COVID-19
Public Health Emergency
Unwind Planning

County & Eligibility Partners
January 25, 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 will have time for questions at the end of the data section. 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. PEAK Updates

2. Long Term Care Streamlined Eligibility System Updates

3. Data Overview

4. Tips & Reminders

5. Let's Hear From You!

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.
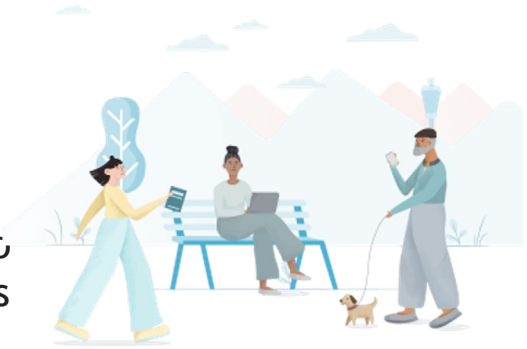
Our goal for plain language on PEAK
One of our biggest goals has been to heal and rebuild trust with PEAK users by using simplified, trauma-informed language and design.
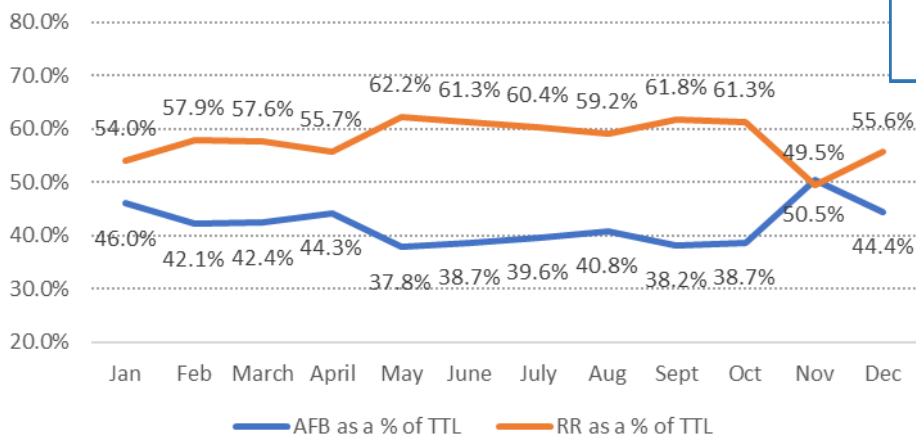
Since October 2020 over 12,000 person hours have been dedicated to reviewing visual designs and almost all content in PEAK

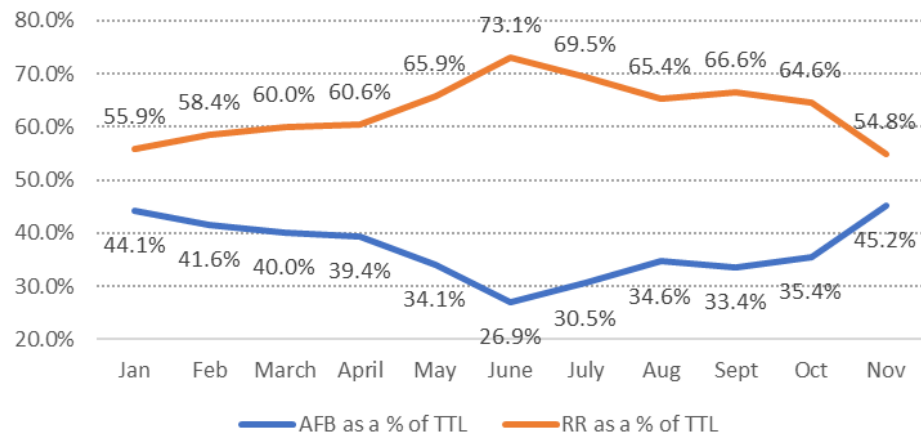**PEAK has a dedicated agile workstream for Plain Language enhancements.**
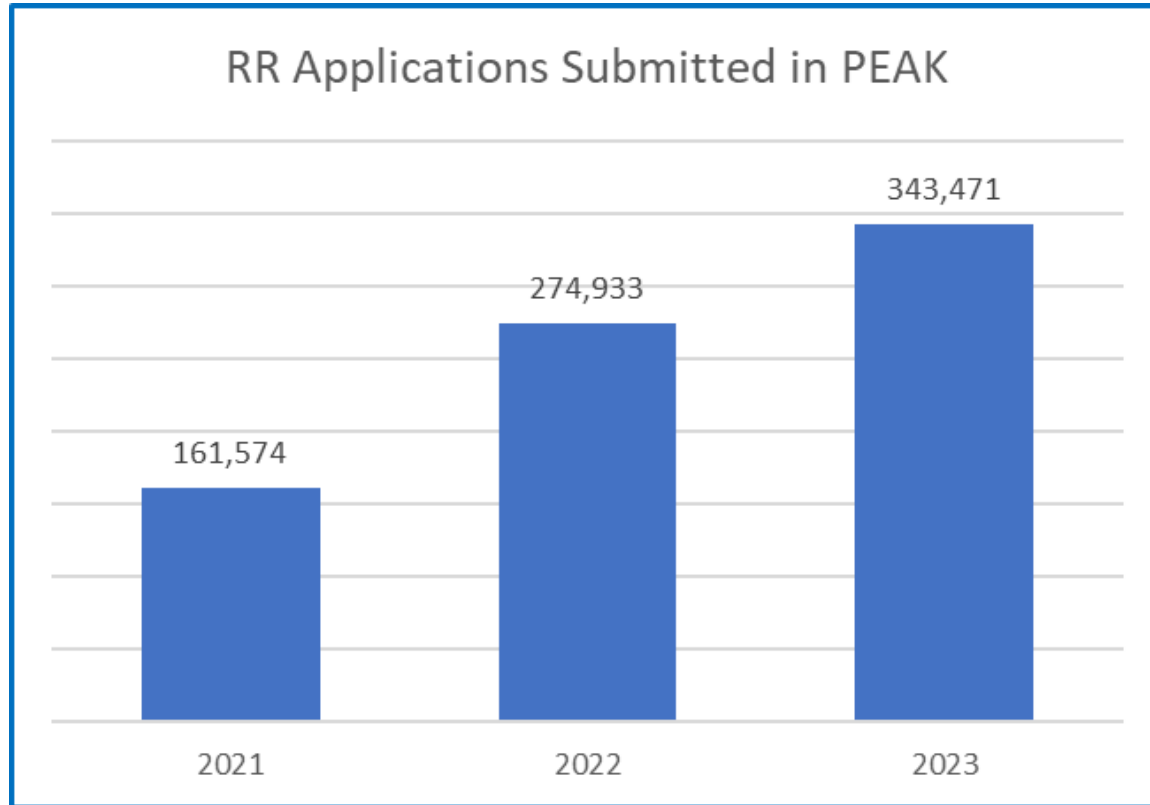
PEAK Applications Abandoned vs. Submitted

