



COLORADO

Department of Health Care
Policy & Financing

To: Program Improvement Advisory Committee
From: Tracy Johnson
Subject: Accountable Care Collaborative Hot Topics

Below are key areas the Department of Health Care Policy and Financing (Department) is currently working to address related to the Accountable Care Collaborative (ACC).

Federal Audits: As part of the Department's relationship with its federal partners and in line with guidelines of the Affordable Care Act (ACA), the Department is orchestrating a variety of eligibility and payment audits. The Department's federal partners include the Office of State Auditor, the Centers for Medicare and Medicaid Services (CMS), and the Office of Inspector General. These audits focus on individual instances but extrapolate to the Department's entire population and case load. CMS has the authority to put the Department and, by extension, its partners under extensive and time-consuming corrective action. CMS can also claw back federal match dollars. The Department has not historically achieved federal accuracy targets, and as a result, the Department is implementing several work streams in partnership with county partners to improve eligibility practices: 1) returned mail project and indicator within the interchange, and 2) internal tracking of the Department's overall caseload churn rate, including enrollments and disenrollments. Please see the corresponding draft Churn Report. The Department is also working hard to collaborate with other state partners to develop a public option for members when they are no longer eligible for Medicaid.

A Payment Error Rate Measurement (PERM) audit is required once every three years. PERM will establish an error rate for Health First Colorado and Children's Basic Health Plan programs. If Colorado has a high error rate above 3%, in future years the State may have to pay back an extrapolated amount of federal funds. Colorado will have to pay back federal funds for any individual overpayment cited. Collaborating with federal partners, including executing any corrective action plan according to federal statutes, may help Colorado show a good faith effort.

Federal Charge: The Supreme Court lifted the nationwide injunction last week clearing the way for the Trump administration to implement the policy. The ruling is procedural, rather than on the merits of the policy. Public charge litigation is still going on in the lower courts. The policy itself could still have its day in the Supreme Court. The Department has been consistent in its response to the final policy. The Department is not an expert in immigration law and cannot take on the liability of giving advice to members on this topic. Additionally, it does not have the resources to conduct targeted outreach. The Department very concerned about the chilling effect and what that means for our members and the broader immigrant community in Colorado. The Department needs your partnership and help to reach these communities. The Department knows there is mistrust and fear of government because of this policy. Community organizations are not only well placed in local communities but are trusted voices.

Q: You say most Medicaid members would not be subject to a public charge determination. How many are?

Unfortunately, the Department's data does not give us the flexibility to have an exact count of members that could be subject to a public charge determination. However, given that almost all of the Department's noncitizen members are already green card

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holders or have a protected status (ie. refugee, asylee, certain special immigrant visas), the Department anticipates a very small impact to Colorado residents.

Q: *When will the public charge rule go into effect?*

The Department has not seen an adjusted implementation date from the Department of Homeland Security as to when the new regulations will apply. Due to the way the rule is written, they will likely need to give an effective date – ie. use of public programs from a certain day forward could be used in a public charge determination – as they have said this will not be retroactive.

Q: *Why doesn't the Department have resources for outreach?*

The Department previously received outreach grants under the Bush administration through the ACA's implementation. That funding is no longer available.

For more information or to propose additional topics to the quarterly ACC Hot Topics, please participate in the designated open comment periods of the Program Improvement Advisory Committee (PIAC) meetings or contact Ben Harris, benjamin.harris@state.co.us.