

# 2021 COVID-19, RRR Revamp, and PEAK Modernization RMC/RRR Projects

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Informational Session: RRR Revamp  
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**COLORADO**

Department of Health Care  
Policy & Financing

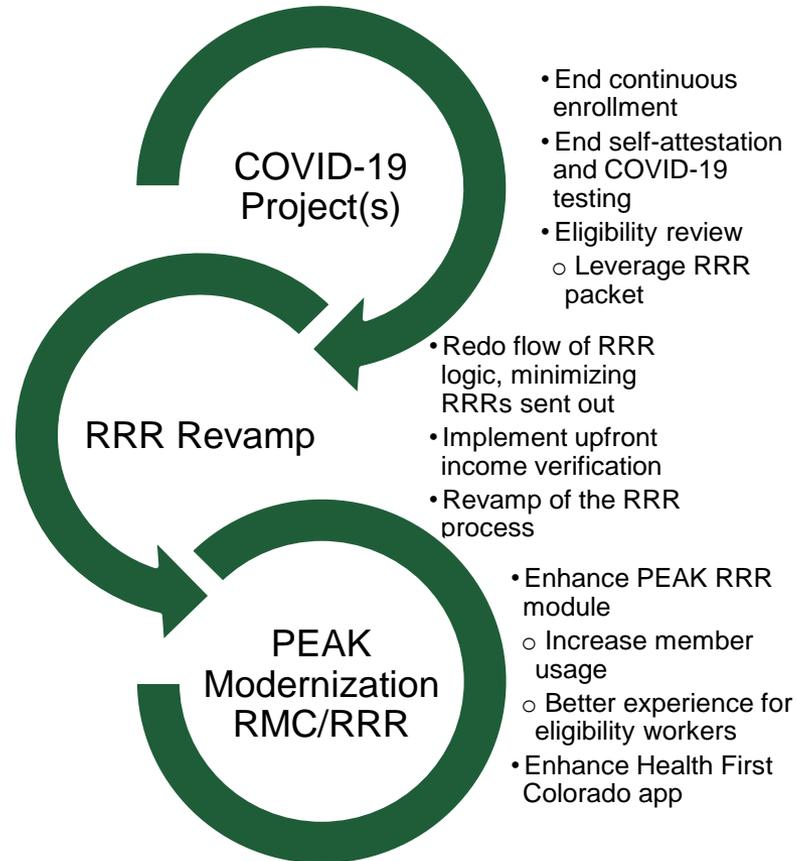


# Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



# Overview of 2021 Eligibility Initiatives



# RRR Revamp Project



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# RRR Revamp

- RRR Revamp project objectives
  - Leverage the ex-parte process upfront for RRRs and minimize the number of packets sent out
    - Leverage interfaces (FDSH/Equifax) and other program information
  - Update packet to address federal policy requirements
    - Includes adding a required signature page
  - Update the rescind (re-open) process
- Preparation for end of PHE and CMS (Federal) Compliance

# RRR Ex-Parte Process

- Leverage interfaces and information within the case to make an eligibility determination
  - FDSH/Equifax, Asset Verification, combo cases, etc
- If eligible, all eligible members will be approved and a Notice Of Action (NOA) will be sent. The NOA will include:
  - Information used to determine eligibility and the basis of continued eligibility
  - Member's obligation to provide updates if information is inaccurate or there are required changes
- Members are not required to sign or return notice

# RRR Packet Generation

- RRR Packet will be sent out for members whose sufficient information is not available or that the available information indicates at least one member may be ineligible.
  - Members will not be renewed or terminated because of unavailable information
  - The members must receive a pre-populated renewal form and a request for any changes
- **Members are required to sign and return RRR**

# Signature Policy Requirement

- Members must sign the renewal form and return within the allotted timeframe
- Signature must be received to make a final eligibility determination
  - Includes if no changes are reported, changes reported and/or verifications provided
- Entire packet does not need to be returned for acceptable signature, signature can be stand alone if no changes reported
- Changes can be reported using packet or separate document but still need the renewal signature page



# Methods for accepting signature

- Members must be able to return the signed form through all modes of submission available
  - Physical mail or fax
  - In-person
  - Online through PEAK – Signature option already exists today
  - Telephonic - Must retain recorded signature including the rights and responsibilities read to the member

# DRAFT Signature

## Your rights and responsibilities

- I am signing this renewal form under penalty of perjury. That means that I have provided true answers to all the questions on this form to the best of my knowledge, and I know that I may be subject to penalties under federal law if I provide false or untrue information.
- I know that I must tell [state agency] if anything changes and is different from what I wrote on this form. I can call XXX-XXX-XXXX or visit [web address] to report any changes. I understand that a change in my information might affect whether someone in my household qualifies for coverage.
- I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).
- If I think [state agency] has made a mistake, I can appeal its decision. To appeal means to tell someone at [state agency] that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting [state agency] at XXX-XXX-XXXX. Someone from [state agency] will explain anything about this application to me if I need that.
- I understand that if I do not qualify for Medicaid, [state agency] will check to see if I qualify for other kinds of health coverage. [State agency] may send my information to another program so they can see if I qualify. [State agency] will check my answers using information from computer data sources, including the Internal Revenue Service (IRS), the Social Security Administration, the Department of Homeland Security and others. If the information does not match, [state agency] may ask me to send more information.
- I understand that, after my death, [state agency] can file a claim against my estate to recover money that the state paid for coverage provided to me. This process must happen if I am in a medical institution and not expected to return home, or if I am 55 years of age or older and the state pays for my nursing facility services, home and community based services, or related hospital and prescription drug services. The amount recovered by the [state agency] will not be more than the amount Medicaid paid for my care.
- I understand that when I send in this form, it means I have permission from everyone whose information is on the form to submit their information to [state agency] and receive any communications about their eligibility and enrollment.
- I understand that [state agency] is authorized to collect information on this form, and other supporting information including Social Security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care Education Reconciliation Act of 2010 (Public Law 111-152) and the Social Security Act.

- ▶ Sign and date below. If you want an authorized representative or want to change the authorized representative you have now, fill out Attachment C on page 12.
- Check here if you are an authorized representative. Sign below and fill out Attachment C on page 12.

Signature of household contact or authorized representative:

Date:



# RRR Packet Update

- RRR Packet Updates
  - Add signature page with rights & responsibilities
  - Add retro Medicaid questions
  - Add Authorized representative signature page
  - Update inconsistencies and variations
- DOES NOT include a rewrite of RRR packet
  - This will be future phase

# Rescind (Re-open) Process

- Occurs when the member returns the RRR packet after the RRR due date and the case is reopened
  - Members will now have 90 calendar days from the date of termination to return the RRR packet without having to provide a new application
  - Member's eligibility date will be month that RRR packet was returned
    - Could create a gap in coverage but may request retro-Med to close gap

# Timelines



## Policy:

Policy changes will be taken to Medical Services Board (MSB) on October 8, 2021

## Systems:

This project will be implemented in December of 2021

## Operational:

This will be effective for PHE reviews starting January 1, 2022 and renewals month of TBD 2022



# Brainstorming

- What do you anticipate will be the biggest pain point?
- Ideas for minimizing the impact to members?
- How does this impact eligibility site workload?
  - Ideas for minimizing the impact to eligibility workers?
- Are there current existing business processes regarding signature that we need to take into consideration or that can be leveraged as best practice statewide?
- Are there proactive measures we can take now to prepare members for this?
- Other thoughts/ideas to take into consideration?



# Questions?



# Thank you!