2023 % of application type submitted

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov
RR as a % of TTL	55.9%	58.4%	60.0%	60.6%	65.9%	73.1%	69.5%	65.4%	66.6%	64.6%	54.8%
AFB as a % of TTL	44.1%	41.6%	40.0%	39.4%	34.1%	26.9%	30.5%	34.6%	33.4%	35.4%	45.2%

2022 % of application type submitted

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
RR as a % of TTL	54.0%	57.9%	57.6%	55.7%	62.2%	61.3%	60.4%	59.2%	61.8%	61.3%	49.5%	55.6%
AFB as a % of TTL	46.0%	42.1%	42.4%	44.3%	37.8%	38.7%	39.6%	40.8%	38.2%	38.7%	50.5%	44.4%

PEAK Salesforce Data

6

Renewals Submitted

RR Applications Submitted in PEAK

- 2021: 161,574
- 2022: 274,933
- 2023: 343,471

PEAK Salesforce Data

CHATBOT – Renewal Data

	Total Chats	% of Total Chats
23-Nov	49399	14.7%

HealthFirst Web Site			
Re:Apply for Benefits	Renewal Alerts	Renewal FAQ	TTL
241	20	193	454
163	4	127	294
			748

Business Hours
Non-Business Hours

PEAK			
Re:Apply for Benefits	Renewal Alerts	Renewal FAQ	TTL
1470	143	2846	4459
1035	37	1733	2805
			7264

Business Hours
Non-Business Hours

40% of all Chats occur outside business hours

PEAK CHATBOT Renewal Utilization

Legend: # of PEAK Renewal CHATs — Renewal Chats as Percent of Total
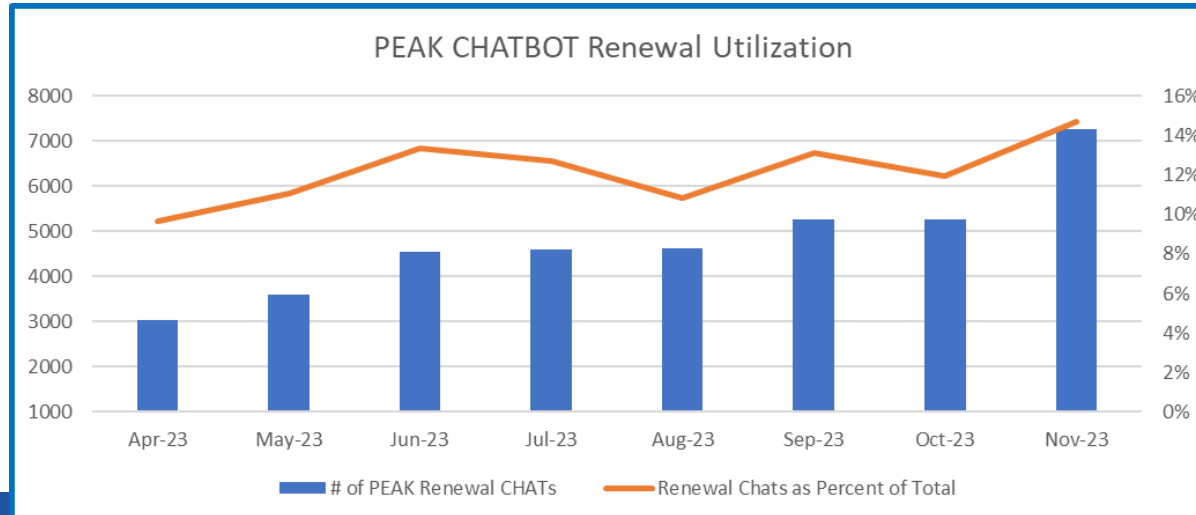
Apply for Benefits Post Survey

