Program Improvement Advisory Committee (PIAC)

Department Updates

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October 16, 2024

Today's Agenda

- Accountable Care Collaborative Phase III

- Department priorities

- Public Health Emergency Unwind

- Returning to normal state budgets

- PIAC feedback, questions and discussion

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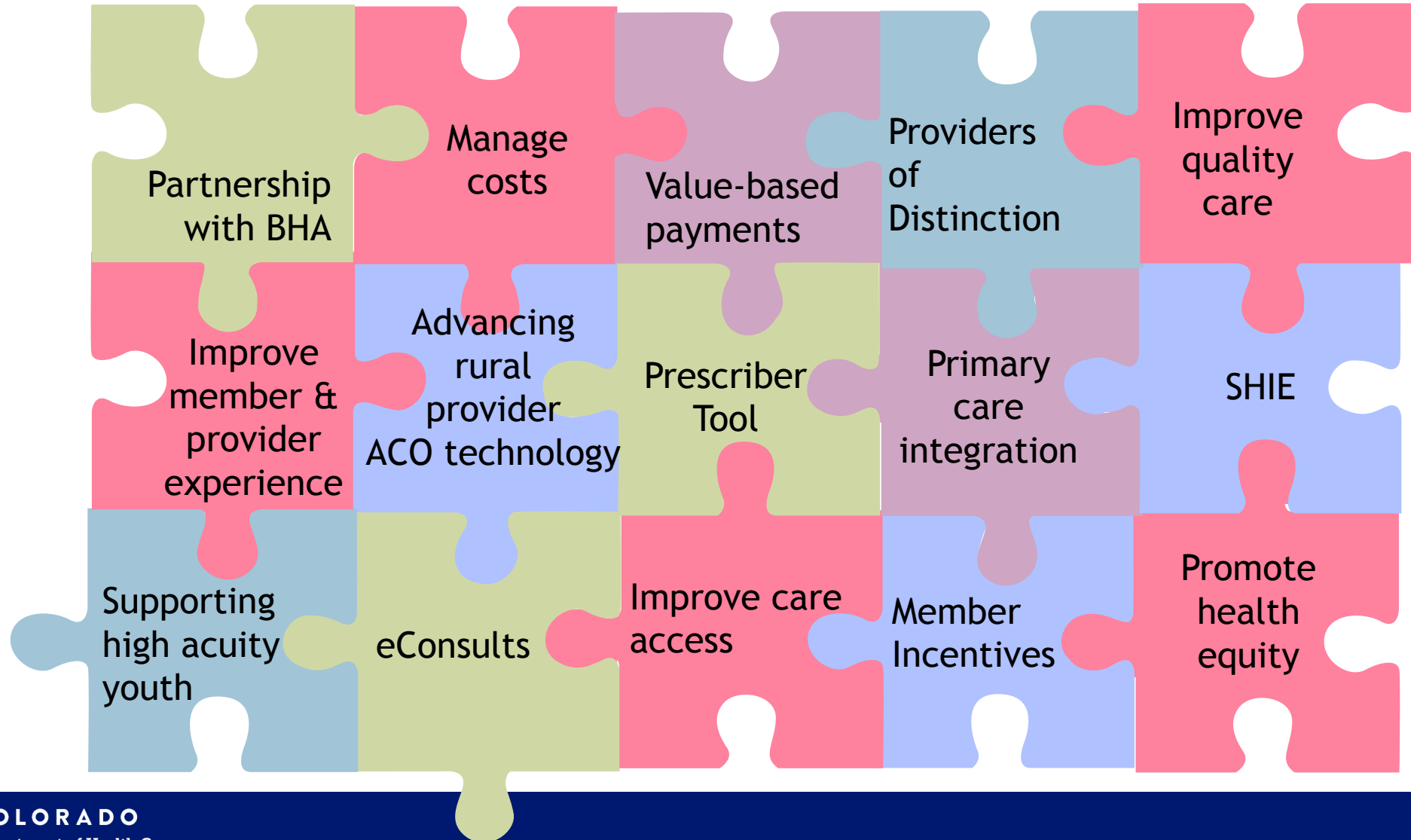Policy & Financing

Thank You, PIAC!

