

COVID-19 Public Health Emergency Unwind Planning

Community Partners
April 24, 2024

Rachel Reiter | Policy, Communication & Administration Office Director, HCPF

Lisa Pera | Deputy Eligibility Division Director, HCPF

Chris Underwood | Chief Administrative Officer, HCPF

Mike West | PEAK Product Owner, HCPF

Ezra Watland | Director of Communications and Marketing Strategy,
Connect for Health Colorado



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. Review of Unwind Outreach
3. Data Overview
4. Policy Changes & System Updates
5. PEAK Updates
6. Outreach Collaboration Lessons Learned - Regional Accountable Entities (RAEs)
7. Transitions In Coverage - Connect for Health Colorado
8. Wrap Up

More work to get Coloradans covered

- April 30 ends the formal 12-month unwind cycle, followed by the 90-day reconsideration period.
 - We have special processes in place for Members with Long Term Services & Supports (LTSS) in place at least until Dec 31.
- Currently evaluating what outreach was most effective - we are exploring supplementing the Regional Accountable Entity (RAE) touches for select members not renewing with more targeted outreaches.
- ***Additional Insights Over Coming Months:*** Surveys to understand where those who rolled off coverage landed - Connect for Health Colorado, All Payer Claims Database Analysis, informal surveys of uninsured at points of care.
- Keep Informed - PHE Newsletter monthly thru July, then updates in At A Glance

Thank You for Helping #KeepCOCovered

- 2,573 **Update Your Address** page visits and 6,295 **Get Ready to Renew** page visits. Combined **toolkit accessed 776 times**
- 3,005 **Take Action on Your Renewal** visits and **toolkit accessed 958 times**
- 18,148 **KeepCOCovered** page visits and **toolkit accessed 1,038 times**
- 68,329 PSA Spots (8,432 TV, 59,897 Radio - thru Dec)

Countless awareness building and take action conversations between partners and members!



We can #KeepCOCovered



HCPF Direct-to-Member Outreach

NOTE: Outreach is by household



357,064 its your time to renew text messages sent

- 310,444 English | 46,620 Spanish



131,097 emails sent



43,074 App push notifications



112,937 reminder letters mailed

Coordinated RAE and
CHP+ Plans direct-to-
member reminder
outreach

Data Overview

Lisa Pera, HCPF Deputy Eligibility
Director

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=001HfxrbpGIHWZ0lZnPP6t3PG2s9XPII8ZvgEdjskVsnhly8z9JmHyp6DeoLJ3saT6x0SeqRR1ub149uoXxe1ok4jTzfMSOQB1H755vclIRO7gdY%3D) (<https://visitor.r20.constantcontact.com/manage/optin?v=001HfxrbpGIHWZ0lZnPP6t3PG2s9XPII8ZvgEdjskVsnhly8z9JmHyp6DeoLJ3saT6x0SeqRR1ub149uoXxe1ok4jTzfMSOQB1H755vclIRO7gdY%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.

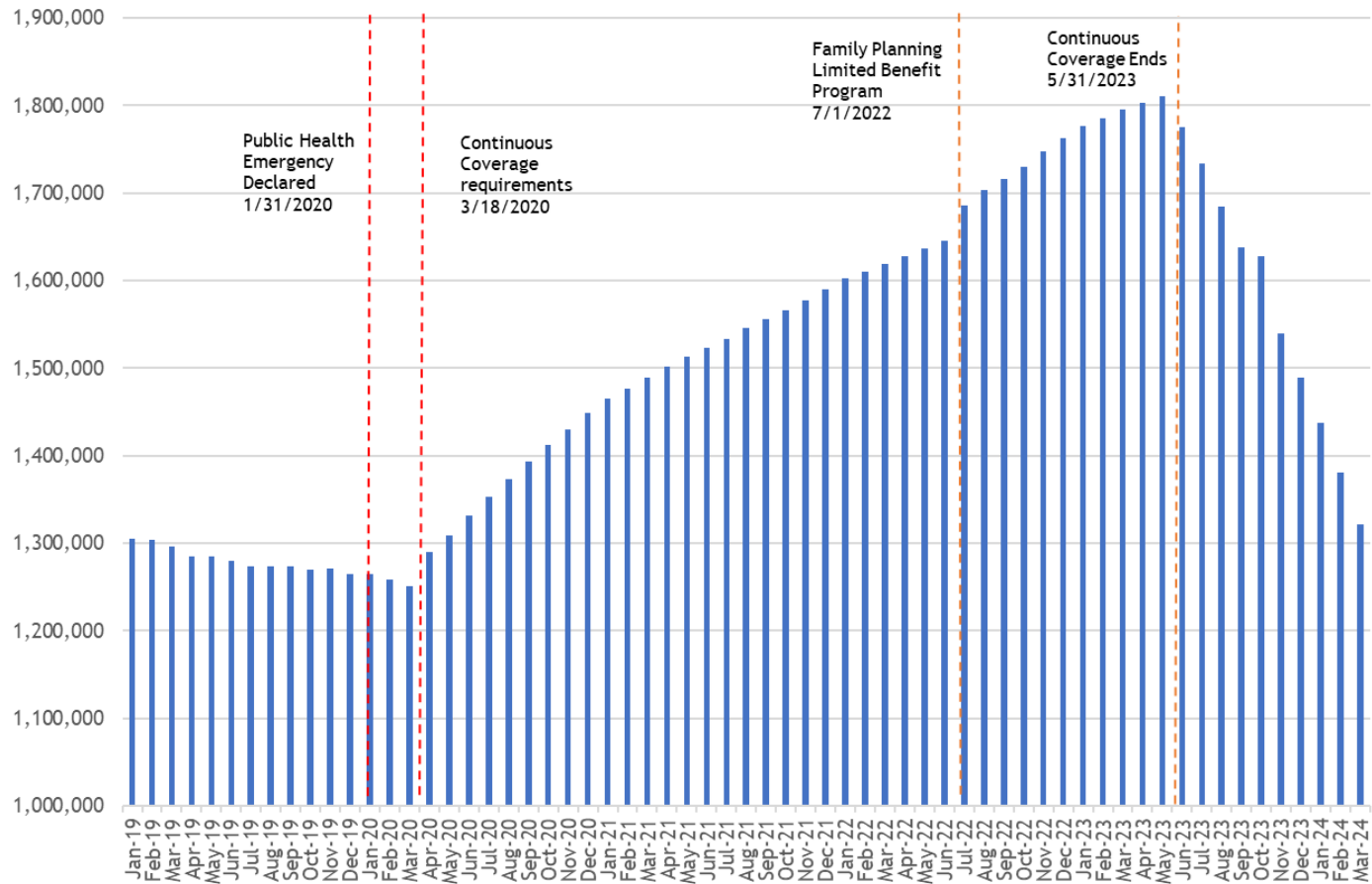
To better understand the results of the unwind data report, we looked at history. As you may know, members losing eligibility for Health First Colorado or CHP+ during the renewal process is part of regular eligibility operations. Members will enroll and be disenrolled from Health First Colorado or CHP+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

Medicaid & CHP+ Enrollment Change:

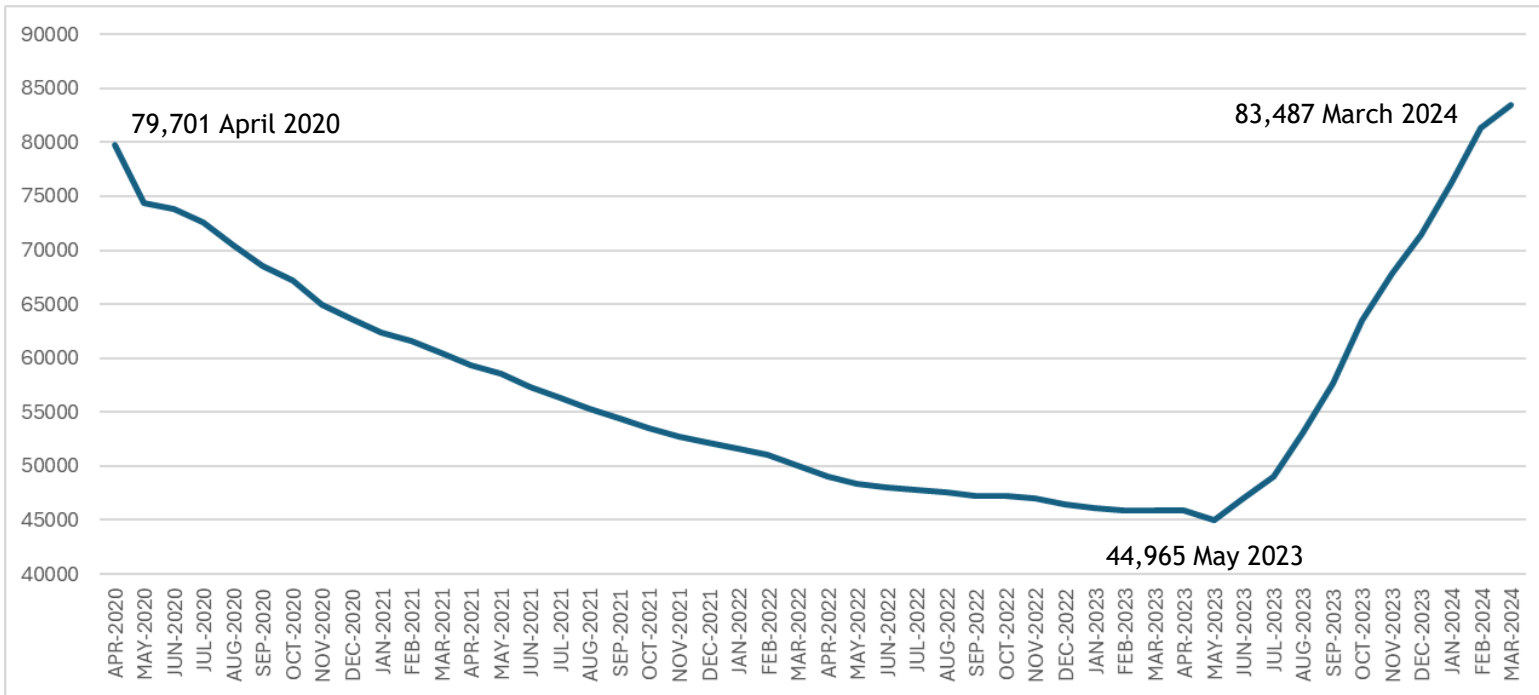
- 45%+ growth Q2 2020 thru May 2023 PHE continuous coverage
- Taking the full 12 months federally allowed to unwind.
- All members redetermined for eligibility on their anniversary month.
- 1st month: May 2023
- Last month: April '24
- Decrease thru 11 months post PHE (489k, 27%, projected 519k)