| 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

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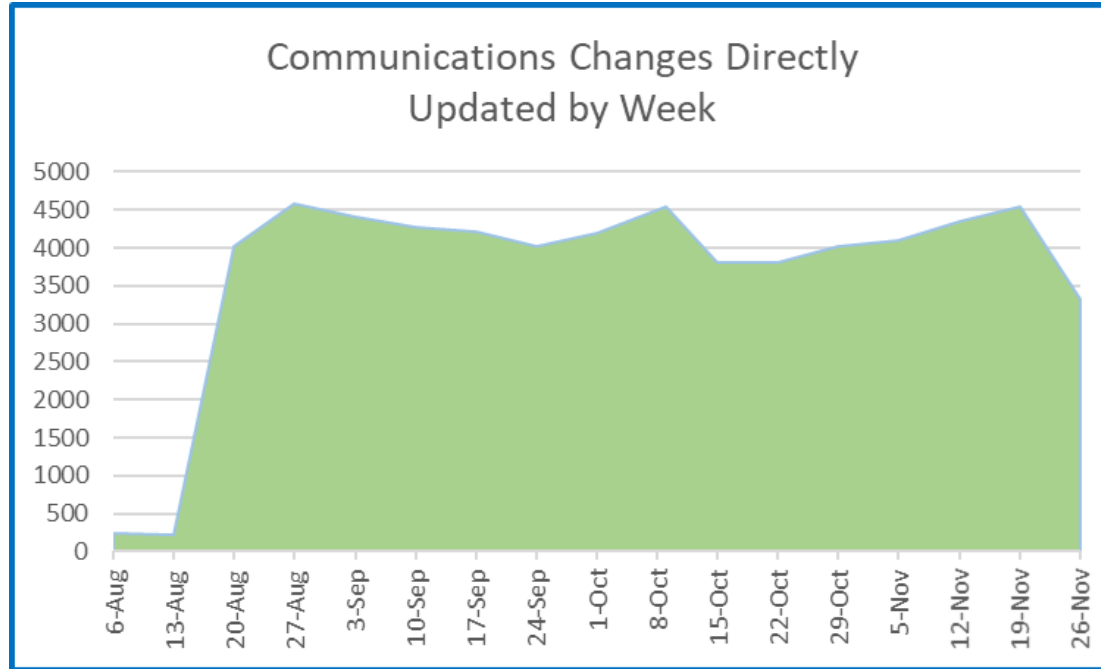
Post release tracking indicates a weekly average of 4,100 communications preferences directly updating into CBMS and not displaying in PEAK Inbox for caseworker review.

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

Long-Term Care Streamlined Eligibility Implementation

Claudia Guillen, HCPF
Kathleen Seese, HCPF
Michelle Topkoff, HCPF

LTC Streamlined Eligibility

- Streamlined eligibility will aim to improve and expedite the LTC Eligibility and Enrollment processes by implementing new system functionality to allow data sharing across multiple systems and automation of manual steps in the processes

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Current State

- CMA sends the LTSS Certification Page with the "Case Management Agency and Eligibility Information Sharing" form to the county, indicating the LTSS program
  - ➢ Fax
  - ➢ Email
  - ➢ Hard copy
- County processes the documents in CBMS
- County sends financial eligibility determination for specific program on Case Management Agency and Eligibility Information Sharing form
- CMAs process the documents
- CMAs and Counties use "Case Management Agency and Eligibility Information Sharing Form" for ad hoc communication between both parties
- CCM cannot be used to update member CBMS addresses

Why?

Case Management Redesign

New Structure   Conflict-Free

Single LTSS Assessment & Support Plan

New IT System   New Assessment Instrument   New Person-Centered Budget Algorithm

Future State - Streamlined Eligibility

- February 12, 2024 (First File)
- New system interface between CCM and PEAKPro/CBMS
- CCM will transmit all LTSS Level of Care types and PEAKPro/CBMS will process and transmit benefit aid codes
- One "Universal" aid code for all HCBS waivers
- CMAs will no longer use "Case Management Agency and Eligibility Information Sharing" form (aka DSS1) or LTSS certification pages for Initials or CSRs
- Information Sharing Form/Certification used for:
  - Communication regarding cases completed prior to 2/12
  - Backup if interface is not functioning
  - Other communication when needed, e.g., Referrals
- Addresses updated in CCM will be shared with CBMS for review & manual update

LOC Certification Interface

- Nightly batch process file from CCM >> PEAKPro >> CBMS
  - ➤ LOC Certification Data Records (New and Updates)
  - ➤ Monday - Friday 9:00pm
  - ➤ First File Transmit Date: February 12, 2024