- Over the past two years we:
  - Engaged with you at 45 different meetings (including subcommittees)
  - Discussed topics like moving to four regions, the standardized child and youth benefit, attribution, the draft RAE contract, the Evaluation model, and more!
- Thank you for your engagement and commitment to continue improving the ACC.

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ACC Phase III Awards and BHA Alignment & Partnership
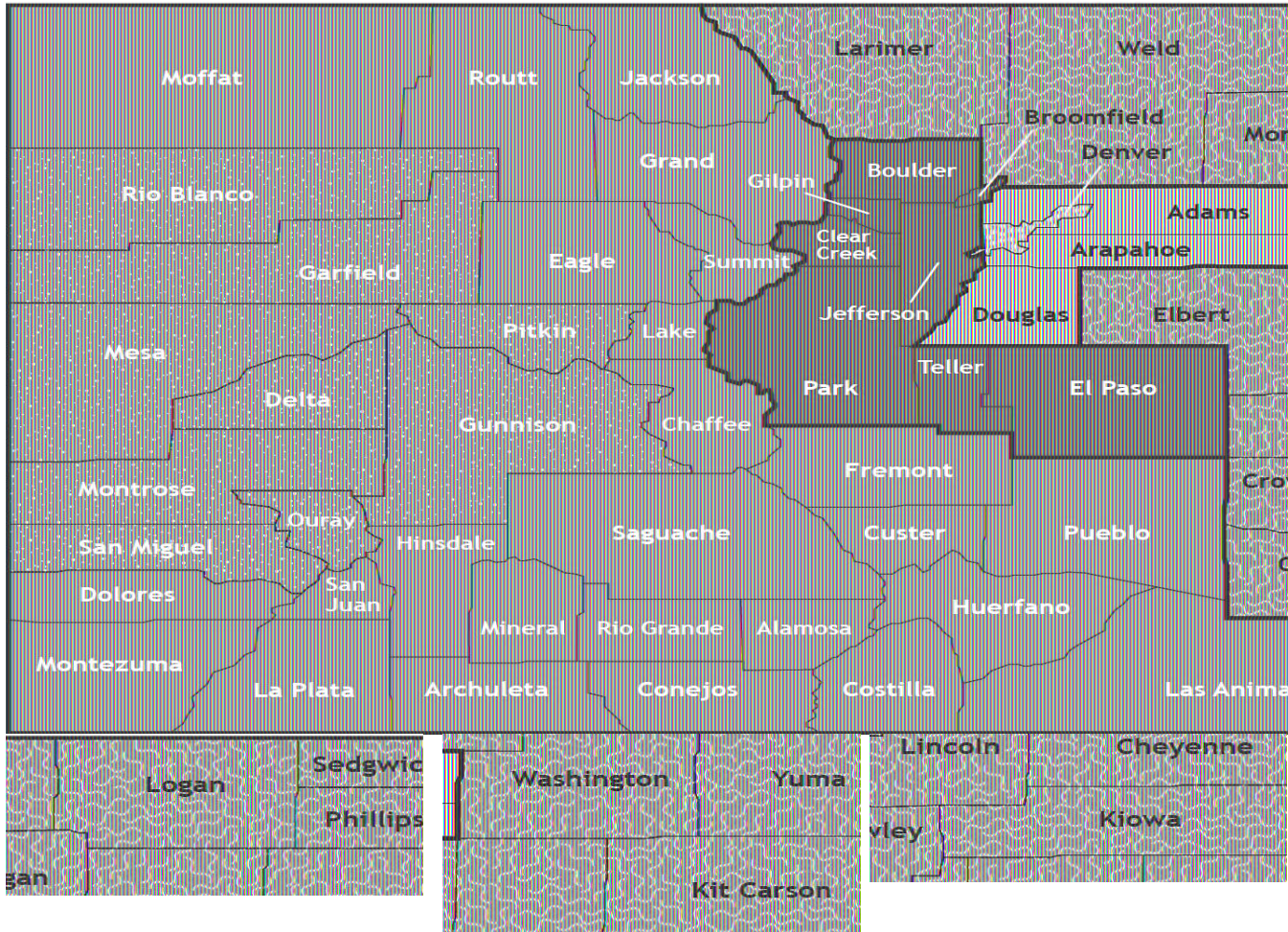
- **RAE Region 1:** Rocky Mountain Health Plans (RMHP), is a returning RAE partner, inclusive of the MCO offering in this region, in the same counties.