Total Enrollment (Medical Assistance) 3/31/2024



CHP+ enrollment (1-month lag to caseload)

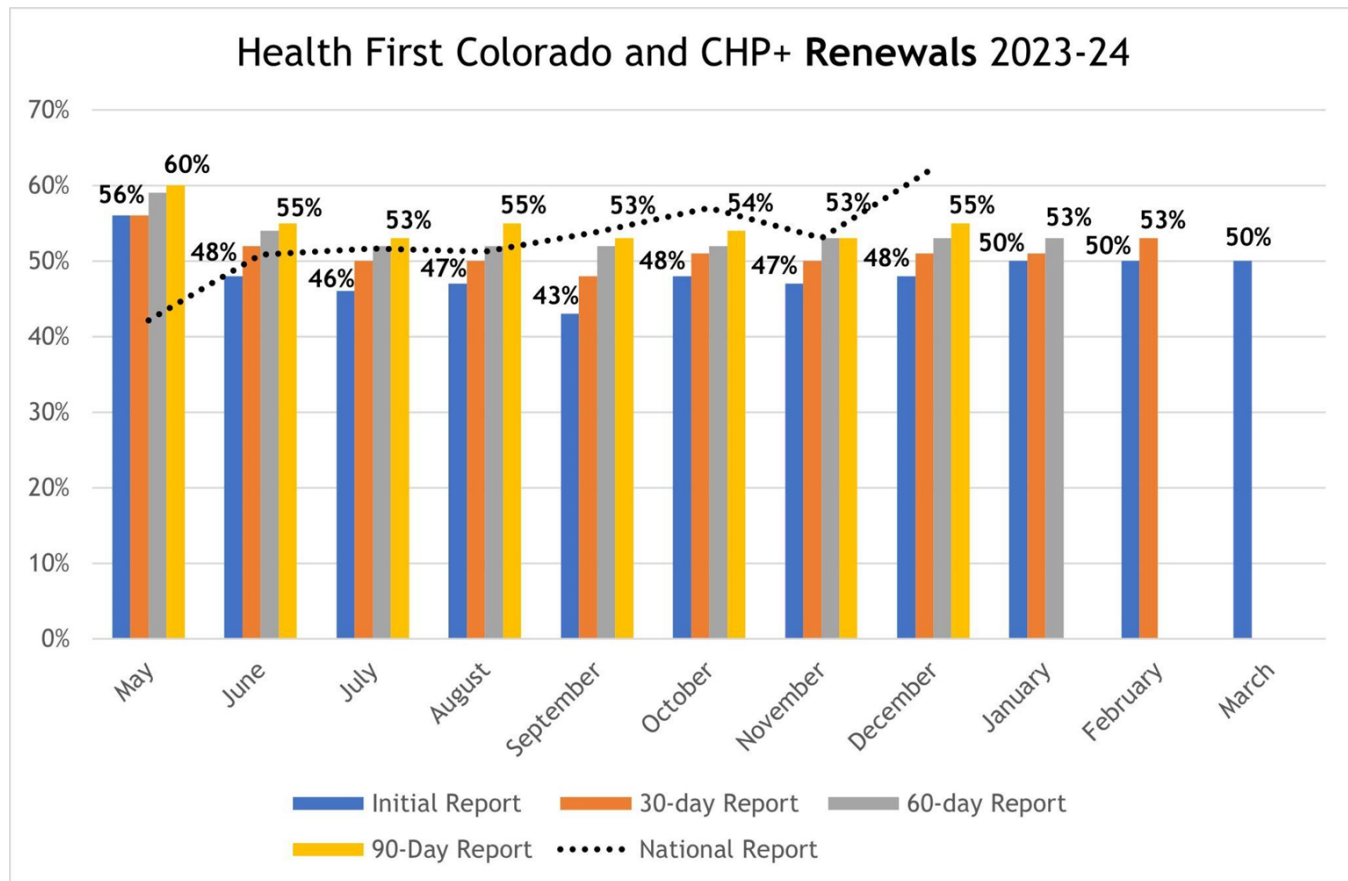
March CHP+ enrollment has rebounded and surpassed pre-pandemic levels, reflecting both new members and moving from Medicaid.



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%.



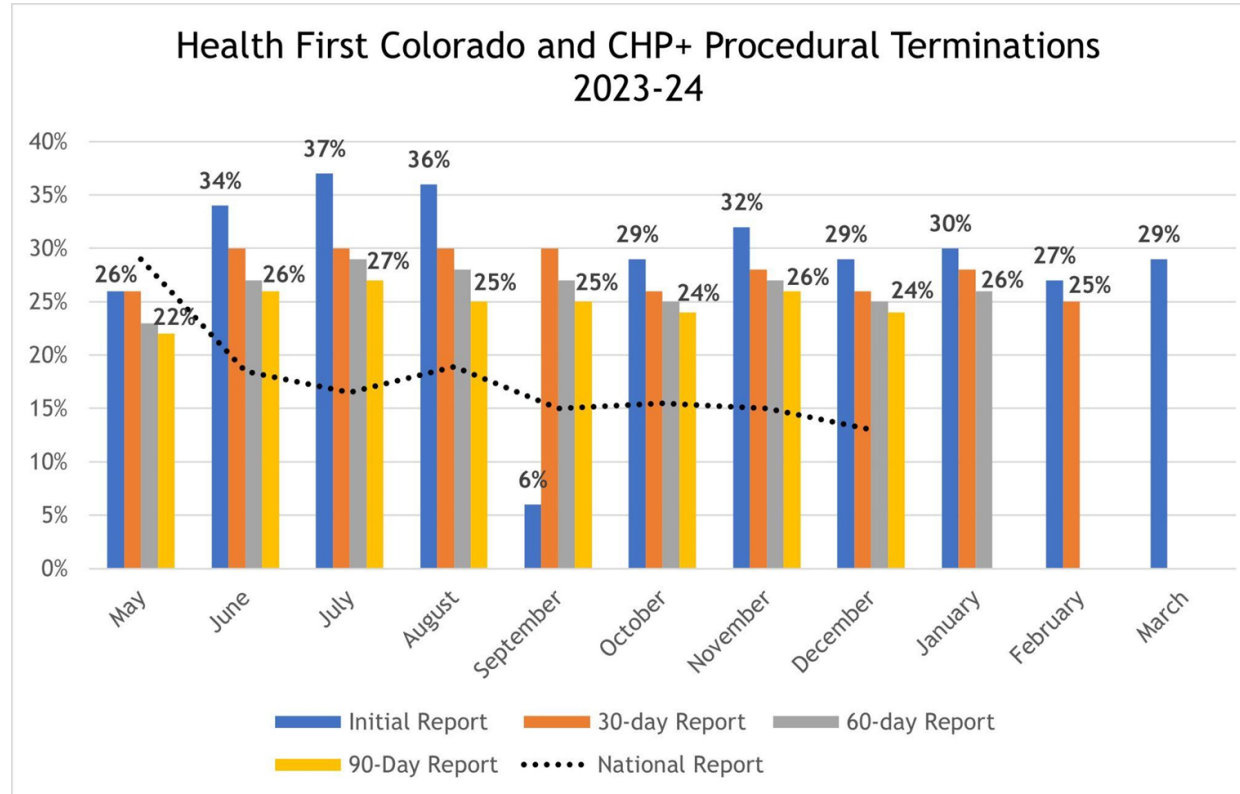
Procedural Terminations

Procedural terminations drop after the 90 day reconsideration period.

Our procedural terminations will be higher because our pending rate is so low as compared to other states (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



Reminder: “Procedural” Doesn’t = Not Appropriate, it means we don’t have enough information to fully evaluate eligibility, most “procedural” did not complete the renewal, some asked to be removed from Medicaid

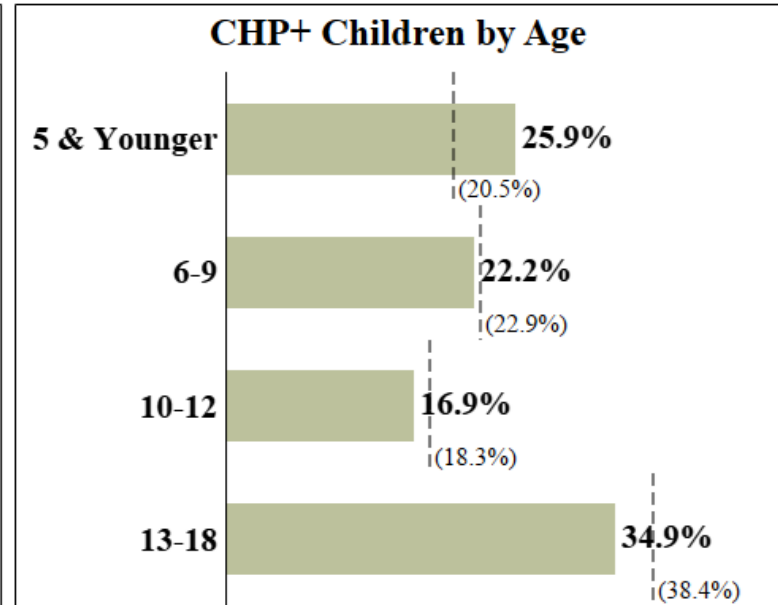
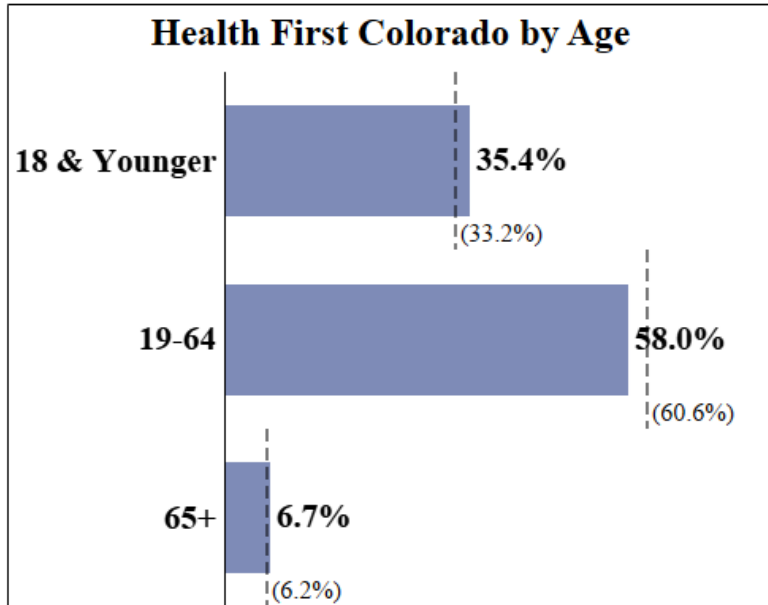
- **Step 1: Every renewal is run through Ex Parte** (SNAP and Equifax income data interfaces, automatic) - if your income is below the threshold you likely get an approval notice, if you don’t...
- **Step 2: If you fail ex parte** (IE we need more information or verification) you **get a renewal packet mailed or sent electronically** to update or correct your information
- *Step 3: Numerous Reminders* **outreach by HCPF and RAEs to remind those sent renewals to respond** to the packet, texts, emails, phone calls and mailings (if you respond we stop reminders, if you do not respond you keep getting reminders until the due dates)
- **Step 4: At the end of the renewal time frame** each member of the household is checked again to see if they qualify
- **Step 5: LTSS members are automatically getting extra time** to return materials given complexity of applications and additional verifications needed

