HCPF/County Directors & Leadership

Monthly Support Call

June 25, 2024

Agenda

- Welcome - 2 minutes
- County Topics - 10 minutes
- Federal Rule Overview - 25 minutes
- MAP Statewide Performance - 10 minutes
- Non-Emergent Medical Transportation (NEMT) - 15 minutes
- ACC Phase III - RFP Posted - 5 minutes
- Cover All Coloradans - 15 minutes
- Member Grievance Process Updates - 15 minutes
- County Trending Topics - 5 minutes

County Topics

Presented By: Lexie Kuznick

Federal Rule Overview: CMS Medicaid and CHP Renewal Requirements

Presented By: Marivel Klueckman

Medicaid and CHP Renewal Requirements

Blue within the chart notates if we are or are not in compliance with federal guidance

This is part of CMS Renewal Requirements provided within the bulletin: https://www.medicaid.gov/media/173651 as well as slides: https://www.medicaid.gov/resources-for-states/downloads/pro-renewal-pract-slides.pdf.

Medicaid and CHIP Renewal Requirement Reminders

#1 No	Do not terminate Medicaid or CHIP coverage for an individual who has returned their renewal form or documentation requested by the state within the eligibility period, even if processing the renewal form and documents will need to occur after the eligibility period has ended.
#2 Partial	Do not terminate Medicaid coverage without first determining eligibility on all other bases.
#3 Yes	Do not require a new application from individuals who are eligible on the basis of Modified Adjusted Gross Income (MAGI) and who respond to a renewal request within 90 days after a procedural termination.
#4 Yes	Do not exclude an individual from *ex parte* renewal because wage data show that a household earner is working for an employer that is different from that reflected in the case record, if income remains below the applicable standard.
#5 Yes	Do not exclude individuals from an *ex parte* renewal in Medicaid solely because the state has aligned renewal dates with those for the Supplemental Nutrition Assistance Program (SNAP) or other human services benefit programs.
#6 No	Do not transition an individual to the Marketplace, or to an eligibility category with lesser benefits or increased premiums or cost sharing, based on an *ex parte* review, without first sending a renewal form and request for information.
#7 No	Do not terminate coverage, or take other adverse action, until after advance notice, including an explanation of fair hearing rights, is provided.
#8 Partial	Do not conduct *ex parte* renewals at the household level.
#9 Yes	Do not provide fewer than 30 days for the response to a renewal form for individuals whose eligibility is based on MAGI.
#10 Partial	Do not send renewal forms and other notices only in English, without providing language services, to households that have requested information in other languages or fail to ensure effective communication with individuals with disabilities.

#1 on the Medicaid and CHP Renewal Requirements Do Not List

This is a significant overhaul of all areas of Eligibility. Below is a summary of the needs and our initial estimate to implement this requirement. Based on the below identified at high level, this project needs at least 10 months to plan out the various initiatives needed to implement

Policy

- MSB rule updates

Systems

- Need to provide coverage to members while pending for their case to be processed
- System currently triggers on the 15th and closes the case,
  - Need to redo the trigger so benefits can be provided and not terminated
- Update the monitoring dashboards

Training

- Update PBT modules
- Update desk aids
- Potentially create new training guides

Operations

- Update reference materials on the website
- Consolidate and develop Department guidance regarding timeline processing and expectations
- County engagement

New Eligibility Rules

Major Federal Rules

Analyzed and commented on several federal proposed rules in late 2022 and over the first half of 2023. These rules are beginning to be finalized.

Federal Rule	Date Finalized
"Eligibility Rule" Streamline Eligibility Determination, Application & Enrollment Processes for Medicaid and the Children's Health Insurance Program; File Code CMS-2421-P, RIN 0938-AU00	Part 1 Finalized 9/21/23, Effective Date 11/17/23 (with rolling effective dates to give states additional time) Part 2 Finalized 3/27/24, Effective date 4/2/24 (link is to entire final rule including both parts) CMS Fact Sheet on Enrollment Rule found here.
"Interoperability Rule" Advancing Interoperability and Improving Prior Authorization, CMS-0057-P	Finalized 2/8/24, Effective Date 4/8/24
"Access Rule" Medicaid Program: Ensuring Access to Medicaid Services, File code CMS-2442-P, RIN 0938-AU68	Finalized 4/22/24
"Managed Care Rule" Medicaid Program; Medicaid and CHIP Managed Care Access, Finance, and Quality, CMS-2439-P	Finalized 4/22/24