- **RAE Region 2:** Northeast Health Partners (NHP) is a returning RAE partner, in a new administrative partnership with RMHP.

- **RAE Region 3:** Colorado Community Health Alliance (CCHA) is a returning RAE partner, in partnership with Anthem, now branded Elevance.

- **RAE Region 4:** Colorado Access is a returning RAE partner.

- **Denver Health's MCO** will continue. It is within RAE 4, and partners with Colorado Access for BH supports.

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Lots of Advances All Integrated into ACC Phase III

Partnership with BHA · Manage costs · Value-based payments · Providers of Distinction · Improve quality care · Improve member & provider experience · Advancing rural provider ACO technology · Prescriber Tool · Primary care integration · SHIE · Supporting high acuity youth · eConsults · Improve care access · Member Incentives · Promote health equity

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HCPF Tackling "Big Boulders"

- **Balance inflation, provider rates, workforce access, affordability**

- **Keep Coloradans Covered** post Public Health Emergency unwind and ongoing

- **Facilitate health care workforce** growth and address gaps in access

- **Drive quality, equity, access, affordability:** eConsults, Prescriber Tools, cost and quality indicators

- **Advance value based payments to** reward quality, equity, access, affordability

- **Transform behavioral health** ($550M)

- **Saving people money on healthcare**

- **Modernize Medicaid benefits systems**

- **Promote health equity: vaccinations,** behavioral health, maternity, prevention

- **Transform long term care:** home and community based services (HCBS) thru ARPA ($550M); nursing homes; case management redesign; for people with disabilities

- **Support struggling providers:** safety net, nursing home, HCBS, special needs, behavioral health, rural, etc.

- **Modernize how Medicaid delivers care:** Accountable Care Collaborative Phase III

- **Advancing Social Determinants of Health** supports and payments

- **Investing in Our PEOPLE !**

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

HCPF Fiscal Year 2024-25 — Subset of Priorities (>100 projects, 45 goals)

Member Health	Care Access	Operational and Service Excellence	Health First Colorado Value	Affordability Leadership
• Support health related social needs like housing and food security • Transform behavioral health and improve care for high acuity children and youth • Improve health equity in prevention, maternity care, behavioral health • Improve quality of hospital care (Hospital Transformation Program) • Improve child/youth immunizations and prenatal care	• Keep Coloradans Covered • Expand coverage (1115, Cover All Coloradans) • Protect member coverage, benefits and services • Expand provider network, incl. behavioral health, specialists, rural, dental • Regularly review provider reimbursement rates to ensure access to care • Transform home and community based services for people with disabilities	• Improve eligibility systems, experience, county workload, automation, letter clarity • Resource counties • Stabilize LTSS ecosystem for people w/disabilities • Drive service quality across all partners (calls/claims) • Innovate systems; smoothly implement system changes; bolster cyber security • Maximize and close-out ARPA funding	• Address Medicaid costs and trends • Modernize Medicaid delivery system through Accountable Care Collaborative Phase III • Advance value based payments to drive quality, equity, access and affordability • Right care, right time, right place, right price • Ensure appropriate Medicaid payments balancing provider admin • Prevent avoidable ER visits and hospital care	• Manage within difficult state budget limitations • Reduce uninsured rate • Mitigate rising pharmacy cost trends • Increase hospital affordability and price transparency (tools, reports, and policies) • Drive innovation (eConsults, Prescriber Tools, SHIE, cost and quality indicators) • Lead value based payments across payers

