy-in
 - Additional outreach from new Outbound Contact Center
 - Members have 60 day extension + 90 day reconsideration period to complete renewal
 - Created streamlined escalation process
 - Website LTSS specific resources - [LTSS FAQ page](#) and LTSS [one-pager](#)
- **Contracting with MA sites to work renewal backlogs and support counties**
- **Working with nursing facilities** to provide data on members needing more support
- **THANK YOU PARTNERS!** Reduced “whereabouts unknown” from 26% to 5% of procedural terminations with eligibility system processing improvements, consolidated Return Mail Center, and collaboration with partners

Questions?



Data Overview

Lisa Pera, HCPF Deputy Eligibility
Director

Chris Underwood, HCPF Chief
Administrative Officer

Visit our Data Reporting Page

Public Health Emergency Planning



Continuous Coverage Unwind Data Reporting

The Department of Health Care Policy & Financing (HCPF) will be reporting its progress on “unwinding” the continuous coverage requirement to the federal government. HCPF will post these reports on this page and include links to this information in our [monthly COVID-19 newsletter](https://visitor.r20.constantcontact.com/manage/optin?v=001HfxrbpGHWZ0lZnPp6t3PG2s9XPHl8ZvgFdjSkv5nhly8z9JmHyp6DeoLJ3saT6x0SeqRR1ub149uoXxe1ok4JTzfMSQ0BI1755vclIR07gdY%3D) (<https://visitor.r20.constantcontact.com/manage/optin?v=001HfxrbpGHWZ0lZnPp6t3PG2s9XPHl8ZvgFdjSkv5nhly8z9JmHyp6DeoLJ3saT6x0SeqRR1ub149uoXxe1ok4JTzfMSQ0BI1755vclIR07gdY%3D>).

[Connect for Health Colorado](https://connectforhealthco.com/) (<https://connectforhealthco.com/>) will be posting state based marketplace information according to their reporting schedules.

Returning to Regular Eligibility Operations

HCPF resumed the standard eligibility renewal processes beginning May 2023 for Health First Colorado (Colorado's Medicaid program) and Child Health Plan Plus (CHP+), beginning with March member notices. The state opted to take the full 12 months allowed by the federal government to complete renewals for all 1.75 million members, meaning we will be actively monitoring monthly renewal metrics from May 2023 until at least April 2024.

Colorado's focus is to ensure that those who qualify for our programs remain covered and those no longer eligible are connected to affordable, alternative coverage. Thank you for your vital partnership in achieving this shared goal. Visit KeepCOCovered.com (<http://KeepCOCovered.com>) to keep up with changing initiatives, messages and strategies you and your organization can employ, to the betterment of Coloradans, employers, providers and our economy.