Data Overview: Overall Enrollment

Enrollment by Age

March 2024 Enrollment

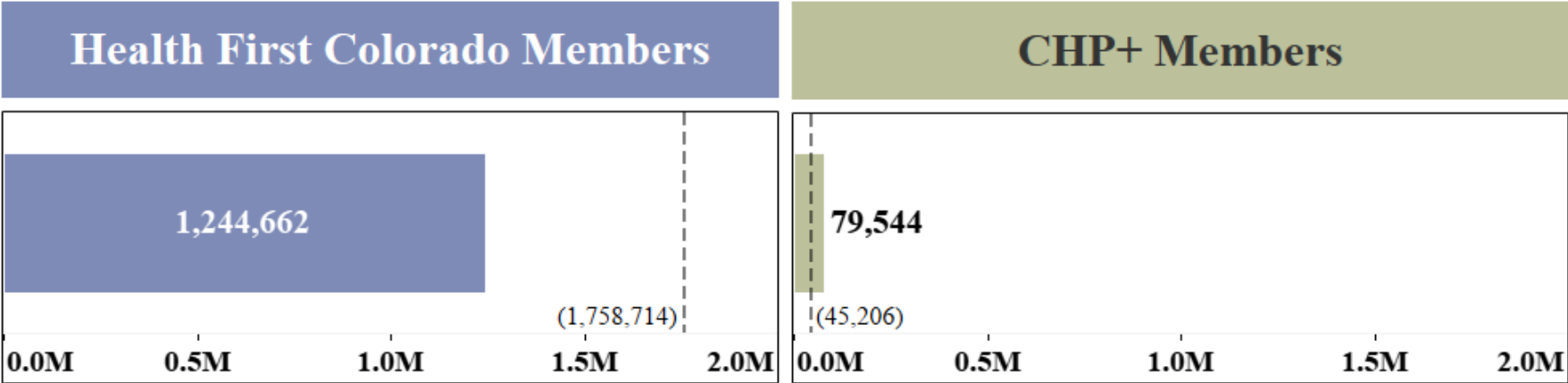
(Reference Lines = May 2023 Baseline)



Overall Enrollment

March 2024 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.

Future Insights to Inform Keeping Coloradans Covered

- We will have updated results, using All Payer Claims Database (APCD) and HCPF Coordination of Benefits data by early June - look for updates in our COVID Unwind Newsletter!
- Insights from data will inform future outreach and strategies to help connect uninsured Coloradans to coverage
 - Insights from the next APCD/HCPF analysis
 - Potential surveys from hospital and clinic partners
 - Targeted Connect for Health Survey

Questions?



Policy Changes & System Updates

Lisa Pera, HCPF Deputy Eligibility Director

Chris Underwood, HCPF Chief Administrative Officer

Supporting Member Renewals - System & Policy Improvements

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)
- Enhanced outreach during reconsideration period
- Ongoing strategic advances in collaboration with counties and further improving member letters

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/countyfeedback 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.

(e)14 Waivers - Using in Colorado Expire in December 2024 without Congressional or CMS Action to Make Permanent:

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

Renew Medicaid eligibility for individuals with no income and no data returned on an ex parte basis (\$0 income strategy)

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

Delay procedural terminations for beneficiaries under long-term eligibility categories for up to 2 mo.s

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

Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an ex parte basis (100% income strategy)

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

Reinstate eligibility effective on individual's prior termination date for individuals disenrolled based on a procedural reason that are redetermined eligible for Medicaid during 90-day reconsideration period (*scheduled to implement*)

(e)14 Waivers - Not Applicable to CO because CO already does this:

Back End Ex Parte Strategy: Ex Parte Attempt Prior to Termination: N/A for Colorado as we are already doing the back end ex parte as part of the change from household to individual renewals.

Telephonic Signature Recording Strategy: Waive the recording of the telephone signature from the applicant or beneficiary: N/A for Colorado as Colorado implemented functionality that can be used by all eligibility workers statewide to obtain a telephonic signature from the applicant or beneficiary and record/store it appropriately.

Enrollment Broker Contact Update Strategy: Partner with Enrollment Brokers to Update In-State Beneficiary Contact Information: N/A for Colorado as Colorado is leveraging the centralized return mail center for this function, seen by other states as a best practice. We had implemented the returned mail center prior to CMS offering the waiver. We are leveraging the enrollment broker to perform additional “reminder” mailings as part of the unwind and they are collaborating on any returned mail with the returned mail center.

PACE Contact Update Strategy: Partner with PACE Organizations to Update In-State Beneficiary Contact Information: N/A for Colorado as Colorado is leveraging the centralized return mail center for this function, seen by other states as a best practice. We had implemented the returned mail center prior to CMS offering the waiver. We are leveraging the enrollment broker to perform additional “reminder” mailings as part of the unwind and they are collaborating on any returned mail with the returned mail center.

Medicaid Premium Resumption Delay Strategy: Delay Resumption of Medicaid Premiums Imposed Under the State Plan Until After a Redetermination of Eligibility: N/A for Colorado as Colorado used the COVID Emergency State Plan Amendment (SPA) instead to waive Medicaid premiums.

(e)14 Waivers - Not Applicable to CO because CO doesn't have such elements:

Applying for Other Benefits Strategy. Suspend the requirement to apply for other benefits. Colorado has not operationalized this requirement and as such, did not need to pursue this.

Medical Support Cooperation Strategy. Suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support. Colorado has not operationalized this requirement and as such, did not need to pursue this.

(e)14 Waivers - Not in Colorado:	Rationale
Asset Verification System Strategy: Renew Medicaid Eligibility for Individuals for Whom Information from the Asset Verification System (AVS) Is Not Returned Within a Reasonable Timeframe	Currently the AVS is not real-time and as such, cannot be used for ex parte to leverage for this flexibility. A project is in the pipeline to enhance this interface and leverage it for ex parte in the future.
Streamlining Asset Determination Strategy: Renew Medicaid Eligibility Based on a Simplified Asset Verification Process	This would require a budget request to account for the increase in members who would be approved. Considering this is a temporary flexibility, there is also concern about postponing verification of assets to a future date thereby causing workload impact to workers and potential impact to members in the future.
MCO Renewal Support Strategy: Permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms	This would have been too labor and time intensive for our counties and RAEs when we needed them to focus on other unwind priorities. For example, it would have required such a lengthy process for each of our RAEs to become a certified medical assistance site that by the time they were trained, the waiver would have expired.
Other Contact Information Strategy: These waivers allow states to obtain contact information from other sources, such as Qualified Health Plans.	Colorado does not have the infrastructure or the resources that would be required to obtain and utilize the contact information from other sources.
Stable Income Strategy: Renew Medicaid eligibility for individuals with only Title II or other stable sources of income (e.g., pension income) without checking required data sources	There were limited resources and time available to implement flexibilities. There were other flexibilities prioritized over this one.
Other Ex Parte Strategies In use in five states (CA, KY, NJ, NY, NC) Other states utilize Title II disability income data, suspended requirements, and manual ex parte reviews.	Colorado did not choose other ex parte strategies due to having recently updated the ex parte process in preparation for Unwind. These additional options were also presented at a later date making it difficult to implement amongst other priorities.

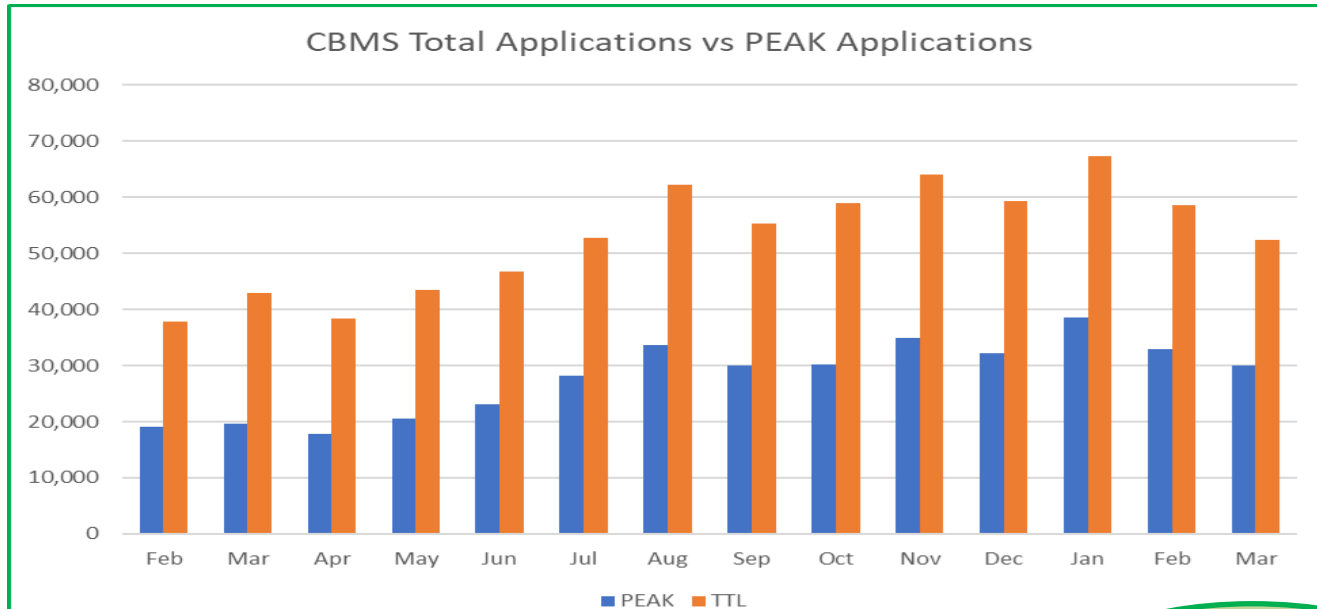
Questions?