Employees, contractors, members, providers, partners, advocates, counties and medical assistance sites, stakeholders, and the legislature help guide our work. More info at: CO.gov/HCPF/performance-plan

Unprecedented, Coordinated Member Outreach to Keep Coloradans Covered coming into PHE Unwind

Member Renewal Outreach

2.4M outreaches to **680K** households

382,665 "it's your time to renew" texts

142,686 emails, in both English and Spanish

>33K additional calls to members with disabilities during 60 day extensions

Plus: plan, partner & provider outreach to members as well as to schools, homeless shelters

General Awareness Building

84,238 PSA Spots

7,121 Update Your Address page visits

4,630 Take Action on Your Renewal visits

24,830 Keep Covered page visits

Plus: Outreached employer chambers, purchasers, carriers

Our Approach to Unwind to Keep Coloradans Covered

- Took full year allowed to review individuals by renewal anniversary

- Secured more county funding

- This approach aimed to reduce member disruption and increase renewals by continuing to align with ongoing practice, as well as was an equitable means of returning to regular renewal processing

- Challenging for many members, families and providers. Some members have experienced coverage loss, confusion, and difficulty.

- Where are we now, and *what's next to get reduce the number of disenrolled members not connected to coverage.*

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Eligibility Performance Before & After PHE. Improving across metrics, but we still have work to do

	Pre-pandemic	Unwind	Post Unwind 2024			
	CYs 18-19	May '23-April '24	May	June	*July	Aug.
Renewal Rate	57%	55% (after 90 day reconsideration period)	80% (after 90 days of the reconsideration period)	79% (after 60 days of the reconsideration period)	80% (after 30 days of the reconsideration period)	76%
Auto Renewal Rate (ex parte at <u>household</u> level)	N/A	33% - All	59% - All 67% - MAGI	56% - All 66% - MAGI	62% - All **72% - MAGI	58% - All **68% - MAGI
Disenrollment Rate	41%	43% (after 90 days)	18% (after 90 days)	17% (after 60 days)	16% (after 30 days)	19%
Pend Rate	2%	2-8%	2% (after 90 days)	3% (after 60 days)	4% (after 30 days)	5%
Disenroll: Eligibility	29%	19% (after 90 days)	9% (after 90 days)	8% (after 60 days)	7% (after 30 days)	8%
Disenroll: Procedural	12%	25% (after 90 days)	9% (after 90 days)	9% (after 60 days)	9% (after 30 days)	11%

*July 2024 marked the implementation of additional automation for renewing members with incomes at and below 100% of the federal poverty level.   **MAGI is Modified Adjusted Gross Income or income based populations. In August 2024, MAGI accounted for 77% of total enrollment.

Priority: Supporting County & Eligibility Workers

SB 22-235 report due to JBC, Nov. 2024

- New funding model, county workforce to match need and higher salaries to improve county ability to hire/retain workers
- Intelligent Character Recognition and Interactive Voice Response technology
- Policy guidance improvements
- Service delivery standards and aligning administrative requirements
- Pool hours and supports for training and complex cases

Reducing county workload and improving accuracy

- Improving renewal ex parte automation, PEAK member digital tool capabilities and utilization, and PEAKPro provider/community partner elig. tool

Joint Agency Interoperability Co-Created with Counties

- Unified work management system across counties
- Unified document retention system across counties
- ITN is active through mid October (completion: 26/27)