- LOC Record Processing
  - ➤ PEAKPro receives and transmits to CBMS

- PEAK CRF LOC Certification sent to CBMS PEAK In-Box
  - ➤ Processed and Not Processed
  - ➤ Flagged as MA LOC for prioritization
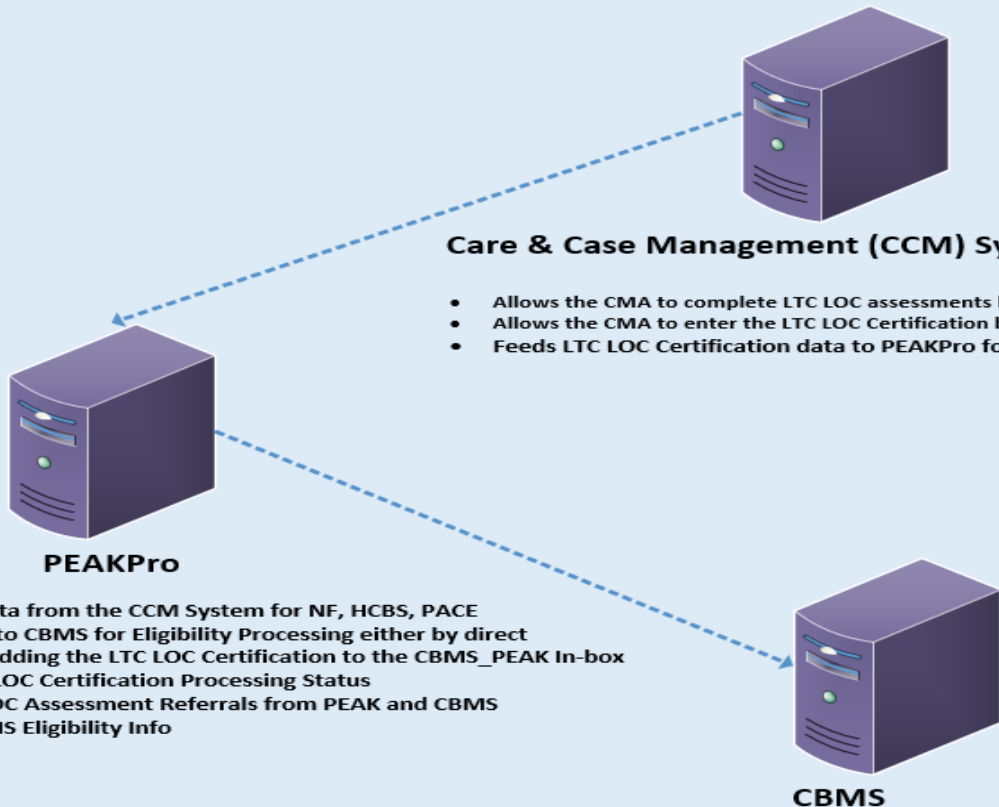
Care & Case Management (CCM) System [MedCompass]

- Allows the CMA to complete LTC LOC assessments based on referrals received from all sources
- Allows the CMA to enter the LTC LOC Certification based on the final assessment
- Feeds LTC LOC Certification data to PEAKPro for NF, HCBS, PACE

PEAKPro

- Receives LTC LOC Certification data from the CCM System for NF, HCBS, PACE
- Feeds LTC LOC Certification data to CBMS for Eligibility Processing either by direct mapping into CBMS pages &/or adding the LTC LOC Certification to the CBMS_PEAK In-box
- Allows the CMA to view the LTC LOC Certification Processing Status
- Allows the CMA to receive LTC LOC Assessment Referrals from PEAK and CBMS
- Allows the CMA to check for CBMS Eligibility Info

CBMS

- Receives LTC LOC Certification data from PEAKPro for NF, HCBS, PACE
- Completes Eligibility Determination for Medical Assistance based on records mapped directly
- Stores a PDF copy of the LTC LOC Certification received from the CCM in the CBMS_PEAK In-box for user reference (for both mapped and unmapped certs)
- Allows CBMS Users to submit a LTC Assessment Referral to PEAKPro

PEAKPro Updates

- Implementation Date: February 10, 2024

- Case Management Agencies (CMAs) will begin utilizing PEAKPro functions as of March 1, 2024
    - ➢ In-Box for LOC assessment referrals received from PEAK & CBMS
    - ➢ CBMS Eligibility Check
    - ➢ LOC Certification Processing Status

- Continue current referral process through 2/29/2024

CBMS Updates

- Implementation Date: February 10, 2024
- Updates needed to allow for new Case Management system LOC assessment workflow
- HCBS Aid Code Consolidation:
  - ➢ 11 existing HCBS aid codes >> 1 aid code (HCBS)

- Level of Care Type (LOC) Consolidation:
  - ➢ 22 existing LOC type options >> 5 LOC type options
    - ▪ HCBS
    - ▪ PACE
    - ▪ Nursing Facility
    - ▪ Hospital
    - ▪ Undetermined

CBMS Updates

- <u>LTC LOC page dynamic data entry flow</u>
  - ➢ Based on LOC Decision entered, enabled/disabled fields & drop-down options

- <u>LTC LOC Automated Referral Process</u>:
  - ➢ Decision = Pending LOC Type = Undetermined
  - ➢ Sends Referral to Case Management Agency PEAKPro In-Box
  - ➢ Date Referral Submitted captured on page
  - ➢ In addition, continue current referral process through 2/29/2024

CBMS Updates

- <u>One time LOC Record Data Conversion</u>
  - ➢ End active HCBS LOC records as of 2/29/2024
  - ➢ Insert new HCBS LOC record as of 3/1/2024