PEAK Updates

Mike West, HCPF
PEAK Product Owner

Trend and Percentage of PEAK Applications vs Total Applications



On average 52K applications per month were submitted to CBMS, 27K were from PEAK

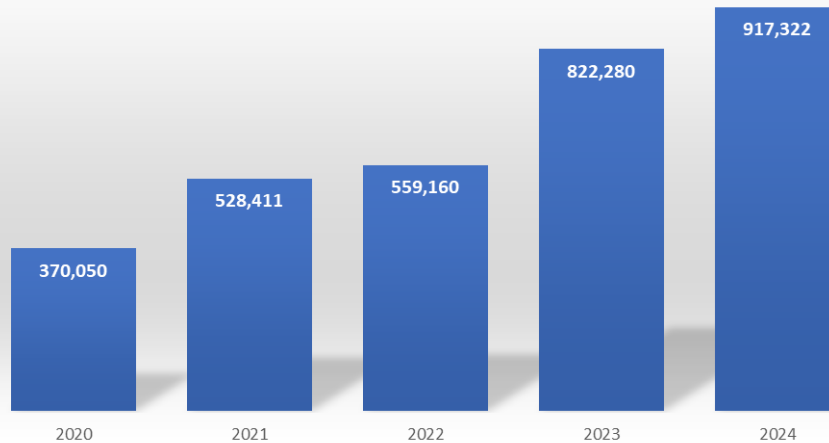
Applications	Mar-23	Mar-24
CBMS Total	42911	52344
PEAK	19710	30013

On average 55% of all CBMS applications come through PEAK.

Digital Channel Log Ins

More and more people living in Colorado are choosing to access services digitally.

Digital Channel January Year over Year TTL Log Ins





Forecast


Digital Channels = HealthFirst App, MyCoBenefits App, & PEAK

What is happening in AFB 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.

Readability Navigation Accessibility

Instructions Help text or "learn more"

Other

*Tell us more.

Add comments here

0/1000

Helpful	OK	Not Help
11431	6665	980
59.9%	34.9%	5.1%

95% of AFB user surveys report a helpful or OK experience

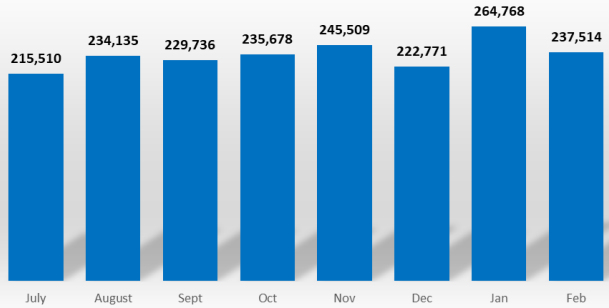
The PEAK AFB post application survey has a 14% participation rate

Approximately 17,000 post application surveys have been completed

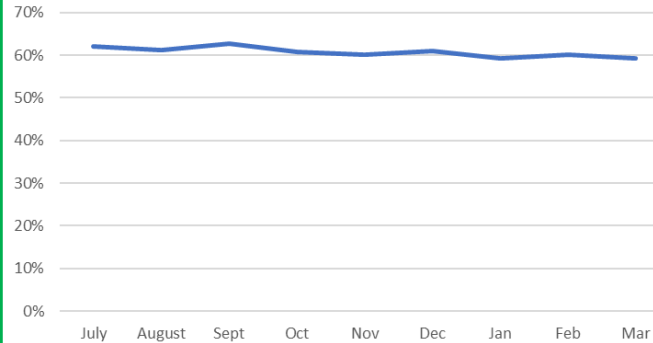
- Qualtrics license PO is in process
- Qualtrics Non-PII surveys should go live December 2024

Google Analytics Data for PEAK

PEAK Google G4 Active Users



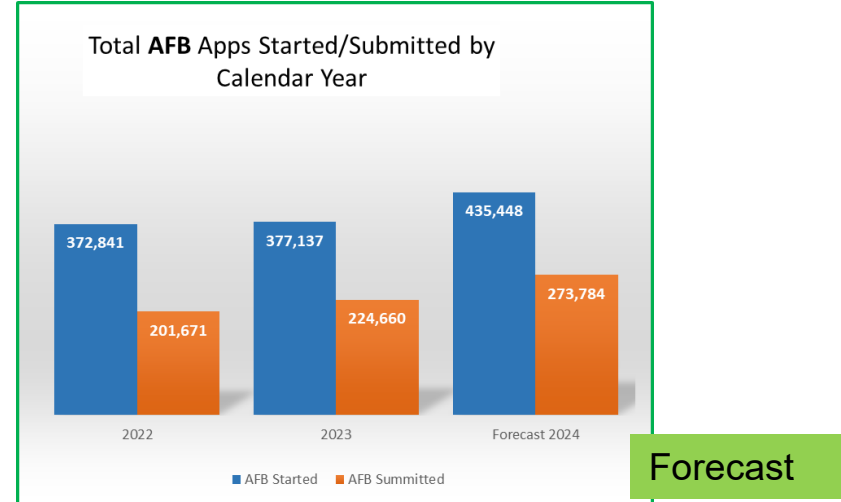
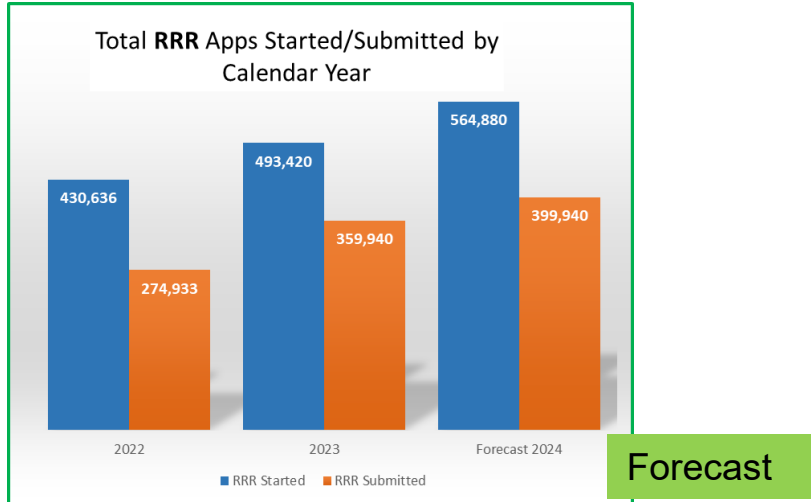
PEAK Mobile Access %



Until March 2024 On average PEAK has 230,000 visits per month

60% of PEAK users are on a mobile device

PEAK AFB and RRR Started and Submitted are forecast to increase in 2024



- RRR application volumes have increased significantly year over year.
- **In 2024 Jan and Feb RRR Starts are up 35% from 2023**
- AFB application volumes are similar between 2022 and 2023
- Forecast are based on the first quarter in calendar 2024

What is happening in CHATBOT – Renewal Data

Total Chats		% of Total Chats	
43,363		14%	

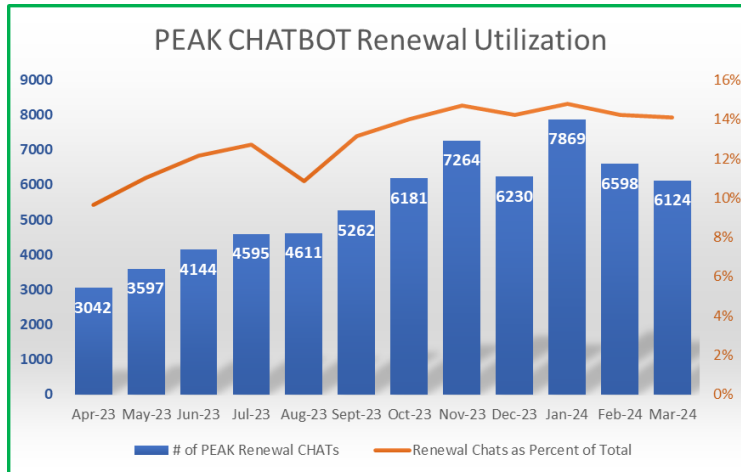
HealthFirst Web Site			
	Re:Apply for Benefitis	Renewal Alerts	Renewal FAQ
Business Hours	235	13	116
Non-Business Hours	129	10	85

PEAK			
	Re:Apply for Benefitis	Renewal Alerts	Renewal FAQ
Business Hours	1402	86	2137
Non-Business Hours	971	45	1483

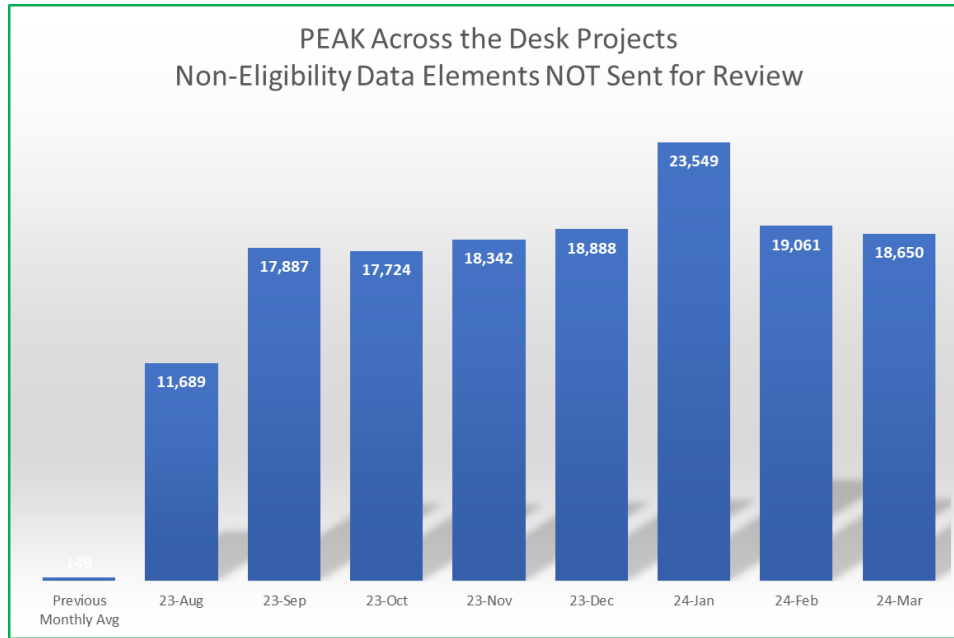
40% of all Chats occur outside business hours

16% of all RRR applications use CHAT

The quantity of CHATs related to renewals is declining



What is happening in Communications Direct Update Projects Released in August and December?



