

# HCPF/County Directors Monthly Leadership Call

1/30/2024

## Timeliness & Accuracy Q&A

1. **Question:** How did they come up with the measures they are currently using to hold counties accountable?
  - **Answer:** In FY13-14 these initial measures were identified based on court ordered requirements that focus on timeliness and backlog. This benchmark was established at 95% and will continue at the same 95% target per HCPF leadership. At the federal level the timeliness benchmark expectation is 100%.
  
2. **Question:** Is there any opportunity for these measures to be reviewed to ensure that we are striving for a specific target, like 95% timeliness? For example, 50 pending individuals past EDBC run in Denver is likely going to result in a percentage expectation that is much higher than 95% timely given the caseload size. Similar results are in play for most large counties.
  - **Answer:** This 95% target has been reviewed by HCPF and determined that this is still an accurate expectation. Historical performance based on FY14-15 through FY17-18, those requirements were adjusted each year based on previous years data. In FY 18-19 this approach changed to keep the benchmark the same across fiscal years.

For cycle FY 24-25, HCPF wants to work with counties to stop looking at backlog as an absolute number and more look at it as a number in terms of a total workload, this will produce a very different result. These conversations are set to be had within an Incentive Workgroup, as Incentives and MAP Dashboard programs are tied together, as it has been done in the past.

3. **Question:** The example above would result in a negative accounting for that specific metric and then also be counted as a negative result in overall timeliness. In essence a “double ding” if you will.
  - **Answer:** This might occur, yes. This is the way it has been since FY 14-15, HCPF has always looked at timeliness and backlog. In the example of a case that was in the backlog is going to count as untimely, but we aren't looking at just timeliness. We have to take a dual approach to ensure the backlog is being addressed; this is critical because in certain situations, a county can achieve 95% timeliness but still have growing backlogs. Looking at both ensures that both timeliness and backlogs are monitored. HCPF needs to track both metrics, so this will continue as is.

4. **Question:** Why the decision to pull county data on the 20th of each month? Would it be more advantageous to look comprehensively at the entire month vs. simply looking at a point in time?
- **Answer:** HCPF pulls on the 20th of each month because auto re-enrollment runs on the 15th of each month. HCPF is looking at the data as a point in time, because it needs to be measured against contract performance. Having a more dynamic view of the data is something that HCPF wants to work towards, same real time data some of the larger counties have, until then HCPF will continue the point in time pull.

5. **Question:** What specifically is reported to CMS in terms of quality and timeliness measures? Where specifically is that data housed as it has been referred to as being “public” information for all to see.

- **Answer:** The only public reporting HCPF does is for the PHE Unwind. CMS has mandated that states post this data regularly, it is looking at overall renewals, backlog, etc...Other than that no other public reporting is being completed. This has been an ask of HCPF multiple times from community partners and advocate community. Accusations are made that all counties are behind and HCPF can clearly say this is inaccurate but HCPF doesn't have a public dataset to refute this. This has been brought up with CHSDA before, how do we refute this narrative without the public reporting?

CMS has access to all HCPF compliance and monitoring data at their request; this includes timeliness, backlog, accuracy, call center and customer service data. HCPF is measured by CMS for accuracy through the Payment Error Rate Measurement (PERM) audit and Medicaid Eligibility Quality Control.

6. **Question:** Are counties held to expectations that are aligned with what is reported to CMS or are county expectations more stringent?

- **Answer:** HCPF tries to align with the Federal requirements but for timeliness, that federal expectations are 100%. In these instances, HCPF is allowing counties more flexibility than what CMS allows the state.

7. **Question:** What do the feds look for when they evaluate our state's compliance process and is there any flexibility while we are still working through the PHE Unwind?

- **Answer:** No, there is no flexibility. In the Consolidated Appropriations Act of late 2022, Congress dictated to CMS that states shall be monitored for application timeliness, renewal application backlog and timeliness, call center timeliness, procedural terminations, etc... If states are not meeting these requirements, then CMS will issue those states financial penalties for non-compliance. Depending on the state, these financial penalties can total tens of millions of dollars. CMS has started issuing these notices, but states are not having to pay these back yet. Colorado has not received this, but CMS is not flexible on this compliance piece.

8. **Question:** Is there any opportunity for review samples to be adjusted to include a statistically valid sample of cases? Reviewing only one or two per month really makes it difficult to truly understand Medicaid quality outcomes or even to establish trend data with Medicaid being our largest caseload.

- **Answer:** HCPF would need to complete a budget request for 30 or more FTE in order to increase this review sample size to be statistically valid. As such, increasing the sample size is not a feasible option at this time.

Possible Idea: Could counties get their QA staff access to HCPF systems to perform additional reviews to increase sample size without HCPF needing to complete that budget request?

9. **Question:** Is there an opportunity to adjust metrics to align with CDHS and “caseload” tracking vs “individual” tracking? A household of three could count as three errors for a HCPF review, whereas a household of three for a CDHS review would only count as 1 case error.

- **Answer:** No, CMS does not monitor cases; instead, CMS focuses on individuals. This requirement pushed HCPF to make the change from Ex-Parte from the household level to individual level. This will remain the same, as it must always align with CMS requirements.

10. **Question:** Can the Department provide reports to county leaders that are comprehensive and month over month, that show all counties, the number of errors per month that impacted eligibility and those that did not impact eligibility. This report would ideally go out the first week of each month for the previous months. This would allow counties to see the number of reviews, the outcomes, trending errors and have the visibility to counties that are doing well to look to for best practices OR counties that might need help from peer counties? Weekly reports, like court ordered timeliness reports, are sent to counties as well.

- **Answer:** This is a possible option. HCPF will review internally whether a new report to replace the old “Leo” reports is an option. The “Leo” reports were decommissioned from the shift in MAP Dashboard data reporting in FY 18-19.