- <u>One time Eligibility Mass Update Conversion</u>
  - ➢ All active HCBS members
    - ▪ Current HCBS aid code eligibility will end 2/29/2024
    - ▪ New HCBS aid code eligibility will begin 3/1/2024
  - ➢ All active WAwD + HCBS members
    - ▪ Current WAwD + HCBS LOC type eligibility will end 2/29/2024
    - ▪ WAwD + new HCBS LOC type eligibility will begin 3/1/2024

Training/Communication

- <u>CMA Training</u>
  - PEAKPro Sessions on 1/30, 2/1 and 2/7
  - Streamline Eligibility Policy & CCM System training 2/5, 2/7, 2/8
  - PEAKPro & Streamline Office Hours 2/15, 2/22, 2/28
- <u>CBMS User Training</u>
  - Knowledge Transfer Call on 2/8
  - SDD Training Updates
    - Updates to all current LTC Training references
    - New desk references guides
    - Published by 2/9
  - Policy memos
    - Published by 2/9

Post-Implementation Support

- Command Center Calls
  - ➢ Calls will be set up for CBMS Users
  - ➢ Look out for CBMS Communication with details

- Submit Help Desk Tickets
  - ➢ Continue to submit help desk tickets in ServiceHub to report CBMS issues

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Questions?

Data Overview

Lisa Pera, HCPF

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=001HfxrbpGNWZ0IZnPp6t3PG2s9XPNl8ZvgFdjsKvSnhly8z9JmHyp6DeoLJ3saT6x0SeqRR1ub149uoXxe1ok4jTzfMSQ0BN7S5vcLiRO7gdY%3D).

Connect for Health Colorado (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%.

Health First Colorado and CHP+ Renewals 2023

Procedural Denials
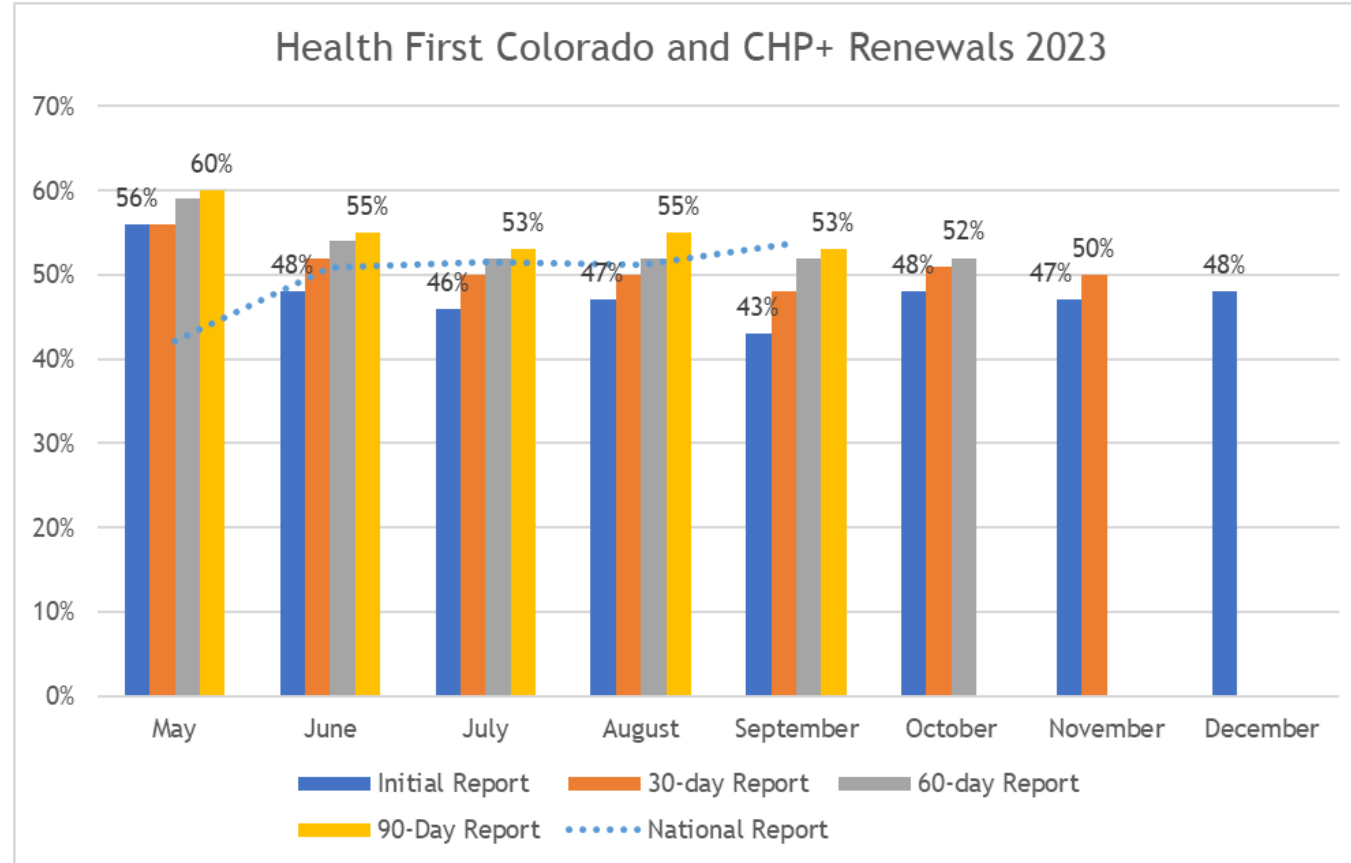
Procedural denials drop after the 90 day reconsideration period.