- Post release tracking indicates a monthly average of 18,000 communications preferences directly updating into CBMS and not displaying in PEAK Inbox for caseworker review.
- Since the August release, 145,790 data elements have been sent directly to CBMS
 1. August release included e-mail, text phone, and language preference
 2. December release included mailing address

Plain Language Updates

PEAK has 6 enhancement releases per year

August – October –December –February – April -June

At each release, prioritized language and simple visual design changes are made.

February Changes

- Easier to indicate applicant is experiencing homelessness
- Applicants encouraged to add contact information
- Removed information about users being able to submit an incomplete application

April Changes

- New Manage my documents page on PEAK
- Users can find due documents, upload other documents and see all documents uploaded to PEAK
- Removed document name limit and upload failed message
- Added pop-up warning about submitting an incomplete application and benefits of Real Time Eligibility

Benefits Explorer Modernization

Legacy function:

The Am I Eligible feature on PEAK, asked users 40 questions. Once you answered the 40 questions, you were required to re-enter that information in a separate application flow.



New Functionality:

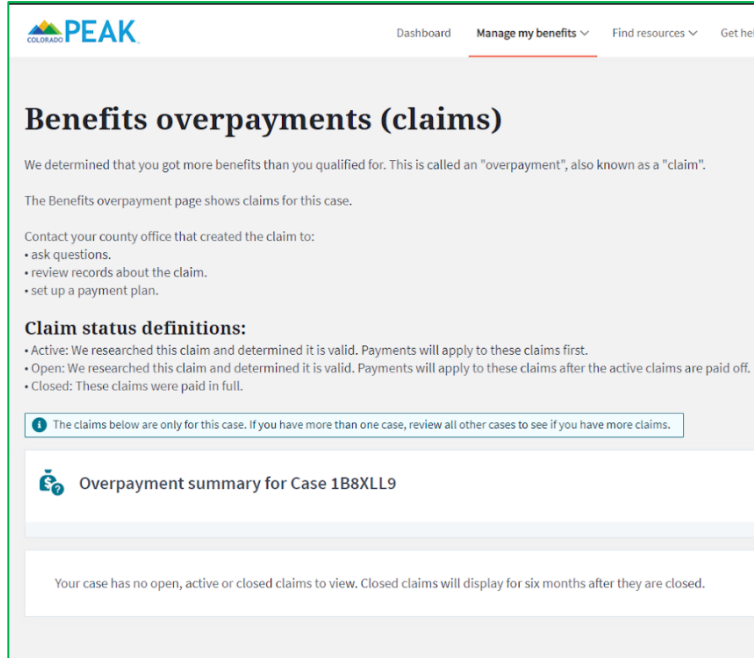
Ask only 4 questions and recommends possible benefits programs and begins an application function.

1. Choose County
2. How many people are in your household (including yourself)?
3. Choose all that apply to your household
4. What is your household's total monthly income (before taxes, expenses, and deductions)?

The screenshot shows the 'Benefits finder' interface. At the top, it says 'Benefits finder' and 'Answer the question below, and we will recommend benefits that may be right for you and your family. You'll still have the chance to see all benefit options.' Below this, there are two progress indicators: 'Household needs' (active) and 'Household details'. A note states: 'Benefits finder only makes recommendations. The more details you add, the more accurate your results will be. After you answer the questions, you will see the recommended programs. Choose which programs you want to apply for to see if you qualify.' The form includes a 'Choose county' dropdown menu, a 'How many people are in your household (including yourself)? Who you should include in your household.' section with four age groups (0-5, 6-18, 19-59, 60+ years old) each having a minus, zero, and plus button, and a 'Total people in your household: X' label. There are checkboxes for 'Choose all that apply to your household.' with options: 'Someone is pregnant or was pregnant in the last 6 months.', 'Someone is blind or disabled.', and 'Someone has Supplemental Security Income (SSI)'. At the bottom, there is a text input field for 'What is your household's total monthly income (before taxes, expenses and deductions)? If you don't know, you can estimate. Learn more' and a 'Previous' button.

PEAK CDHS Claims Modernization

- Function is now mobile friendly
- Language describing process has been improved



The screenshot displays the PEAK CDHS Claims Modernization interface. At the top, the PEAK logo is visible on the left, and navigation links for 'Dashboard', 'Manage my benefits', 'Find resources', and 'Get help' are on the right. The main heading is 'Benefits overpayments (claims)'. Below this, a message states: 'We determined that you got more benefits than you qualified for. This is called an "overpayment", also known as a "claim".' A sub-heading reads: 'The Benefits overpayment page shows claims for this case.' A section titled 'Contact your county office that created the claim to:' lists three bullet points: 'ask questions.', 'review records about the claim.', and 'set up a payment plan.' Another section, 'Claim status definitions:', lists three bullet points: 'Active: We researched this claim and determined it is valid. Payments will apply to these claims first.', 'Open: We researched this claim and determined it is valid. Payments will apply to these claims after the active claims are paid off.', and 'Closed: These claims were paid in full.' A blue information icon with a text box follows: 'The claims below are only for this case. If you have more than one case, review all other cases to see if you have more claims.' Below this is a section titled 'Overpayment summary for Case 1B8XLL9' with a dollar sign icon. At the bottom, a message states: 'Your case has no open, active or closed claims to view. Closed claims will display for six months after they are closed.'

PEAK Interfaced Income Changes

Jobs and income

The table below displays all your sources of income.

- **Source:** Who pays you this income.
- **Frequency:** How often you get this income.
- **Your amount:** The amount you told us. It may be blank if a trusted source reported this same income.
- **Verified amount:** The amount a trusted source, like Social Security or your employer, told us.
- **Review needed:** If 'Yes', your employer gave us a different amount than what you told us.
- **Begin date:** The date you started getting this income.
- **End date:** The date you stopped getting this income.

i Review the income summary table. Update the record if Claribel has quit a job, lost a job, or reduced their work hours in the last 60 days.

You can add a new income source by choosing the 'Add' button. To change your income amount, select 'Edit'. If you don't get this income anymore, choose 'End'.

If your employer gave us a different amount, you can update your paycheck or tell us if the employer amount is wrong.

An income source may appear more than once. If one of those amounts is wrong, edit the row with **Your amount**.

No action is necessary if information is correct.

Income

Income summary

Source	Frequency	Your amount	Verified amount	Review needed	Begin date	End date		
Social Security	Monthly		\$17.00	No	01/01/2024		Edit	End
Social Security	Monthly		\$947.50	No	01/01/2024		Edit	End
Social Security	Monthly				01/01/2023		Edit	End

- CMS guidance requires the capability to change interfaced income information by members at anytime.
- Language and visual design changes were implemented to help members understand interfaced income
 - Updated Jobs and income page on PEAK
 - Added explanation of interfaced income and trusted sources
 - Interfaced income amounts and their source listed alongside any self-reported income