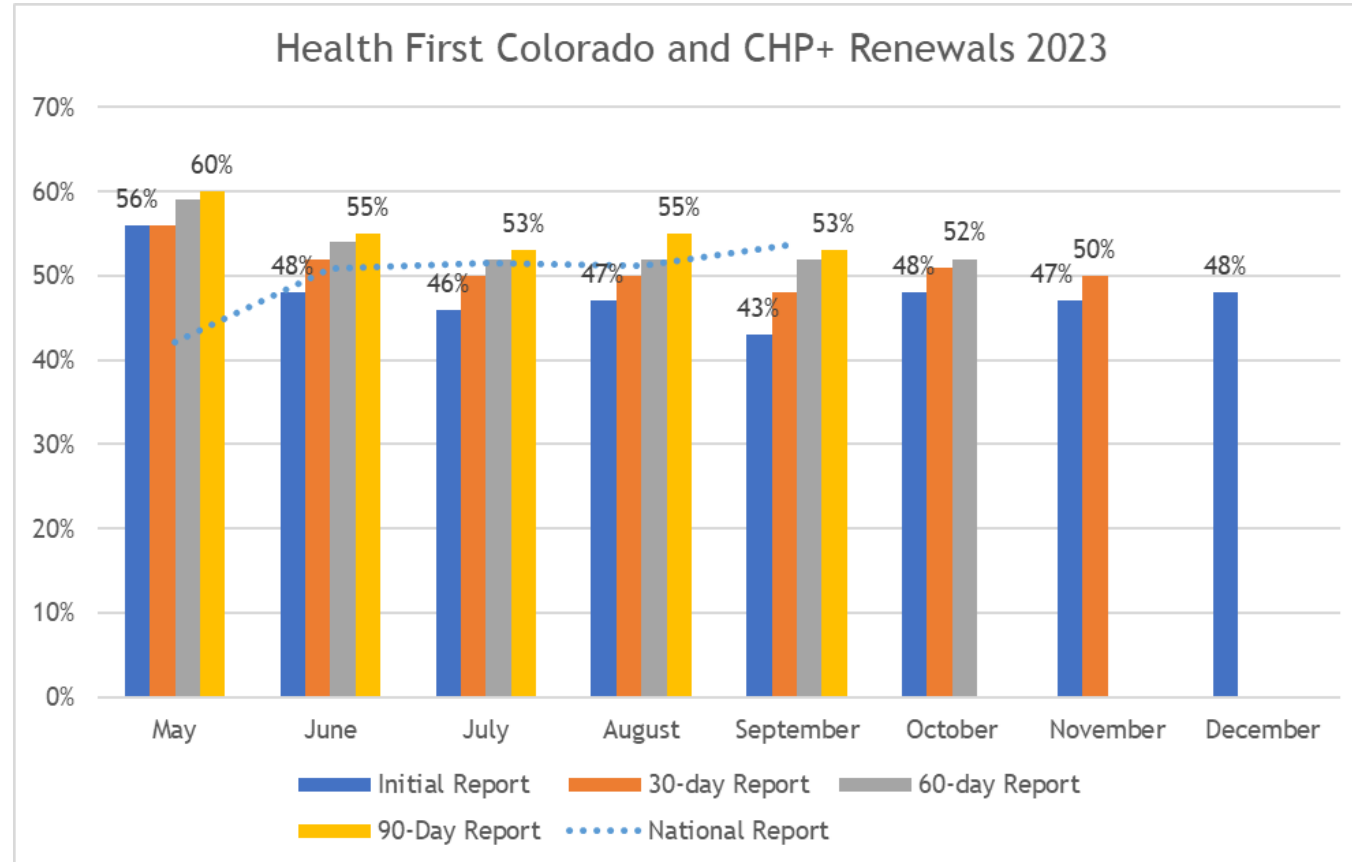
To better understand the results of the unwind data report, we looked at history. As you may know, members losing eligibility for Health First Colorado or CHP+ during the renewal process is part of regular eligibility operations. Members will enroll and be disenrolled from Health First Colorado or CHP+ due to changes in their life circumstances, like losing a job.

- Historical context from pre-pandemic renewals
- Monthly point in time data reports
- Links to the slides from this webinar with demographic breakouts
- Overview of reporting elements and what they mean
- FAQs and more...

Renewal Rate improves over 90 day reconsideration period

This chart shows the change in Unwind Data after the 90-day reconsideration period.

The Renewal rate increases by 7-10 points, to an avg. of 55%.



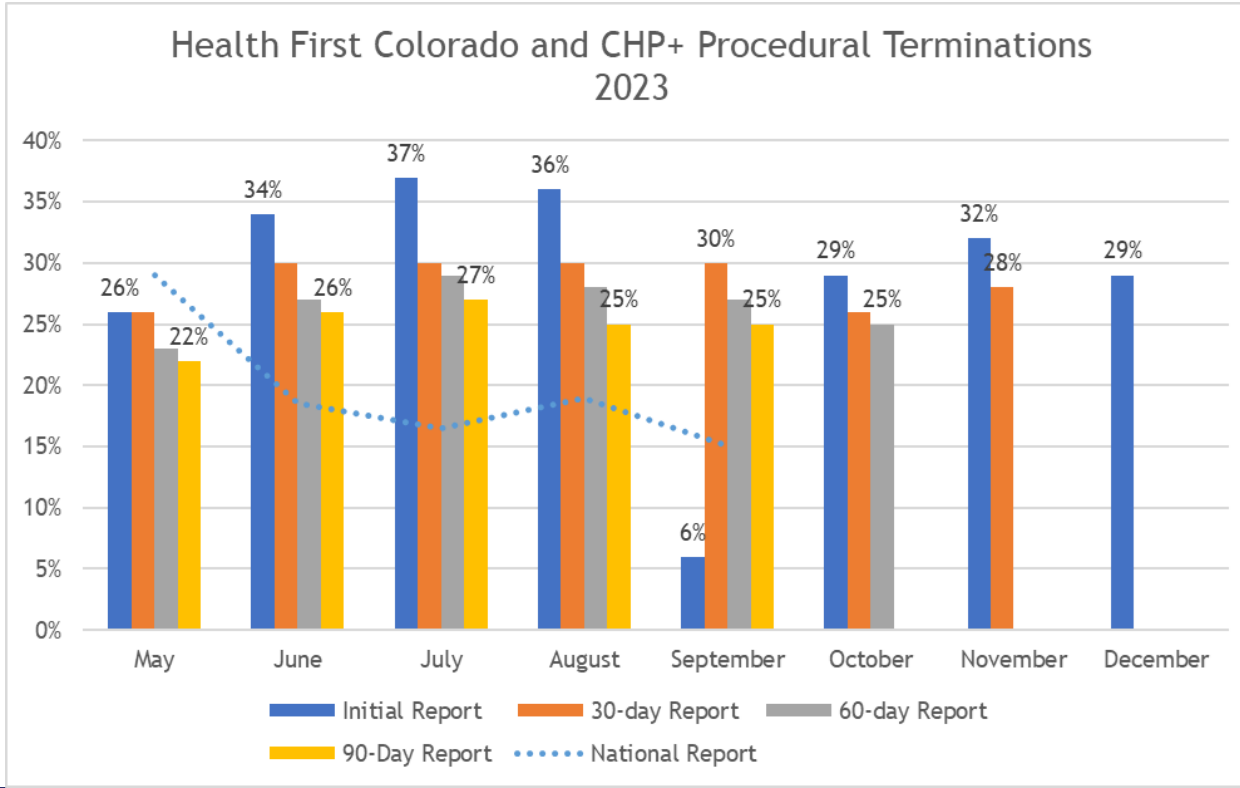
Procedural denials drop after the 90 day reconsideration period.