Purpose of the CMS Final Eligibility Rules

This final rule will make it easier for millions of eligible people to enroll in and retain their Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) coverage. The final rule responds to President Biden's January 2021 and April 2022 Executive Orders to strengthen Medicaid and access to affordable, quality health coverage by simplifying the enrollment process and maintaining continuity of health coverage for underserved populations, including children, older individuals, and individuals who have a disability. With this final rule, CMS seeks to reduce coverage disruptions, further streamline Medicaid and CHIP eligibility and enrollment processes, reduce the administrative burden on states and people applying to and enrolled in Medicaid and CHIP programs, and increase enrollment and retention of eligible individuals.*

*https://www.cms.gov/newsroom/fact-sheets/streamlining-medicaid-childrens-health-insurance-program-and-basic-health-program-application

Streamlining Medicaid
Medicare Savings Program Eligibility Determination and Enrollment [CMS-2421-F]

All of the regulations require a policy, systems, and operational change.

Provision	Compliance Date	Colorado Compliant: Y/N	Comments
Deem most Medicare-enrolled SSI recipients eligible for QMB	October 1, 2024	N	Currently we do not automatically enroll SSI recipients into QMB; **Note:** CBMS Project 9157 for August 2024 Build to meet compliance date.
Maximize the use of LIS leads data to establish eligibility for Medicaid and MSPs	April 1, 2026	N	Currently do not have a way to accept certain fields need from the LIS leads data to make an eligibility determination; Project Build TBD
Accept self-attestation of certain information needed for MSP eligibility determinations	April 1, 2026	N	Currently we require verification of income and resources when we do not have an interface; Project Build TBD
Formally define "family of the size involved" for MSP eligibility as including at least the individuals included in the of "family size" in the LIS program	April 1, 2026	N	Currently we only determine based on individual or couple; Project Build TBD
Apply the earliest possible QMB effective date	April 1, 2026	N	

Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes [CMS-2421-F2]

There are 15 regulations related to Eligibility, Enrollment and Renewal Processes. Of these, we are:

- In compliance with 6 regulations
- Partially in compliance with 5 regulations
- Out of compliance with 4 regulations

Regulations Already Implemented

Of the 6 regulations

- One of them does not apply to CO
- One is optional
- 4 of them we already have implemented

Provision	Compliance Date	Colorado compliant: Yes	Comments
Facilitate enrollment by allowing medically needy individuals to deduct prospective medical expenses (§§ 435.831 and 436.831)	6/3/24	N/A: Colorado not a Medical Needy State	N/A
Establish new optional eligibility group for reasonable classification of individuals under 21 who meet criteria for another group (§ 435.223)	6/3/24	Optional	N/A
Remove requirement to apply for other benefits (§§ 435.608 and 436.608)	6/3/25	Yes	N/A
Prohibit premium lock-out periods (§§ 457.570 and 600.525)	6/3/25	Yes	N/A
Prohibition on waiting periods in CHIP (§§ 457.65, 457.340, 457.350, 457.805, and 457.810)	6/3/25	Yes	N/A
Verification of Citizenship and Identity (§ 435.407)	6/3/26	Yes	N/A

Regulations Partially Implemented

Of the 5 partially implemented

- The 1st one we had a project scheduled but delayed to free up resources for correspondence and LTSS stabilization
- The 2nd requires operational process for eligibility workers to assist members to apply for SSN and system changes to verify once received
- The 3rd we are excited as it solidifies our current process that required a flexibility from CMS but some modifications will be needed