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

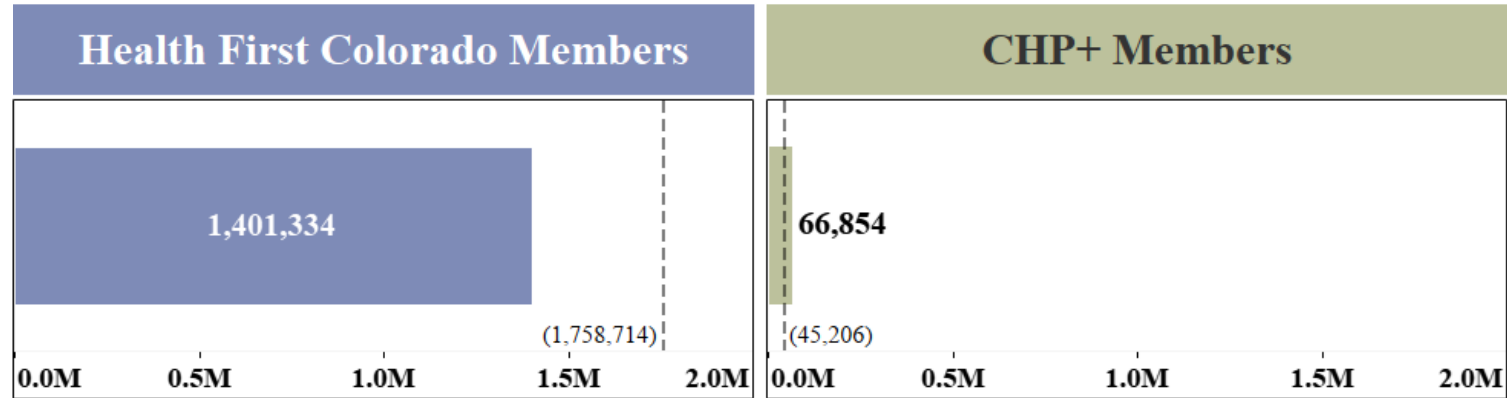Health First Colorado and CHP+ Procedural Terminations 2023
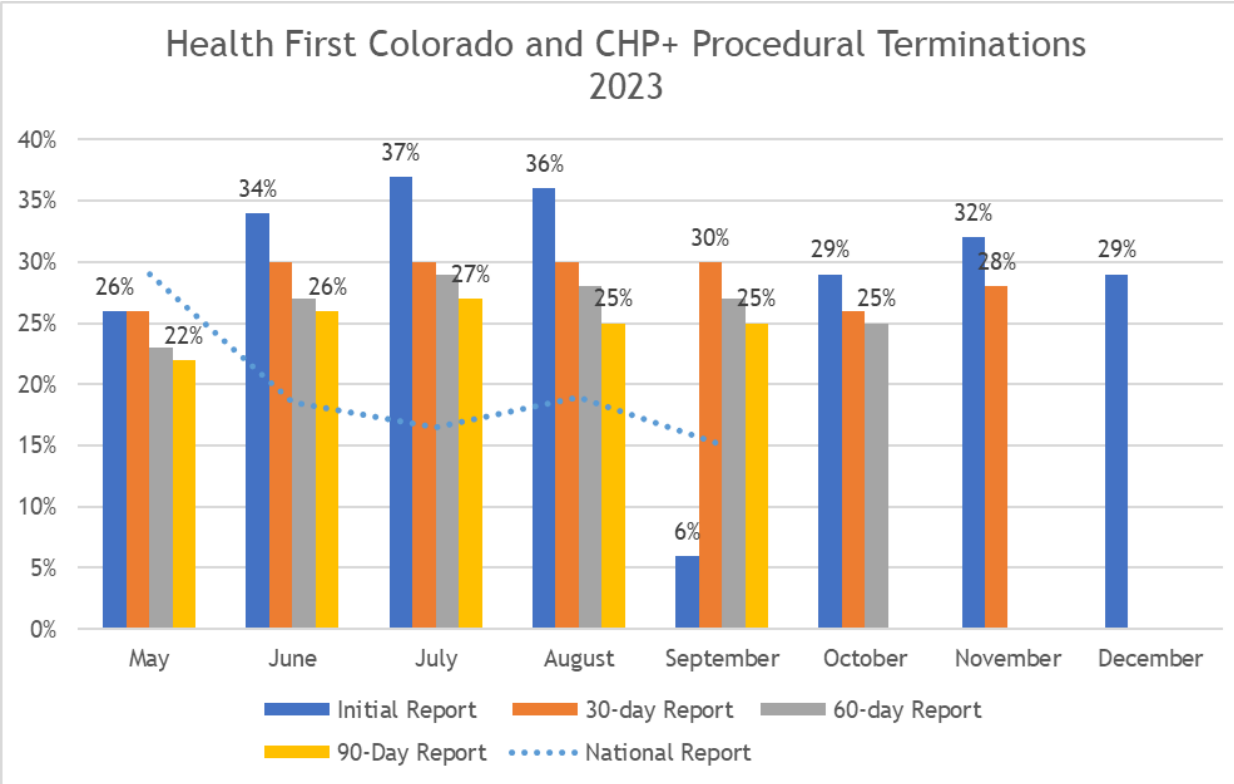
Data Overview: Overall Enrollment