Our procedural denials will be higher because our pending rate is so low (historically 1-3% vs national 20%+).

Efforts to improve:

- more time for LTSS members & added LTSS outreach center
- created escalation process
- shortened renewal packet
- massive partnership with providers and stakeholders
- ex parte to individual level
- improved digital tool (PEAK)
- continued correspondence improvement projects

Procedural Denials

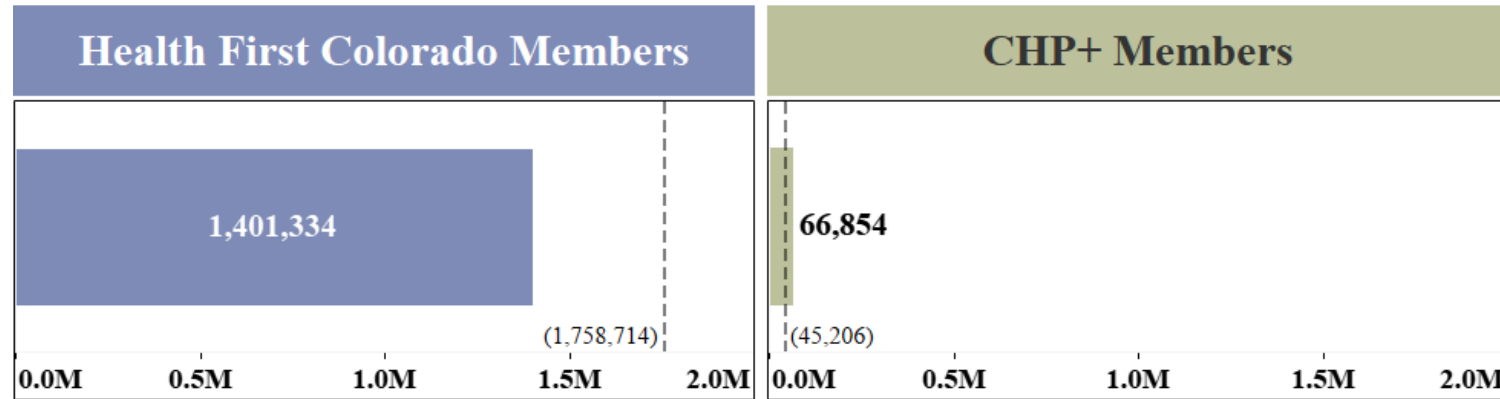


Data Overview: Overall Enrollment

Overall Enrollment

December 2023 Enrollment

(Reference Lines = May 2023 Baseline)