Provision	Compliance date	Colorado compliant: Partially	Comments
Improve transitions between Medicaid and CHIP (§§ 431.10, 435.1200, 457.340, 457.348, 457.350, 600.330)	6/3/24	Partially	Currently not in compliance with transition from CHP+ to Medicaid when Medicaid eligible but in compliance with information sent to state marketplace. Note: Project is slated for 2/2025 build
Remove optional limitation on the number of reasonable opportunity periods (§§ 435. 956 and 457.380)	6/3/24	Partially	Currently not in compliance with the requirement to assist the member for applying for an SSN but we are following not having limitations to the number of ROP's allowed. Project would need policy, systems, and operational change. Project TBD
Agency action on returned mail (§§ 435.919 and 457.344)	12/3/25	Partially	Currently not incompliance with giving the member 30 days to respond from the outreach effort/good faith; currently do not have a process to regularly obtain updated address information from reliable third-party data sources for use in updating members' addresses in their case records.
Recordkeeping (§§ 431.17, 435.914, and 457.965)	6/3/26	Partially	Currently not incompliance with the electronic documentation of the rule but meet the retention requirements; the electronic piece is slated with the JAI digitization effort currently underway
Align non-MAGI enrollment and renewal requirements with MAGI policies (§§ 435.907 and 435.916)	6/3/27	Partially	Currently we are not compliant on the use of the AVS as part of ex parte review and need to ensure we are following the renewal guidance recently given for MA from CMS. We are compliant with not requiring interview, we accept all modalities; renewals are set every 12 months; we send a prepopulated renewal; give 30 days to respond; give 90-day reconsideration. TBD on project to address all renewals

Regulations Not Yet Implemented

Of the 4 not yet implemented

- On the 1st potentially engage with Code for America to help but will be out of compliance
- On the 3rd and 4th will be a significant process and system change

Provision	Compliance date	Colorado Complaint: No	Comments
Apply primacy of electronic verification and reasonable compatibility standard for resource information (§§ 435.952 and 435.940)	6/3/24	No	Currently we do not set reasonable compatibility standards to programs with a resource test. Project TBD Needs policy, system, and operational changes.
Prohibit annual and lifetime limits on benefits (§ 457.480)	6/3/25	No	Currently for CHP+ the dental PAHP has an annual benefit of $1000 and the new rules states we can not have amount limitations.
Establish specific requirements for acting on changes in circumstances (§§ 435.916, 435.919, 457.344, and 457.960)	6/3/27	No	Current only allow 10+1 for verification; we currently do not give the 90-calendar day reconsideration on changes; need to work the change within 30 calendar days; cannot take adverse action on a change from a third-party data source without confirming with member first. Need policy, system, and operational changes; applies also to CHP+. Project TBD
Establish timeliness requirements for determinations and redeterminations of eligibility (§§ 435.907, 435.912, 457.340, and 457.1170)	6/3/27	No	Currently only allow 10+1 for verifications needed at application and changes in circumstance; need to allow 15 days at application and 30 days for changes; currently we only have the 90-day reconsideration period for renewals and the new rule allows a 90-day reconsideration period for applications and changes; currently we do not have a set timeline to work a change and this rule establishes a 30-day timeline to work a change. Need policy, system, and operational changes; applies also to CHP+. Project TBD

CMS FINAL ELIGIBILITY RULES

Timeline for State Compliance with Key Provisions

[1] Part I of the final Eligibility Rule
[2] Part II of the final Eligibility Rule

NAMD
National Association of Medicaid Directors

Questions?