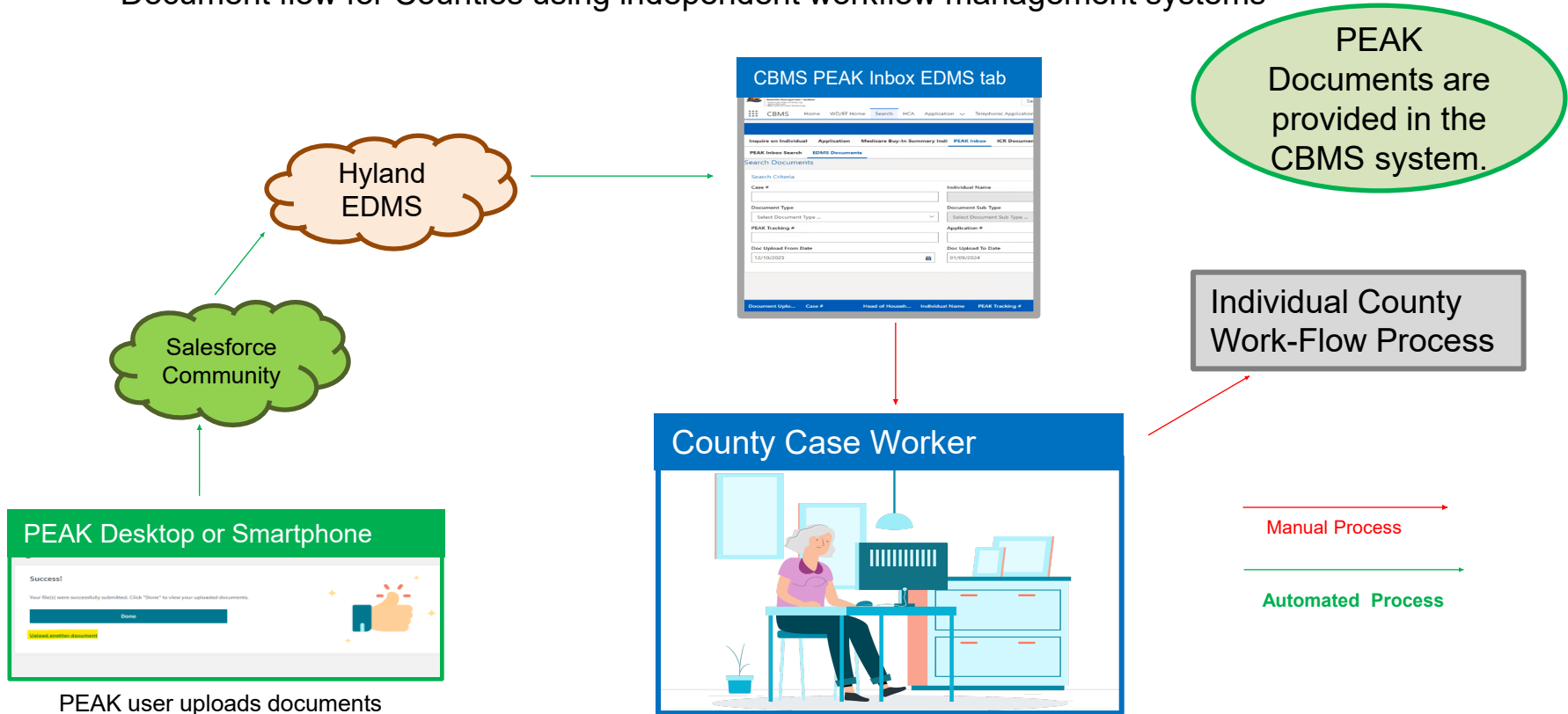


RTD expanded eligibility for LiVE

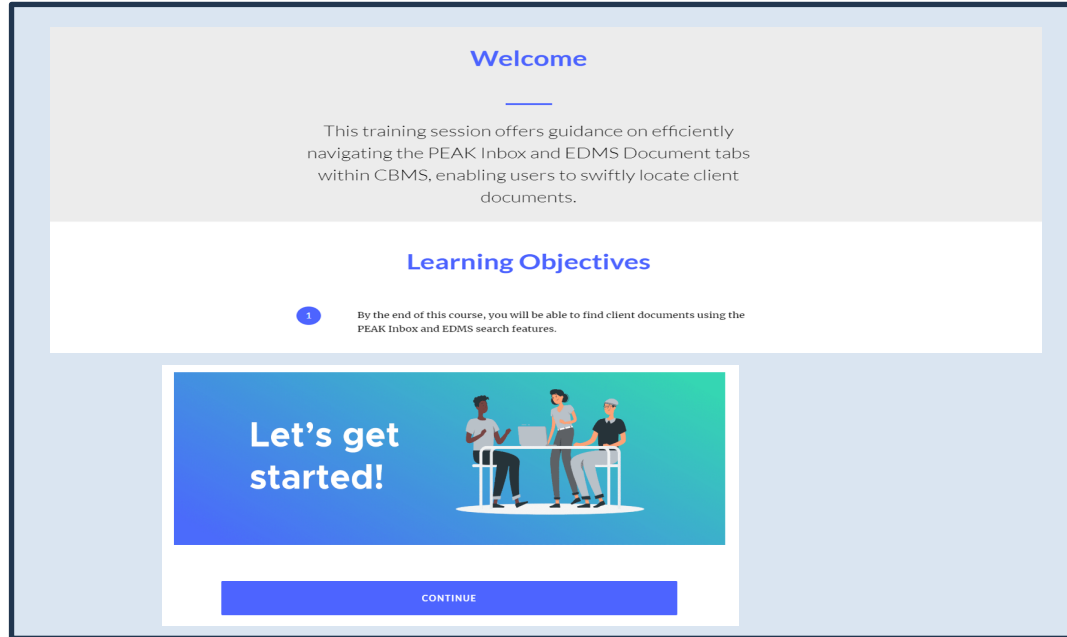
The income limit increased to 250% of FPL, the requirement to live in the RTD District was discontinued and this discount now applies to more RTD customers- those utilizing RTD's Access-a-Ride services.

As a useful self-service portal
PEAK becomes a renewal
tool valued for self-service

Document flow for Counties using independent workflow management systems



First PEAK Web Based Training for county workers on how to find uploaded documents in the PEAK In Box will be available in May 2024



Eligibility case workers can access the WBT as a stand alone training by typing the title in the search function found in the top right corner of the Learning Management System welcome page.

PEAK Banner Utilization

EBT Fraud Banner			
Protect your EBT card and benefits! Scammers may text you and claim your card has been locked. The state, county and federal government will never ask for your PIN.			
	Feb-24	Mar-24	Apr-24
	(02/13/2024 - 02/29/2024)	(3/01/2024 - 03/31-2024)	(4/01/2024 - 04/16-2024)
Google Analytics Events	3783	16239	9946

In 60 days, 30,000 PEAK users viewed the EBT fraud banner

Get Cash Back			
Find free options for filing your taxes online, on your smartphone, or get help at an in-person Colorado site. Get started at Get Ahead Colorado.			
	Feb-24	Mar-24	Apr-24
	(02/6/2024 - 02/29/2024)	(3/01/2024 - 03/31-2024)	(4/01/2024 - 04/16-2024)
Google Analytics Events	3554	12901	6816

In 60 days, 23,000 PEAK users viewed the tax credit banner

As a useful self-service portal PEAK becomes a renewal tool valued for self-service

Questions?



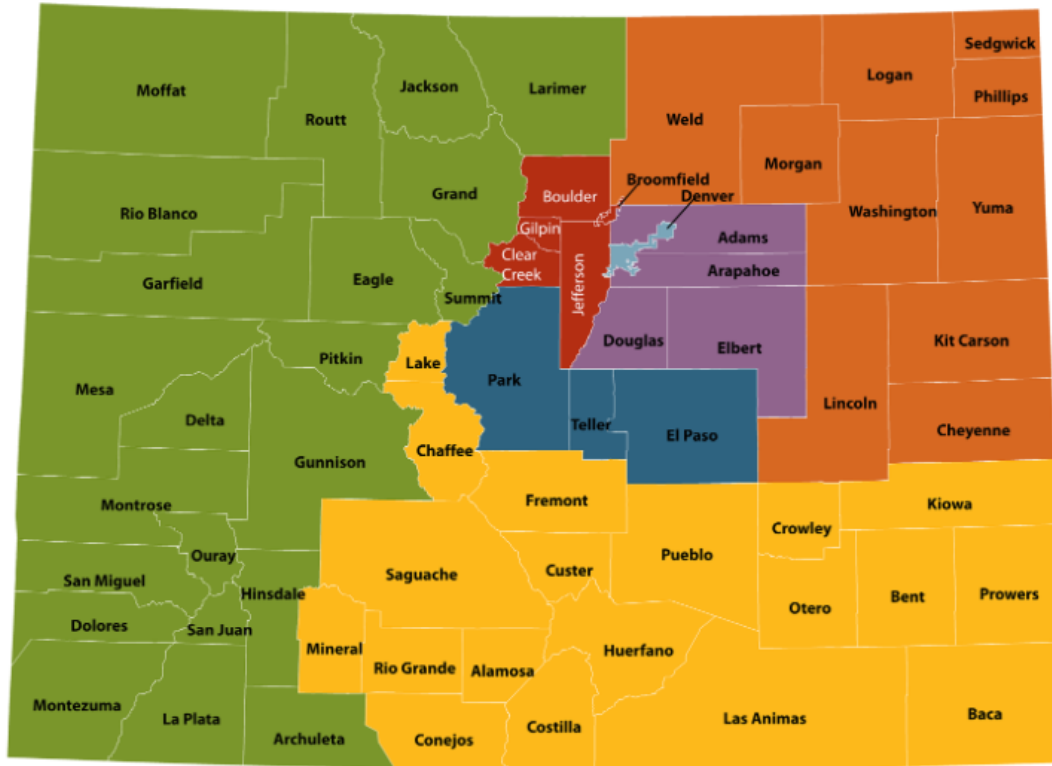





Public Health Emergency Unwind: Lessons Learned

Colorado Regional Accountable Entities (RAEs)
PHE Unwind Webinar | Community Partners
& Advocates

Wednesday April 24, 2024

Regional Accountable Entity (RAE) Regions in ACC Phase Two



- | | | | | | | | | |
|----------|---|-----------------------------|----------|---|------------------------------------|----------|---|------------------------------------|
| Region 1 |  | Rocky Mountain Health Plans | Region 4 |  | Health Colorado Inc | Region 7 |  | Colorado Community Health Alliance |
| Region 2 |  | Northeast Health Partners | Region 5 |  | Colorado Access | | | |
| Region 3 |  | Colorado Access | Region 6 |  | Colorado Community Health Alliance | | | |

Renewal Cycle

Direct-to-Member Communications Overview

Member remains on HFC or moves to CHP+

Member receives renewal notice



Member submits renewal packet

Notice of Action Letter



Member transitions to other coverage

Initial Renewal Outreach: Time to Renew!

HCPF sends renewal packet, email, text, push notification via Health First Colorado app to members

Reminder Outreach: Take Action Now

HCPF (via Enrollment Broker) sends letter to those who have NOT taken action

RAEs/CHP+ plans & CMAs outreach to all members, especially their high risk and/or focus populations, who have not taken action (email, text, phone, letter)

Transition Outreach:

HCPF sends letter directing to Connect for Health (C4H) exchange plan options where appropriate

C4H does direct outreach

Ongoing broad outreach: HFC website, traditional & social media, HFC app, PEAK, member newsletters, call centers, partner & provider messaging, case managers, posters/flyer materials in libraries, homeless shelters, clinics, PSA campaign.

PHE UNWIND: STATEWIDE COORDINATION

Regional Accountable Entities (RAEs) and Managed Care Organizations (MCOs) are implementing comprehensive, aligned strategies to ensure that members are connected to health coverage.

Member Renewal Cycle: Direct-to-Member Communication



Initial Renewal Outreach: Time to Renew!

HCPF sends renewal packet, email, text, push notification via Health First Colorado app to members

Reminder Outreach: Take Action Now

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RAEs, CHP Plans, CMAs

- Outreach to all members due for renewal
- Emphasis on high risk members and those who have not taken action
- Using email, text, IVR, phone calls, and mail depending on member communication preferences
- Optional handoff to C4HC for members found to be over income for Medicaid

PHE UNWIND: STATEWIDE COORDINATION

Regional Accountable Entities (RAEs) and Managed Care Organizations (MCOs) implemented comprehensive, aligned strategies to ensure that members are connected to health coverage.