CBMS Strategy and Vision Co-Created with Counties

- Improves CBMS support system for workers and members (target completion: June 2025

Improve member correspondence accuracy and readability

- Revising 55 by December 31, 2024

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Member Feedback Themes

What We Are Hearing…	Actions We Are Taking…
Renewal process is cumbersome and confusing	Renewal ex parte automation increase; simplifying letters and renewals (2025 update); shortened renewal packet; employer chamber work to expand qualifying event enrollment period and employee outreach
Some members didn't know they needed to take action	Continuing renewal outreach with reminders; additional reminder during 90 day reconsideration period targeting "failed to respond" and "incomplete verifications"
Challenges with the process, responsiveness of counties/eligibility workers	Ongoing county oversight, training, technical assistance and backlog reduction plans; SB22-235 report policy and analysis of county funding; Joint Agency InterOperability (JAI) - single statewide streamlining
Health coverage affordability is a top concern, lack of access to employer sponsored	Affordability work to benefit all payers (prescription drugs, hospital care, value based payments); joint "Know Your Options" toolkits with Connect for Health Colorado, Division of Insurance, others

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Member/Providers/Advocates/Counties Themes

What We Are Hearing…	Actions We Are Taking…
"I turned in renewal (or data) but never heard back" or "I was told it was incomplete"	Counties catching up backlogs; SB22-235 Nov. Report; more county PEAK training; inviting people to reapply (85% get real time answer in PEAK); HCPF escalation process; member outreach targeting "failed to respond" and "incomplete verifications"
Need for PEAK and CBMS Improvements	Continual updates to PEAK and CBMS to improve member and user experience; JAI work; updating CBMS governance and transparency
Lack of PEAKPro Access	PEAKPro access is limited given budget and training constraints; providers can use PEAK leveraging authorized user options to help applicants – launching trainings on this option
Increasing uninsured	Raising awareness of other coverage/toolkits; educating employers via chambers; affordability work; catching up county backlogs; SB22-235 Nov. report for future capacity building

Protecting Coverage for LTSS Members

Our top priority is protecting our most vulnerable members. We have several extra supports in place to help make sure LTSS members stay enrolled in Medicaid and their waiver:

- Leveraging HCPF Escalations Process
- Temporarily Pausing Terminations and Mitigating Future Terminations
- Reinstating Members (where necessary)
- Addressing Delays in Disability Determination
- Manually Processing Level of Care (LOC) and Approving Eligibility When an LOC is Not Current

LTSS enrollment is currently higher than prepandemic levels.

Community First Choice: expands long-term care services to more Medicaid members, eff. July 1, 2025

To reduce churn from a systemic perspective: April 2024 1115 Waiver Elements

Continuous Eligibility Coverage for Children 0-3 Years

Extends continuous eligibility coverage for children >3 years of age. Includes eligible children who face barriers due to immigration status.

Eff. Jan 2026

Continuous Eligibility Coverage for Adults Released from DOC

Extends eligibility coverage for 12 mos to adults (18-65) released from a Colorado Department of Corrections facility

Eff. Jan 2026

HCPF's Fiscal Year 2024-25 Budget is $16.0B Total Funds, $5.0B General Funds 32% of state's General Fund operating budget

November 1	November 1 - April 15	May 1	July 1
Budget is due to the Legislature	Legislative Hearings	Budget is signed into law	New Fiscal Year Begins - New Money is Available

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Federal stimulus money ends this FY. CO has returned to its historic tight budget reality. Concurrent TABOR Challenge: Medical inflation grows faster than overall inflation. Medicaid trend creates further budget headwinds.