Overall Enrollment

December 2023 Enrollment
(Reference Lines = May 2023 Baseline)

Health First Colorado Members	CHP+ Members

Health First Colorado Members: 1,401,334 (1,758,714)
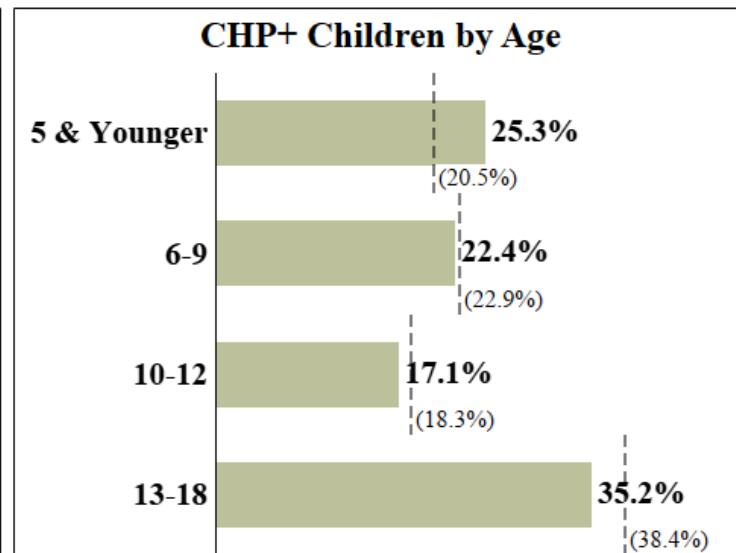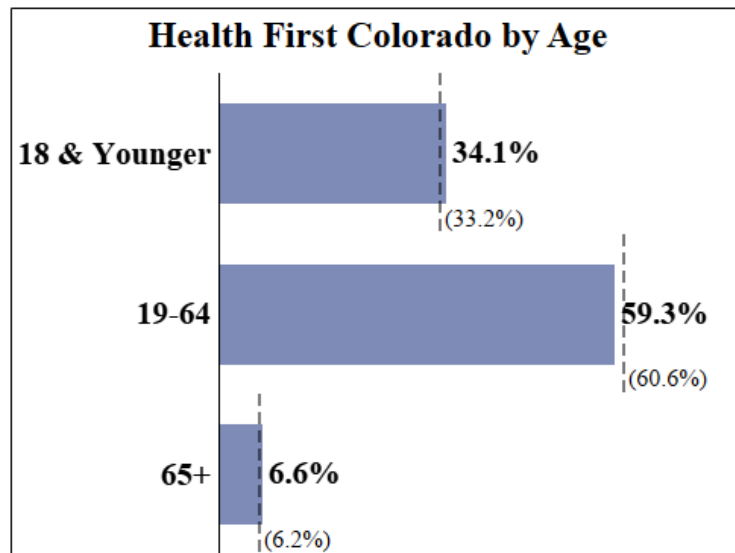
CHP+ Members: 66,854 (45,206)

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.

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Enrollment by Age
Distributions Remain Consistent

December 2023 Enrollment
(Reference Lines = May 2023 Baseline)

Health First Colorado by Age

- 18 & Younger: 34.1% (33.2%)
- 19-64: 59.3% (60.6%)
- 65+: 6.6% (6.2%)

CHP+ Children by Age

- 5 & Younger: 25.3% (20.5%)
- 6-9: 22.4% (22.9%)
- 10-12: 17.1% (18.3%)
- 13-18: 35.2% (38.4%)

Changing Coverage: What we know with limited data
(May - July 2023 PHE Unwind Cohorts)

Not Eligible 12/2023 Due to Redetermination or Failure to Respond	11%	15%	8%	65%

Commercial Coverage (APCD) * **Commercial/Other (HCPF)** * **Medicare (APCD, HCPF)** * **Don't Know Yet**
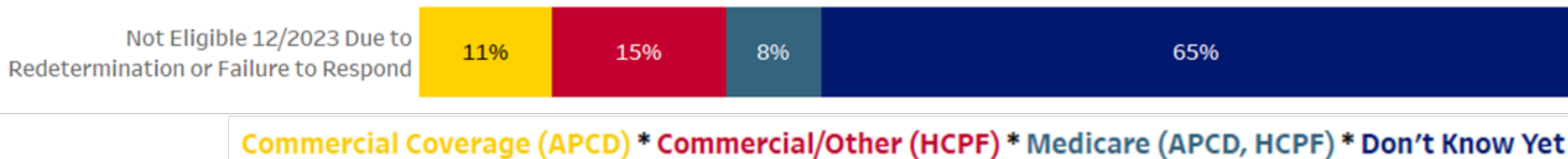
- We have leveraged our coordination of benefits data insights and May-July 2023 disenrolling Medicaid members compared to updated data from the All Payer Claims Database

- Based on that, we know that 34-35% of individuals have coverage (about 26% commercial an 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 (ie: 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; Over 17,700 more in CHP+, many from Medicaid

Questions?