Digital Engagement for all members:
Digital Engagement campaigns to **all members who need to complete renewal**
May include text, email, and IVR (robocalls)



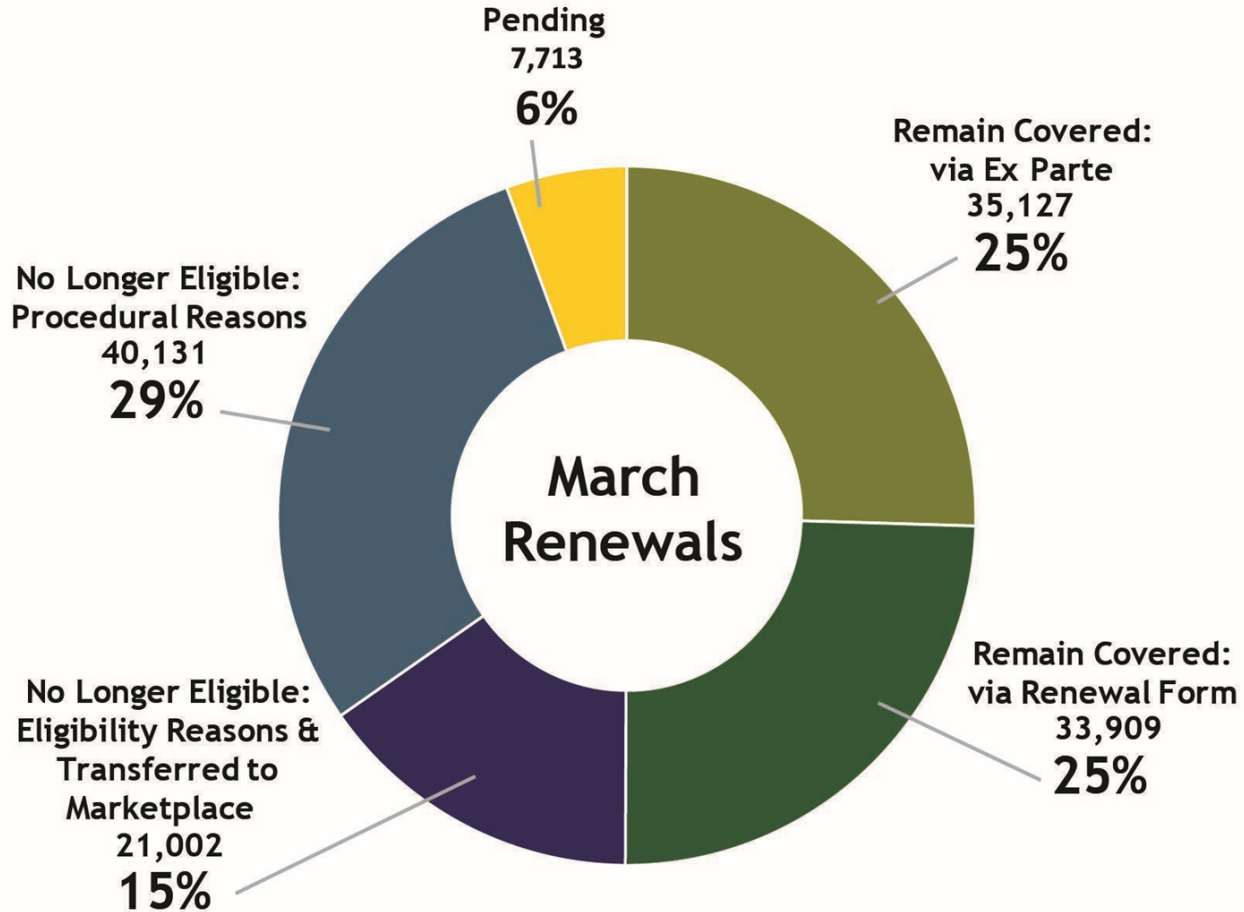
Care Management (CM) for High-Risk members:
Care Managers focus their live telephone outreach on **high risk members**



Medicaid → CHP+:
For members **transitioning from Medicaid plans to CHP+ Plans:** educate members on this transition.



Medicaid → C4HC:
For members whose income disqualifies them for Medicaid, who are transitioning from Medicaid plans to **Connect for Health Colorado (C4HC)**, some RAEs send a letter about how to connect with C4HC.



Successes: Rocky Mountain Health Plans (Region 1, PRIME, CHP+)

- 316K member outreaches (all modalities)
*Includes 8500 reported community partner touchpoints
- Consistent Ex Parte rates (avg. 26%)
- Consistent Renewal rates by cohort (initial-avg. ~50%) which were slightly above the State average (gaining 5-7% through 90-day reconsideration period)
- Provider/Community education regarding Renewal process

Successes: Northeast Health Partners (Region 2)

- 80K member outreaches
- 7.3% reduction of households who needed to be outreached between initial and follow up outreach
- Conducted over-income outreaches



Successes: Colorado Access (Regions 3 & 5, CHP+)

- Over 1.5M outreaches via digital engagement & live telephone calls
- Community partners had over 100K touchpoints with members
- Public Awareness Campaign has made over 16M million impressions via billboard, bus shelters, radio, and direct mail



Successes: Health Colorado (Region 4)

- 100K outreaches
- 7.6% reduction of households who needed to be outreached between initial and follow up outreach
- Conducted over income outreach



Successes: Colorado Community Health Alliance (Regions 6 & 7)

- Collaboration – Relationship development, create referral processes, case consults, contracts
 - Since July 2023, CCHA created a best practice intervention that impacted 489 unique members by providing them with clear guidance and explanation of their Medicaid redetermination due to partnerships with Department of Human Services (DHS) partners
- Data Sharing – Helps identify shared members & transmit relevant information
- Financial Incentives/Support – Community Incentive Program and other innovative projects funded through incentive or administrative dollars

Outreach Challenges: All RAEs

- Data analysis challenges due to member renewal date fluctuations
- Member contact info accuracy
- Members opting out of messaging
- Unable to complete first call resolution
- Administrative burden

Lessons Learned

Most (27%) members who lose coverage each month do so because of challenges with paperwork and verifications.

Community partners as “trusted messengers” was found to be very effective, and members appreciated the local support during this process

Live/targeted outreach methods were more effective in reaching members regarding renewals vs passive methods of outreach.

Cross-collaborative efforts between the RAEs was essential to be consistent in outreach efforts throughout the state.

Flexibility was vital to consider alternative opportunities to outreach members.

FQHCs and PCMPs were important outreach partners.

What's Ahead: What RAEs Plan to Continue

Directly outreaching members via digital engagement and phone calls

Partnering with community organizations

Continue to have information available on websites for renewals and address updates

Call Center associates will continue to encourage members to update their addresses and return their renewal packet

Health care professionals will continue to encourage members to complete their renewal packets and make information available to members such as #Keep CO Covered flyers and Take Action on Your Renewals

Supporting Transitions in Coverage

Ezra Watland, Connect for Health CO

Medicaid to Marketplace Bridge Update

April 2024



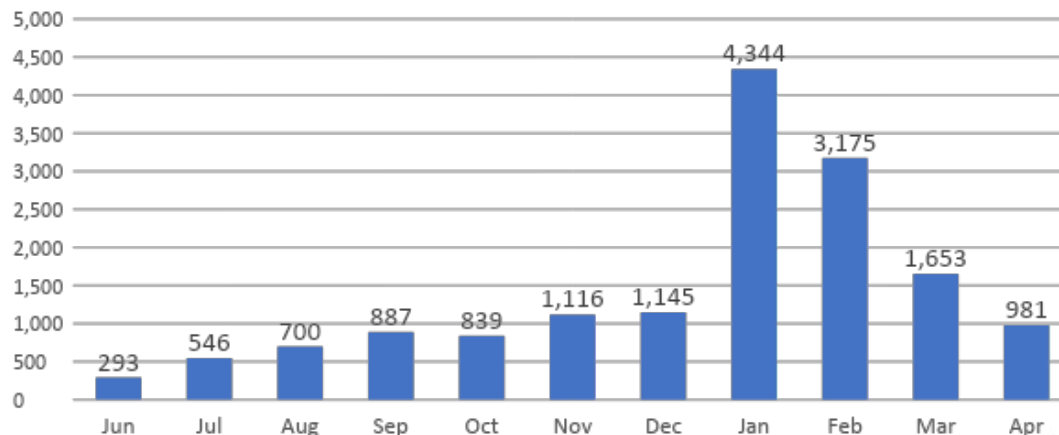
Medicaid to Marketplace Enrollments

Total Enrollments: 15,684 unique individuals

Of account transfers from HCPF:

- Percent that have since been redetermined Medicaid eligible: **24.37%**
- Percent of non-Medicaid eligible that have enrolled in a QHP (conversion rate): **11.01%**

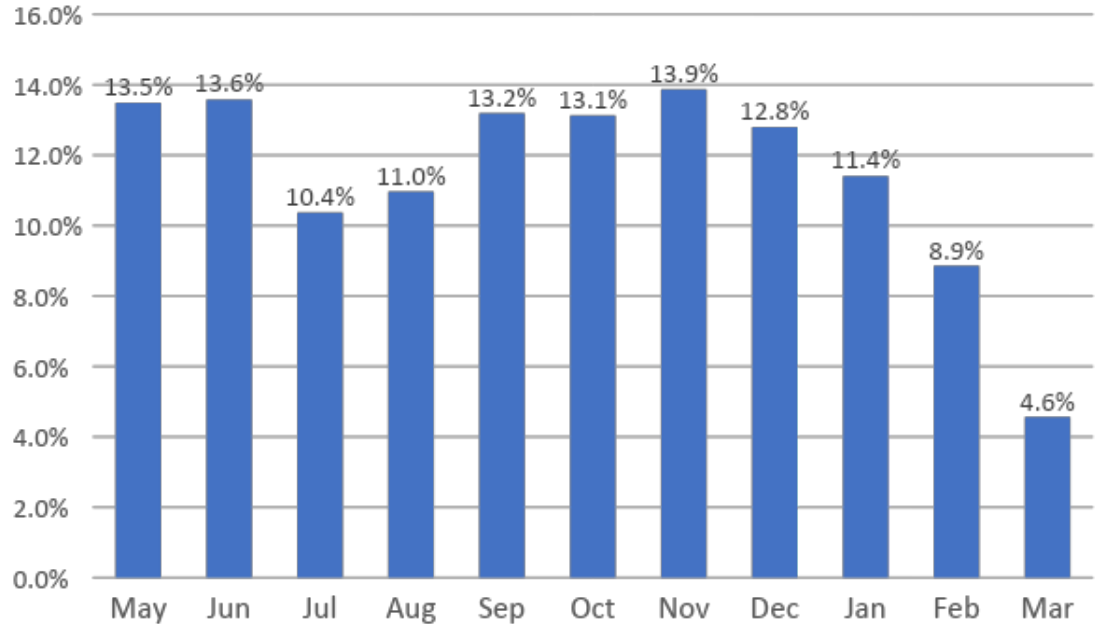
Unique C4HCO Enrollments by Coverage Start Date



