HCPF/County Directors & Leadership Monthly Support Call

February 21, 2023

Policy, Communication & Administration Office

Opening Remarks

Joshua Montoya

PHE Communications

Presented By: Marc Williams

Communications Approach: Phased Messaging

Update your address

Preparing for renewals

Take action on your renewal!

ongoing

 Spanish & 11 other languages available

- Education for partners assisting members in renewals process
- Video Series (En/Sp)
- Renewals webpage at HealthFirstColorado.com

Just Launched last week!

- Call to action & transitions in coverage messaging
- Developed with member feedback
- En/Sp available & other languages will follow



NEW: Take Action on Your Renewal Toolkit

Call to action to complete, sign, & return renewal packet, including:

- General outreach to all members to raise awareness
 - flyers, website text, newsletter and social media content
- Direct to Member outreach from HCPF,
 RAEs, MCOs when it is time to take action
 - texting, email, and letters



Coming: #KeepCOCovered

Goal: Keep as many Coloradans insured as possible when continuous coverage ends.

This campaign will engage state & community partners to help connect former Health First Colorado & CHP+ members who no longer qualify to other coverage options.

- Virtual meeting background
- Social graphics
- Website & newsletter text
- One pager

Coming March 2023



Expected County Actions

We need your help with raising awareness about the need to complete renewals! Counties can use the general outreach communications in the Toolkit by posting in their lobbies and sharing with community partners

At this time, counties are <u>not</u> expected nor required to do direct member outreach - the Department and Regional Accountable Entities will take this role on

If counties wish to do direct member outreach, they should coordinate with HCPF so we align messaging and timeframes. Send an email to HCPF County Relations Inbox so we can set up time to discuss.





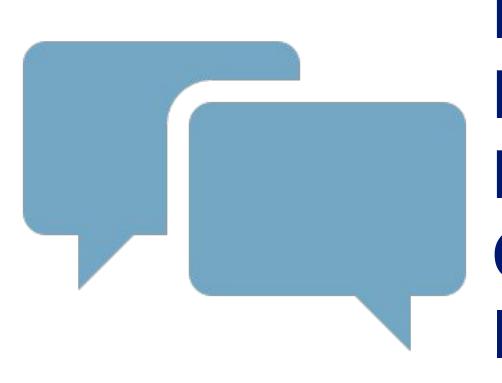
Alison.Ledden@state.co.us

Marc.Williams@state.co.us



FY 2023-24 County Incentives Program

Presented By: Joshua Montoya, Terri Alexander and Christine Torres



Engaging Early: FY 2023-24 County Incentives **Program**

FY 2022-23 Incentives Changes

FY 2022-23 County Incentives Program saw numerous changes, which were implemented based on requirements on the FY 2022-23 R8 budget request. This included:

- Addition of the Customer Service Incentive, which groups counties into two tiers and focuses on Call Center wait times (Tier 1) and customer service surveys or improvement plans (Tier 2)
- Continuation of the Accuracy Incentive, which focuses on reducing error rates
- Continuation of the Performance Compliance Incentive, focusing on meeting targets for performance measures



County Incentives and PHE Unwind

With the coming workload related to the end of Continuous Coverage and the Public Health Emergency (PHE) Unwind, the administrative burden for counties of adding new Incentives is untenable

However, the Department must continue to focus on three areas which will be continuously reviewed by the federal government during the PHE Unwind: Customer Service, Accuracy and Performance of Eligibility Determinations

Poor performance in these areas can result in additional federal government oversight and funding risks

FY 2023-24 County Incentives Program

Because of the workload changes relating to Continuous Coverage, the Department is proposing minimal changes to the FY 2023-24 County Incentives Program. We recommend rolling over the current Incentives for FY 2023-24, including:

- Refining the Customer Service Incentive, including standardized definitions for Call Center/Tier 1
- Returning the Accuracy Incentive to focus on county error rates and accuracy targets
- Performance Compliance Incentive changes will be minimal, so counties can focus on meeting targets for which federal monitoring will occur

FY23-24 Customer Service Incentive

The Department will continue and expand on the work done for the Customer Service Incentive in FY22-23 into FY23-24. Proposed changes include:

For Tier 1

- Meeting the revised benchmark for Average Speed to Answer (ASA) by December 2023 and June 2024
- Standardized Call Center definitions
- Clarified Call Center reporting

For Tier 2

- Implement survey outreach plan and meet survey completion benchmarks (Tier 2A)
- . Implement customer service improvement plan (Tier 2B)

FY23-24 Accuracy Incentive

The Department will return to monitoring county error rates and whether those error rates are meeting accuracy targets, based on county size.