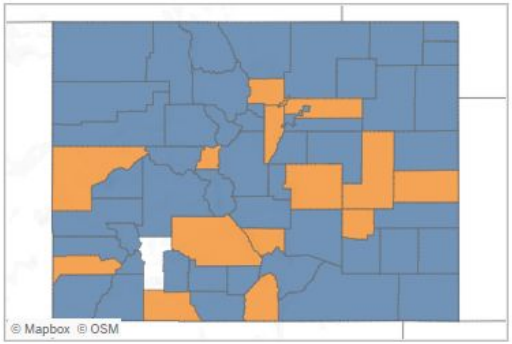
MAP Statewide Performance Update

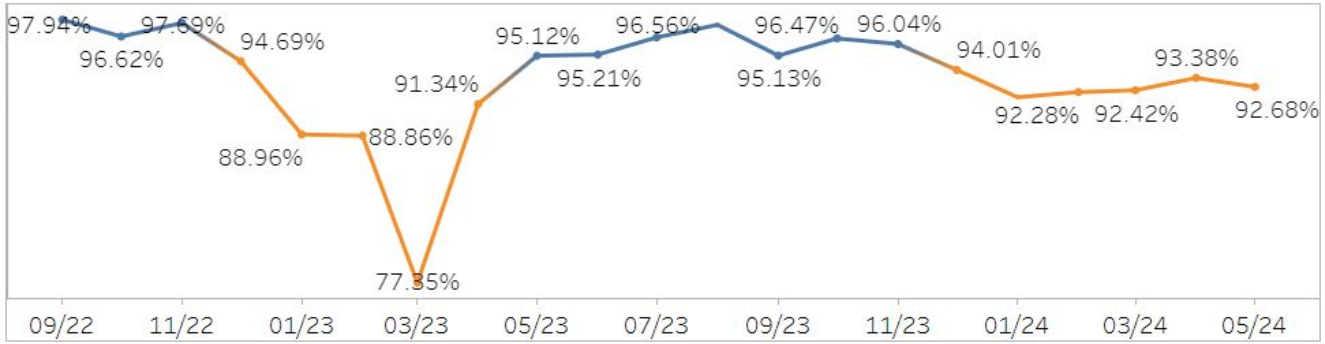
Presented By: Arturo Serrano

Statewide App 45 Timeliness

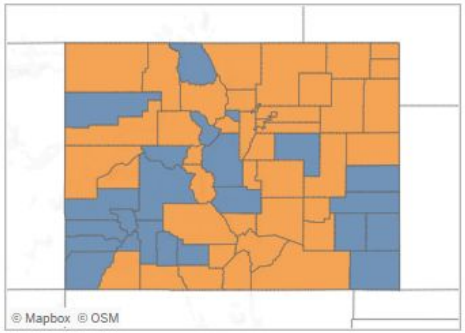
May Target Not Met

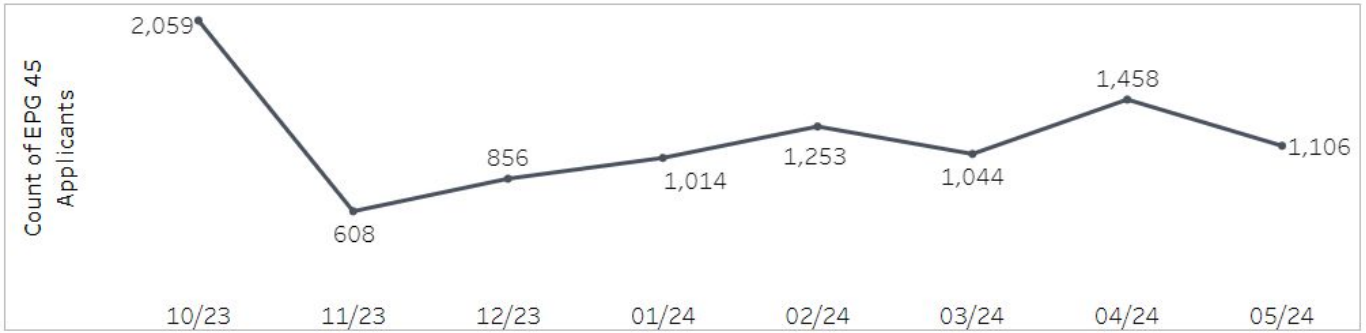
92.68%





Statewide EPG 45

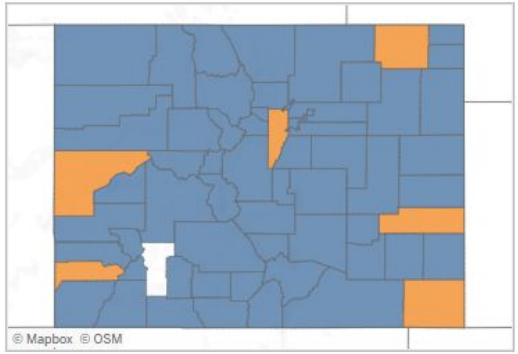


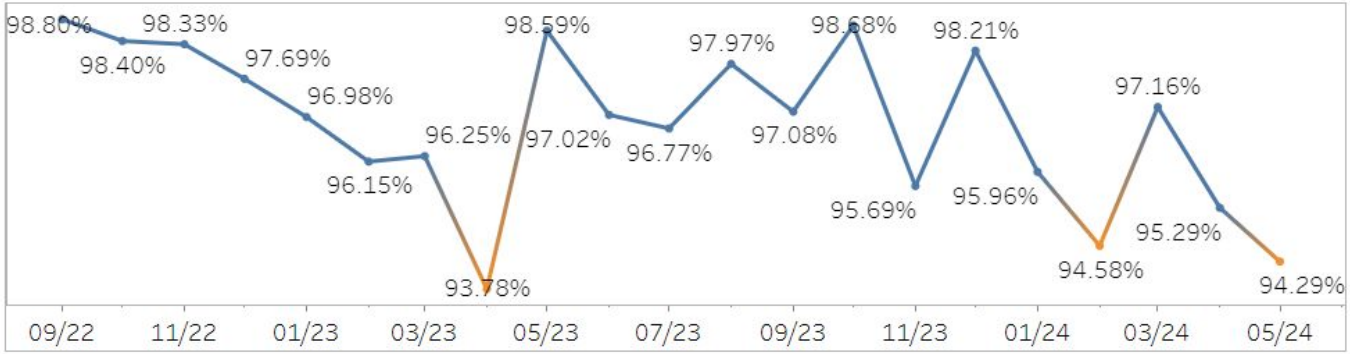


Statewide App 90 Timeliness

May Target Not Met

94.29%





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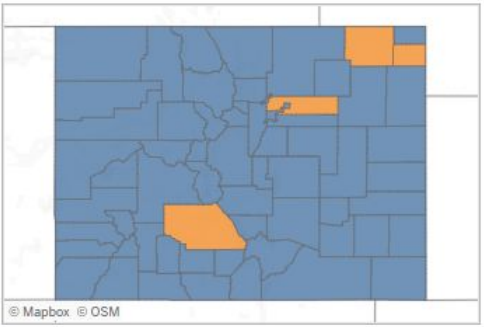
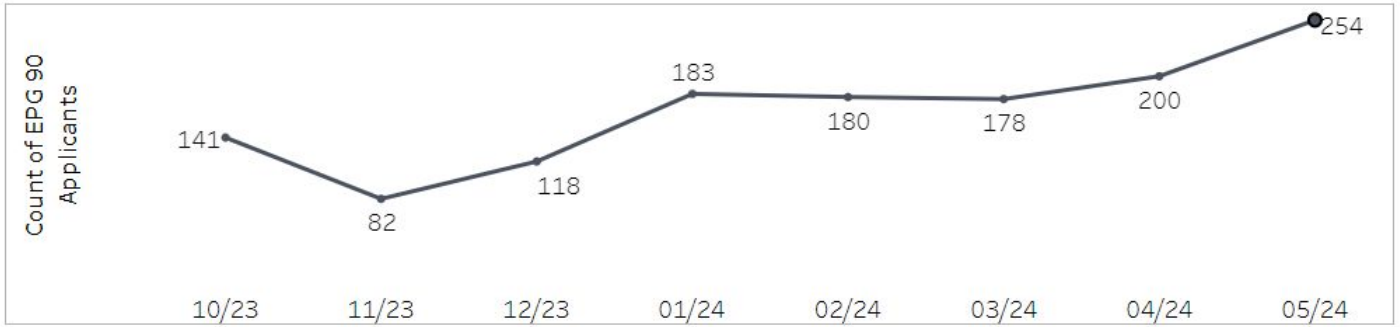




MAP Relaunch Part 2

July 9th 8AM- 9AM

FY 2024-25 County Incentives Task Group

Next Meeting

- Friday June 28th (9 AM, 1.5 hours)
  - Performance Incentive
    - MAP data discussion and what MAP performance measures are in operation
    - Update on MAP Renwal EPG SQL
    - Update on MAP Renewal SQL Timelines
  - Introduction of EPG Performance Measure Targets and formula
    - New renewal target formula will be an example to initiate the discussion

Questions?

Non-Emergent Medical Transportation (NEMT)

Single Statewide Broker Proposal

Presented by: Patrick Potyondy

June 2024

Roles

HCPF Staff

- Stakeholder Engagement Team
  - Sarah Davis, Stakeholder Engagement Sr. Advisor
  - Patrick Potyondy, Stakeholder Section Manager
  - Kyra Acuna, Stakeholder Engagement Advisor
- Benefit Management Team
  - Courtney Sedon, Transportation Policy Specialist
  - Mattew Paswaters, NEMT Broker Contract Manager
  - Alex Weichselbaum, Primary & Ancillary Care Section Manager

Feedback and Resources

The Department of Health Care Policy & Financing will consider all questions raised and feedback received considering the potential change.