As of January 24, 2024

Conversion Rate Over Time

Conversion Rate by Month of Medicaid Termination



In Conclusion

- What's Ahead - All materials, toolkits will be reviewed to ensure they are “evergreen” for ongoing use
- Long Term Services & Supports (LTSS) focused efforts - stakeholder & provider webinar
 - Provider Webinar 4/25
- COVID newsletter will be phased out in the summer
- **Sign up for At A Glance newsletter to remain informed of eligibility updates, toolkit revisions and more!**

Contact Info

Rachel Reiter
PCA Office Director, HCPF
Rachel.Reiter@state.co.us

Mike West
PEAK Product Owner, HCPF
mike.west@state.co.us

Chris Underwood
Chief Administrative Officer, HCPF
chris.underwood@state.co.us

Ezra Watland
Director of Communications and Marketing
Strategy
Connect for Health Colorado
ewatland@c4hco.com

Lisa Pera
Deputy Eligibility Division Director, HCPF
Lisa.Pera@state.co.us



COLORADO

Department of Health Care
Policy & Financing

Thank You!



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

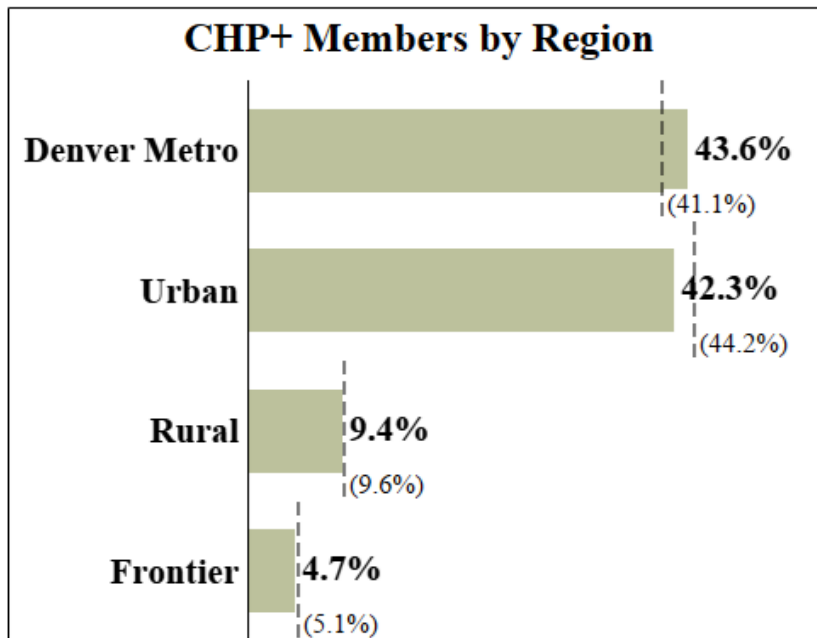
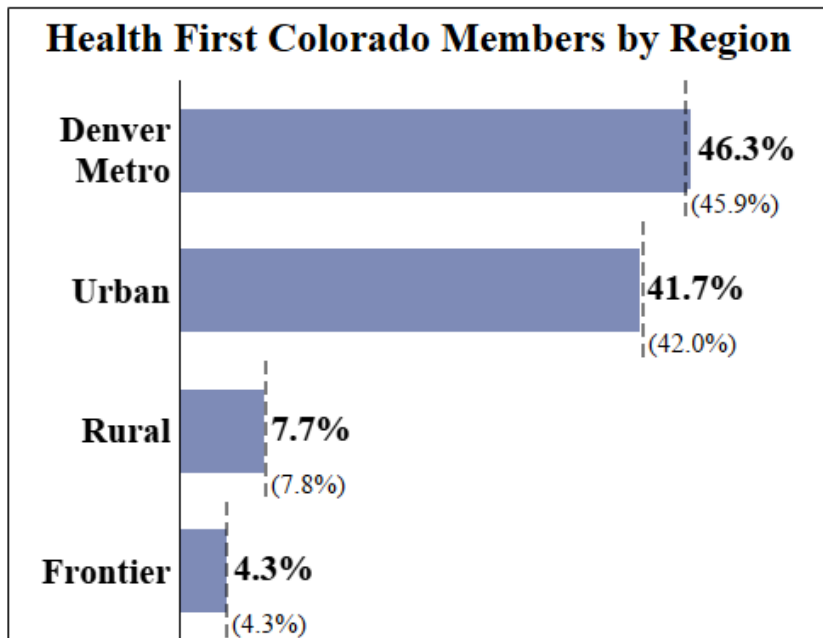
How can you continue to help?

- ❖ 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.

Overall Enrollment: Regional Composition

March 2024 Enrollment

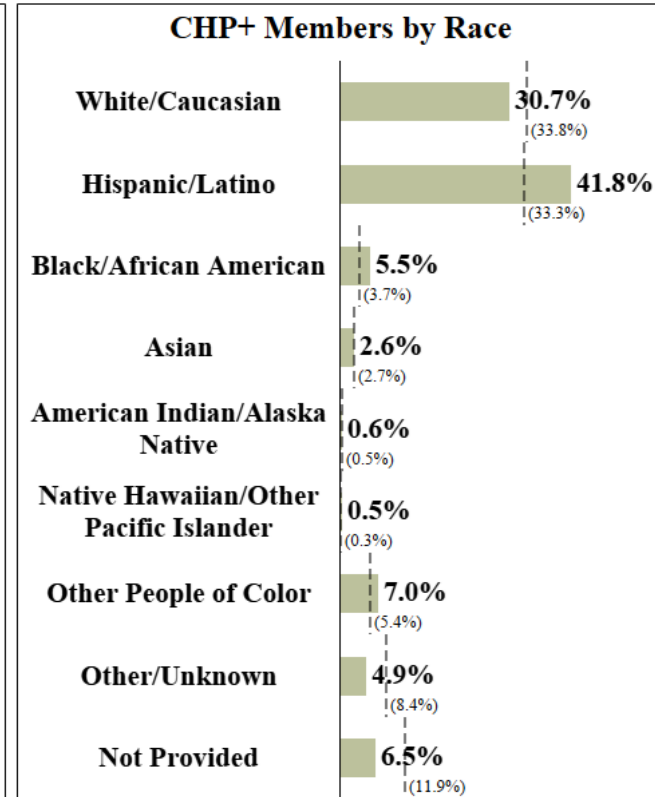
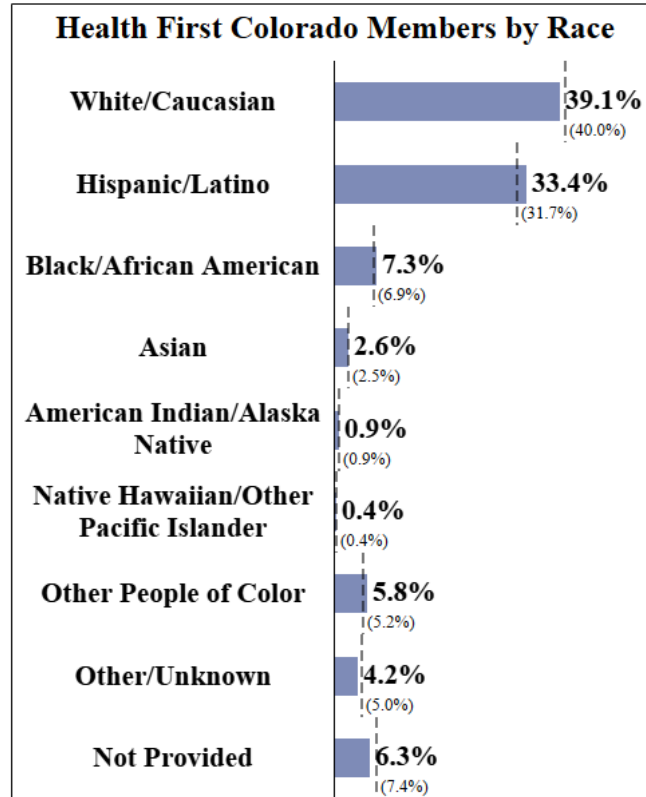
(Reference Lines = May 2023 Baseline)



March 2024 Enrollment

(Reference Lines = May 2023 Baseline)

Racial Composition - Distributions Remain Consistent



May 2023 - March 2024

Cumulative: Renewed by Race

Race	Remain Covered - Ex Parte	Remain Covered - Not Ex Parte	No Longer Eligible - Non Procedural	No Longer Eligible - Procedural	Before Renewals (Enrollment May 2023)
American Indian/Alaska Native	1.0%	0.8%	0.8%	0.9%	0.9%
Asian	2.1%	3.0%	2.8%	2.7%	2.5%
Black/African American	7.7%	6.4%	6.3%	6.4%	6.9%
Hispanic/Latino	31.1%	35.1%	33.5%	30.8%	31.7%
Native Hawaiian/Other Pacific Island..	0.3%	0.4%	0.3%	0.4%	0.4%
Not Provided	6.4%	4.6%	5.6%	7.6%	7.4%
Other People of Color	5.6%	5.7%	4.9%	4.7%	5.2%
Other/Unknown Race	5.2%	4.2%	4.7%	5.8%	5.0%
White/Caucasian	40.5%	39.8%	41.0%	40.7%	40.0%