- The Eligibility Quality Assurance (EQA) Program will have 12 months of continuous error rate data for review by June 2024.
- Accuracy targets will remain the same as FY 2021-22, which the Department committed to for FY 2022-23
- . No other changes will be made

FY23-24 Performance Compliance Incentive

The Department will continue performance monitoring through the Performance Compliance Incentive. Proposed changes are minimal and include:

- Refinement of the new timeliness data before July 2023, for use in FY 2023-24 performance monitoring
- Addition of case changes monitoring in July 2023 (previously communicated)
- . No other changes will be made

Next Steps

Please be sure you have signed your FY 2022-23 contract amendment; contact the County Relations Inbox if you're unsure of your signature completion

Contract amendments will be prepared in March 2023, and be sent for signature by May 2023

All signatures will be due by June 30, 2023; for any county without a signature by that date, an Option Letter will be issued to hold over the contract for signature

Questions? Send an email to our County Relations Inbox

Customer Service and Complaint Expectations Memo

Presented By: Terri Alexander

Customer Service & Complaint Expectations

OM 23-004 effective date February 15, 2023 revised and formalized processes specific to applicant and member complaints, escalations and customer satisfaction surveys for ensuring customer service is provided in accordance with standard of timely, respectful and culturally appropriate customer service.

Counties must have internal controls to provide adequate customer service for applicants and members of the Medical Assistance Program (internal controls are documented processes and procedures designed to provide reasonable assurance of compliance with applicable laws, rules, regulations, contracts, policies or procedures.

Customer Service & Complaint Expectations

Eligibility site staff must be aware of the Department's complaint process and encourage applicants and members to use such process if the applicant or member feels it is necessary.

The submission of complaints should not be discouraged, and no retaliatory action can be taken against an applicant or member for the submission of a complaint.

Customer Service Relationship Management system (CRM)

Informational posters and noticing are in development; to be ready by May 2023.

The County and Eligibility Site Member Complaint and Escalation Form can be found at:

https://hcpfdev.secure.force.com/CountyMemberWebform

Use this link to direct applicants and members to submit state-level complaints and escalations.

Escalations

A complaint becomes an escalation when there is an increase in the severity or seriousness of an issue, typically tied to whether the applicant or member's case is or has been impacted by the actions taken or not taken by the eligibility site.

Escalations can be received directly from the applicant or member, from a partner agency such as a nursing facility or case management agency, or from another eligibility site.

For escalations, follow the same process as an applicant or member complaint, including the CRM ticket process and timelines. Because an escalation is always tied to a case update or additional information the eligibility site would act on, an escalation should **always** include contact or outreach with that applicant or member.

Customer Service Relationship Management system (CRM)

CRM system creates a trackable ticket for each complaint or escalation and can attach those to an individual known to the Colorado Benefits Management System (CBMS). Eligibility sites are required to use the CRM ticket system to ensure that the information they report back to the Department is attached to the correct trackable ticket.

The CRM system also accepts information for individuals not known to CBMS.

Emails should **always** be encrypted if protected health information is included in the CRM ticket.

Customer Service Relationship Management system (CRM)

Sites must reply to the initial CRM ticket and must not change the email's header (the email header contains the Thread ID that allows Salesforce to track the ticket).

The CRM ticket will likely include a request for the eligibility site to conduct research on the complaint or escalation, to contact the member regarding the results of that research and appropriately resolve the case, and report back to the Department with those results.

Timelines for Responses

Complaints that require action will be assigned to the eligibility site by the Department within two (2) business days.

Depending on the priority of the complaint, the eligibility site will:

- 1. Not be required to respond, but be provided a copy of the complaint
- 2. Will be required to respond within three (3) business days, if a high-priority issue
- 3. Will be required to respond within seven (7) business days, if a standard complaint

Customer Service & Complaint Expectations

The eligibility site responsibility for applicant and member complaints include:

- 1. Responding to the CRM ticket, which will be emailed to the eligibility site's escalation or secondary director contact within the timeframe specified by the Department.
 - a. The CRM ticket will include instructions on whether the eligibility site must reach out and contact the applicant or member.
- 2. Accurately communicating in the CRM ticket response reply sent back to the Department **both** what the resolution to the complaint was **and** whether the applicant or member was contacted.
- 3. Documenting in the applicant or member's case in CBMS that
 - a. a state complaint was received,
 - b. what actions were taken,
 - c. what the resolution was, and
 - d. whether the applicant or member was contacted.

Takeaways for Complaints & Escalations

- Develop documented written policies and procedures for implementing OM 23-004
- Poster is forthcoming
- Follow the timelines outlined in memo for managing complaints and escalations
- Be sure to respond to CRM tickets as required (not changing email header)





Questions?



Contact Information

HCPF/County Directors & Leadership Monthly Support Call - Agenda Items & Meeting Set-Up:

Sarah Rogers

Sarah.Rogers@state.co.us

For questions for County
Relations, please submit a County
Relations webform ticket:
https://hcpfdev.secure.force.com/
HCPFCountyRelations, or email
HCPF CountyRelations@state.co.us



Thank you!