Initial feedback will be gathered via an online form.

We are open to a future dedicated meeting on the topic with the counties. Please reach out if interested.

You may reach out to patrick.potyondy@state.co.us.

Current NEMT Program

- Non-Emergent Medical Transportation (NEMT) means transportation to or from medically necessary non-emergency treatment.

- NEMT is reimbursed based on a Fee Schedule that applies to all services.

- NEMT is currently a **hybrid delivery model** split across the state:
  - NEMT is brokered for the 9 metro counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, and Weld). A Department-contracted vendor is responsible for scheduling trips, managing the provider network, and reimbursing for services.
    - A broker **does not** set the payment rates for providers. The hybrid model or single statewide broker model will **not** change the Fee Schedule.

  - NEMT is not brokered for the remaining 55 counties. NEMT is provided fee-for-service where the member calls their county department of human services or a provider directly to schedule a trip.

NEMT Benefits Already Brokered Statewide

- Out-of-state travel (airfare, lodging), including a person who accompanies an at-risk adult or minor (escort).
- Meals and lodging during in-state travel that takes longer than a single day to complete.
- Personal vehicle mileage reimbursement.

Identified Issues With Current Hybrid Delivery System

- Disadvantages members residing outside the broker area.
- Creates confusion for accessing NEMT.
- NEMT trips in rural areas are difficult to schedule, especially if transportation to a major city is needed.
- Doesn’t have the flexibility to remedy inconsistent and unreliable providers.
- Doesn’t have the same financial and safety controls outside of the broker area.

Considering a Single Statewide Broker

- The Department of Health Care Policy & Financing (HCPF) is considering a single statewide broker model for the future of the NEMT program.
- The goal is to improve the program by providing better services for our members, strengthening accountability for NEMT providers, and securing stronger oversight for the state.
- Stakeholder questions and feedback will play a crucial role.
- Shared goal of improving NEMT and serving the public.

Member Advantages of the Single Statewide Broker Model

1. Improved Access to Services: A centralized broker can offer a more streamlined, user-friendly approach to arranging transportation, potentially with a single point of contact. All members will benefit from being able to use the Broker's electronic trip scheduling system to book a ride. Currently for the 55 counties without a broker this doesn't happen. Every county and provider has their own system for booking rides.

2. Enhanced Quality and Reliability: With statewide standards, recipients might experience more reliable and higher quality transportation services.

Member Advantages cont.

3. Greater Equity in Service Distribution: A statewide system can help ensure that rural and underserved areas receive the same level of service as urban centers.

4. Member safety will be strengthened because the Broker will verify that a credentialed driver and vehicle are being used as soon as the trip is scheduled.

5. Member privacy and data protection will be strengthened by having the Broker verify the medical necessity of the NEMT trip rather than relying on individual NEMT providers to do this.

NEMT Provider Advantages of the Single Statewide Broker Model

'Provider' refers to the **NEMT** providers in the following points.

1. Consistent Standards and Expectations: Providers will have a clear understanding of service standards and requirements, which can reduce confusion and ensure uniform quality across services.

2. Training on operations, safety, compliance and record keeping will be provided by the Broker to all NEMT providers.

3. Reduced Administrative Burden: Providers will deal with one centralized entity for billing and compliance, simplifying administrative tasks and reducing overhead costs.

NEMT Provider Advantages cont.

4. Increased Volume of Riders: A centralized system might lead to an increase in usage as members become more aware of available services, potentially increasing business for providers.

5. Access to incentive payments related to pick-up timeliness and quality record maintenance.

6. The Broker will be able to verify the necessity of trips exceeding 25 miles in distance before they are scheduled. Currently this only occurs in the 9 metro counties with the existing broker, so any NEMT rides in the other 55 counties have this verification occur when the claim for payment is filed after the trip has taken place. This creates the possibility that providers are not reimbursed for trips made.