Tips & Reminders

Marivel Klueckman, HCPF
Shawn Bodiker, HCPF

Buy-In Program for Working Adults with Disabilities (WAwD)

WAwD is a Category of Medical Assistance for adults with disabilities who work and are over-income or over resources for other Medical Assistance programs

It allows adults to work, maintain benefits and buy into Medicaid by paying a monthly premium.
It includes:

- Sliding scale based on income
- Regular Medicaid benefits
- A member always has the option to **Opt-Out of WAwD**
- Retroactive coverage is available

Eligibility Guidelines for Buy-In Program (WAwD)

The following factors are considered when an eligibility determination is made:

- Age (18 and older)
  - Expanded to 65+ years of age in July 2022
  - A youth who is working & between the ages of 16-18 will be placed into WAwD and considered as a household of one
- A full disability determination through SSA or ARG, or a minimum Limited disability determination through the state contractor
- Applicant is considered as an individual (other household member's income will not be used to determine eligibility)
- Member must be employed, self-employed, or job attached.
  - No minimum hours or amount of money earned needed

Financial Eligibility Buy-In Program (WAwD)

- The applicant's income must be **less than 450% Federal Poverty Level (FPL)** after disregards

  - Income Disregard(s):
    - Unearned/earned
    - $20 unearned income   disregard
    - $65 plus 1/2 the remaining earned income before taxes

- **Resources/assets not considered**

Some Buy-in members are eligible for additional Long-Term Care (LTC) services in the following Home and Community Based Services (HCBS) Waivers

Elderly Blind and Disabled (EBD)

Brain Injury (BI)

Community Mental Health Supports (CMHS)

Spinal Cord Injury (SCI)

Supported Living Services (SLS)

Developmental Disabilities (DD)

Accessing the Adult Buy-In Program

As of February 2020, individuals who meet the Adult Buy-In eligibility and financial criteria are prioritized into Adult Buy-in prior to other categories of Medicaid. This means:

- Individuals who are working and under 450% FPL will automatically be enrolled into the Adult Buy-in program
  - There is **not a resource test** for the Buy-In program
- Individuals who are on one of the LTC waiver services and working are enrolled into the Adult Buy-In program instead of LTC program
  - Members may continue on the waiver service as long as criteria is met
- Members may opt-out of Adult Buy-In. As long as criteria is met, may be eligible for another Medicaid category.

Other Tips and Reminder

Disability Determination Applications

- Operational Memo (HCPF OM 21-028)
  - Process Disability Determination Applications as soon as received, recommended within 5 business days as long as a Medicaid Application is in process, pending or active
  - Review the submitted Disability Determination Applications for completeness and signatures
  - Send the completed and signed Disability Determination Applications to the state Disability Determination vendor (ARG) within **one business day** after review
  - Assist applicants with incomplete Disability Determination Applications
- Trends observed from escalated cases
  - DD applications not being entered and the case pends to avoid closure
  - Incomplete, inaccurate and untimely applications sent to ARG

Other Tips & Reminders

Pending for Level of Care (LOC) and/or Disability

- Cases must be pended appropriately for level of care and/or disability to mitigate terminations while awaiting results from a Case Management Agency and/or the State disability vendor
- Refer to guidance and training materials provided for entering and pending cases for LTC LOC and Disability Determinations

CBMS Communication: HCPF - Pending a Case for Level of Care and Disability Determination (CBMS 2817_08152023)

Other Tips & Reminders

Guidance & Training Materials for LOC/Disability Determinations

Process Manuals

- Steps to pend a case in CBMS for LTC LOC or how to enter the LTC LOC once the Case Management Agency has provided it to the eligibility site.
- A step-by-step process for how to enter a Disability Determination into CBMS or pending a case for a Disability Determination.

Web-based Trainings(WBTs)

- Disability Determination in the Health First Colorado Buy-In Program WBT
- LOC information in the Long Term Care (LTC) Categories & Special Circumstances WBT
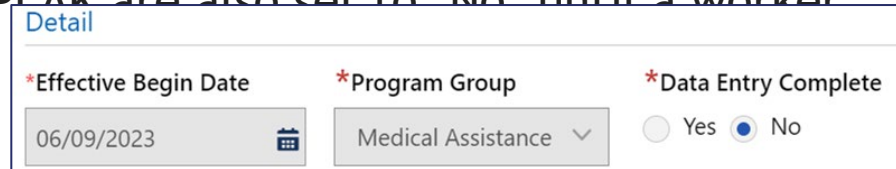
Other Tips and Reminder

Processing Renewals

- When a renewal packet is received, please start the renewal in CBMS
  - If not immediately, within 48 hours
  - This will help mitigate members being discontinued incorrectly for "Failure to return renewal packet"
- Data Entry Complete will automatically be set to 'No' upon starting the renewal
- CBMS starts renewals automatically for sites using Hyland or HSConnect document management systems
  - These sites should scan renewals immediately or within 48 hours

Tips and Reminder

Data Entry Complete = No

- This should remain 'No' while a worker is updating the case with information provided by the member
- If the case is pending for verifications or other information, this should be updated to 'Yes'
  - Cases left as 'No' will not terminate appropriately if a member fails to respond because the case is stalled due to data entry complete set to 'No'
- Renewals submitted through PEAK are also set to 'No' until a worker processes the renewal

Detail

*Effective Begin Date	*Program Group	*Data Entry Complete
06/09/2023	Medical Assistance ∨	○ Yes ● No

Let's Hear From You!

Questions?