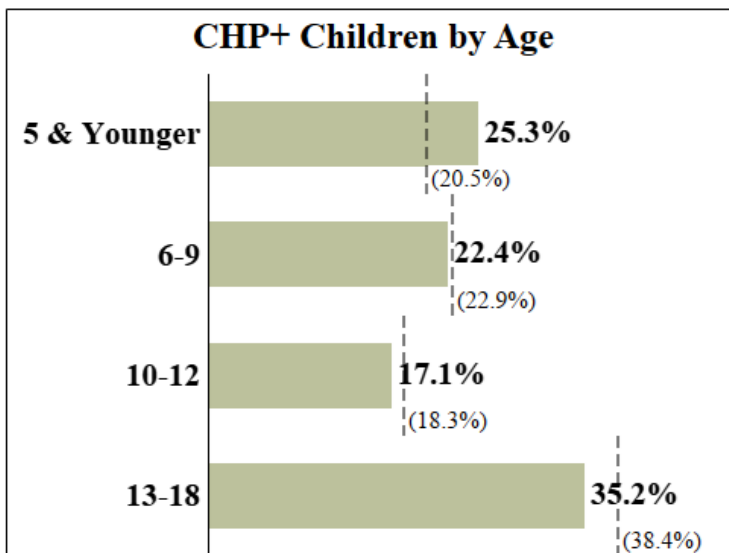
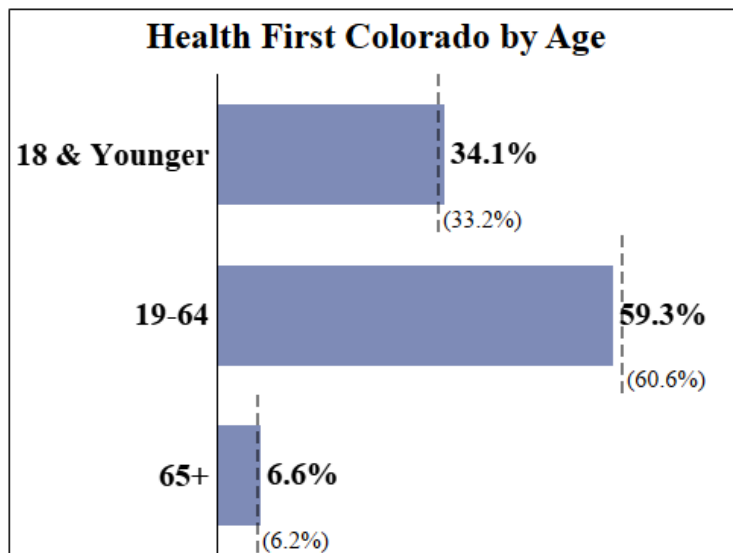
NOTE: Total enrollment is the net enrollment, includes those rolling off coverage, NEW applications and those who have regained coverage by completing renewals after deadline but during the 90 day reconsideration period.

Enrollment by Age

Distributions Remain Consistent

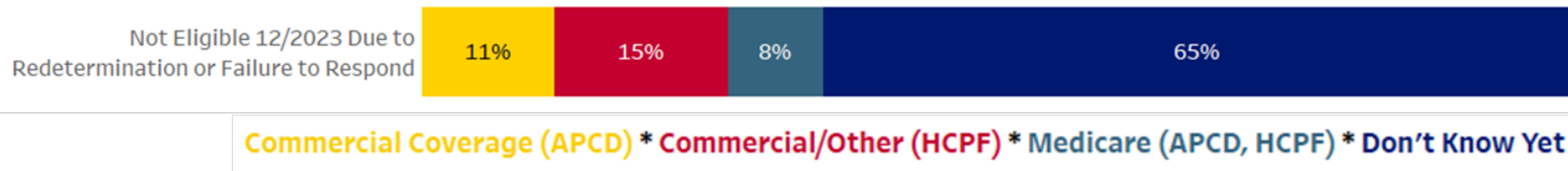
December 2023 Enrollment

(Reference Lines = May 2023 Baseline)



Changing Coverage: What we know with limited data

(May - July 2023 PHE Unwind Cohorts)



- We have leveraged our coordination of benefits data insights and May-July 2023 disenrolling Medicaid members compared to updated data from the All Payer Claims Database
- Based on that, we know that 34-35% of individuals have coverage (about 26% commercial and 8% Medicare). **We don't have data/optics on the rest of disenrolling members.**
- This is a lower bound figure, which will only go up with more data:
 - Not all health plans submit data to the APCD (i.e., most self insured employers don't)
 - Plans that do participate have a lag between when people enroll and when data are available. The most recent APCD data available is for Aug. 2023
 - Complete figures on transitions to commercial and Medicare coverage not available until at least 6 mo.s after Unwind
- More than 9,000 enrolled in Connect for Health; 17,700 enrolled into CHP+, many from Medicaid

Questions?



Contact Info

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Thank You!



COLORADO

Department of Health Care
Policy & Financing

Appendix



PHE Planning Resource Center

Links to Toolkits, FAQs, Reporting & more!

Public Health Emergency Planning



Toolkits

Update Your Address

Keep Coloradans
Covered

Take Action on Your
Renewal

Medicaid Scam
Warning

How can you continue to help?

- ❖ Use the renewal messaging and materials in the toolkits:
 - Add messaging about renewals in emails, newsletters and on websites
 - Share social media messages and graphics
 - Post flyers in public areas and hand out to members
- ❖ Familiarize yourself with the Partner Education Toolkit to help members who may need assistance and/or direct them to someone who can help.
- ❖ Check the regularly updated FAQs <https://hcpf.colorado.gov/covid-19-public-health-emergency-faqs>
- ❖ Sign up for the COVID-19 Public Health Emergency Updates Newsletter to receive important updates and new tools as they are released.