Treating Provider Advantages

'Treating Provider' refers to the **health care** providers who help members with rides.

1. Single Point of Contact: providers would have a single point of contact for all NEMT, simplifying communication and coordination for discharge planning.

2. Consistent Information: providers would receive uniform information about schedules, member eligibility, and procedures, reducing confusion and administrative burden.

3. Improved Reliability and Accountability: problems or complaints can be handled through one channel, leading to quicker resolutions and better overall service.

4. Centralized Scheduling: providers can coordinate appointments and transportation through a centralized system, optimizing scheduling and reducing no-show rates.

State Advantages of the Single Statewide Broker Model

1. Streamlined Operations: A single broker can standardize procedures, policies, and service quality across the entire state. This can make the system more efficient and easier to manage.

2. Improved Data Management and Reporting: Centralizing NEMT services under one broker can facilitate better data collection and analysis. This allows the state to monitor service utilization, identify trends, and make informed policy decisions.

State Advantages cont.

3. Enhanced Monitoring and Compliance: It's easier to monitor compliance and enforce regulations when there is a single broker that coordinates all services.

4. Fraud Prevention: Standardized processes and centralized data collection can help in identifying and preventing fraud more effectively.

5. HCPF will have better oversight of claims and expenditures because the Broker will verify the trip before submitting a claim for payment.

Questions to Consider

- What do you feel works well or has worked well with the current model?
- Could a statewide broker model negatively impact members, providers, or counties? How?
- Are there additional benefits to the statewide broker model that have not been covered or that you found especially important?
- What should we be planning for if the NEMT program transitions to a statewide broker model?

Recording and Feedback

- A recording of an NEMT public meeting may be requested by emailing patrick.potyondy@state.co.us.
- Please consider submitting feedback via the online NEMT Feedback Form.

Thank you!

ACC Phase III - Request for Proposal (RFP) Posted

Presented By: Danielle Henry

ACC Phase III Request for Proposal Posted

The Department of Health Care Policy and Financing (HCPF) is pleased to announce that we have officially published the Accountable Care Collaborative (ACC) Phase III Request for Proposal (RFP) on the Colorado Vendor Self Service website as RFP-UHAA-2024000332-1.

More information on how to access the RFP is available on this email announcement. The RFP will remain open through July 13, 2024.

Cover All Coloradans

Presented By: Lisa Pera

Background

Cover All Coloradans provides full health insurance coverage for Colorado pregnant people and Colorado children who would be eligible for medicaid and CHP+ if not for their immigration status.

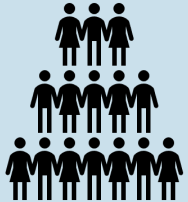
HB22-1289 Cover All Coloradans

Lactation Consultation Service Expansion

1115 Waiver to Cost Share EMS with DOI

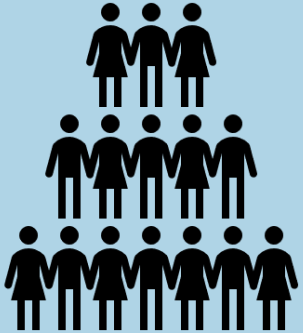
Health Services Initiatives (HSI) funds

Population Expansions, regardless of immigration status



Population Expansion

Population Expansions, regardless of immigration status



WHO

- Meet all eligibility requirements except citizenship
  - Pregnant People
  - Children under 19 years old

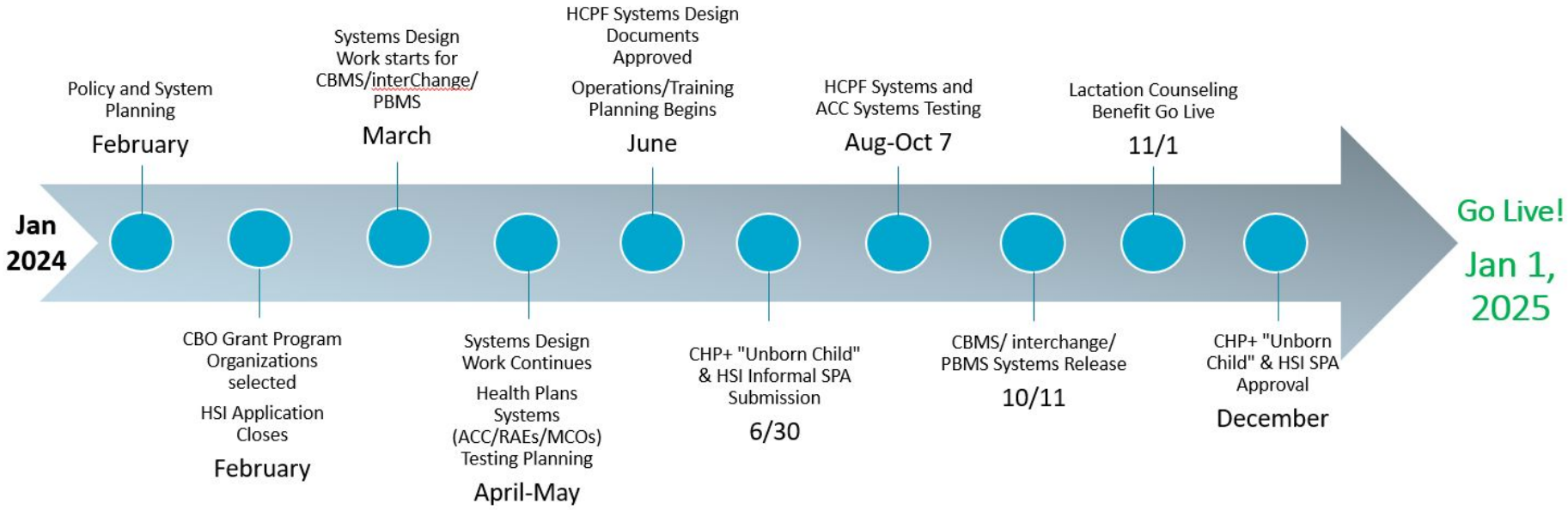
WHAT

- Lookalike program (Medicaid and CHP+)
  - OCL Waivers
  - RAE and MCO enrollment
  - System Navigation
  - Postpartum Coverage

WHEN

- Program goes live **January 1, 2025**

Timeline


Jan 2024
Policy and System Planning
February
CBO Grant Program Organizations selected
HSI Application Closes
February
Systems Design Work starts for CBMS/interChange/ PBMS
March
Systems Design Work Continues
Health Plans Systems (ACC/RAEs/MCOs) Testing Planning
April-May
HCPF Systems Design Documents Approved
Operations/Training Planning Begins
June
CHP+ "Unborn Child" & HSI Informal SPA Submission
6/30
HCPF Systems and ACC Systems Testing
Aug-Oct 7
CBMS/ interchange/ PBMS Systems Release
10/11
Lactation Counseling Benefit Go Live
11/1
CHP+ "Unborn Child" & HSI SPA Approval
December
Go Live!
Jan 1, 2025

Estimated Participation

Item	FY 2024-25	FY 2025-26
Estimated Non-Citizen Pregnant Adults Enrolled on Medicaid	2,165	2,193
Estimated Non-Citizen Pregnant Adults Enrolled on CHP+	138	140
Estimated Medicaid Enrolled Children	553	560
Estimated CHP+ Enrolled Children	774	784
Total Estimated Enrollment	**3,630**	**3,677**

**Estimates will change due to the arrival of new immigrants in Colorado over the past year.*

Potential Impacts to You

- Additional Language Services Needs
  - Must have language services available or may need to expand translation abilities
- Understanding how this population could flow through available programs
  - Cover All Coloradans, Emergency Medicaid/Family Planning Services, OmniSalud insurance
- May have certain ideas/stigmas/biases against this population
  - Ex. Requiring documentation for citizenship for programs that don't require it
- Potential workload increase with new population

Questions?

Member Grievance Process Updates

Presented By: Sarah Rogers

HCPF Grievance Process

- Updates
  - Quality Assurance review of tickets
- Coming Soon!
  - Spanish translation webform, set to be released on 8/15/24!
  - HCPF Checklist
  - We would love to hear from you, click here to submit your feedback

County Trending Topics

Contact Information

For Agenda Items & Meeting Set-Up or for Questions:

please submit a County Relations webform ticket or Email HCPF_CountyRelations@state.co.us

Thank you!