Cumulative percent change in Consumer Price Index for All Urban Consumers (CPI-U) for medical care and for all goods and services, January 2000 - June 2024
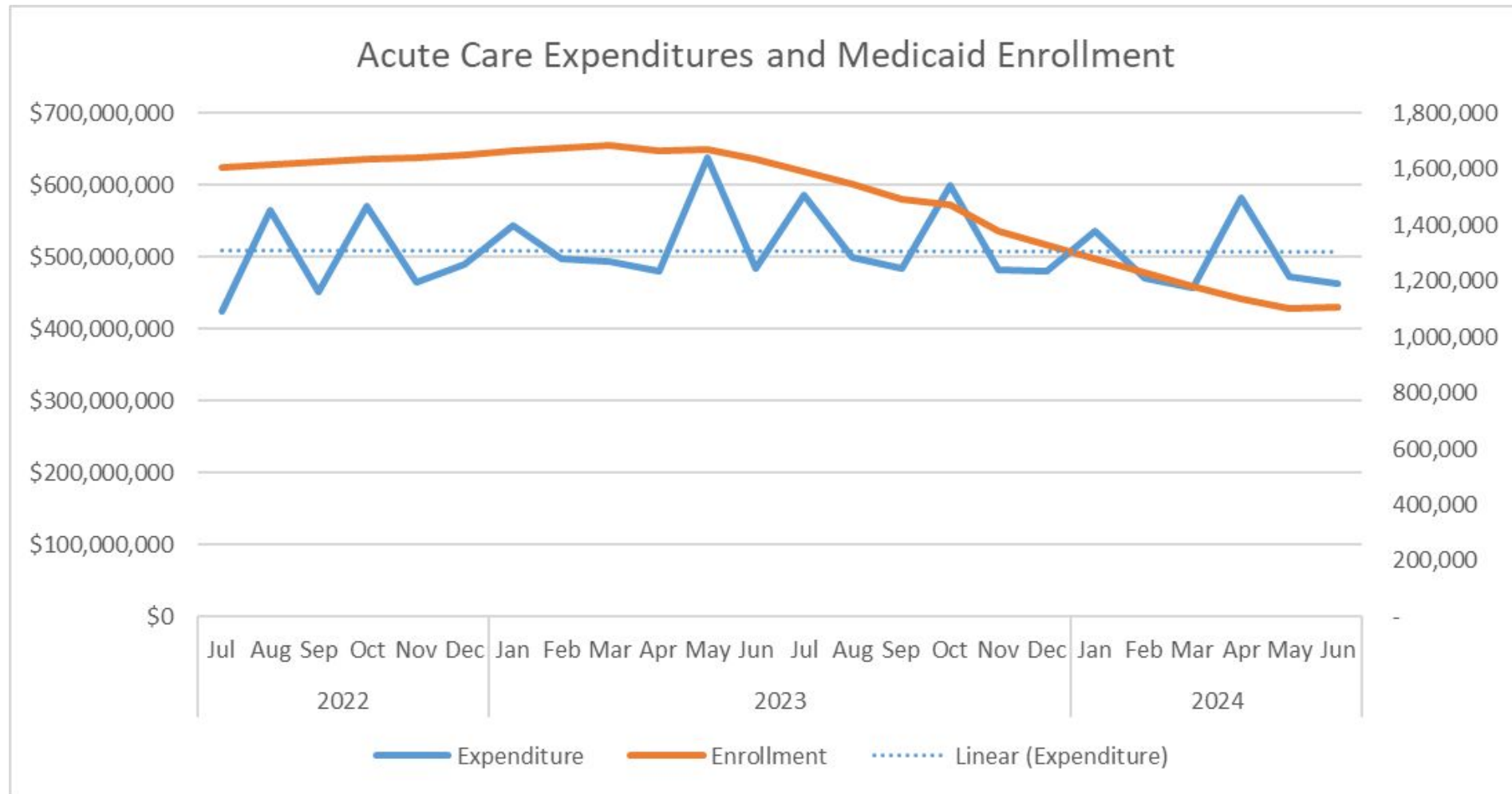
Medical care, 121.3%

All goods and services, 86.1%
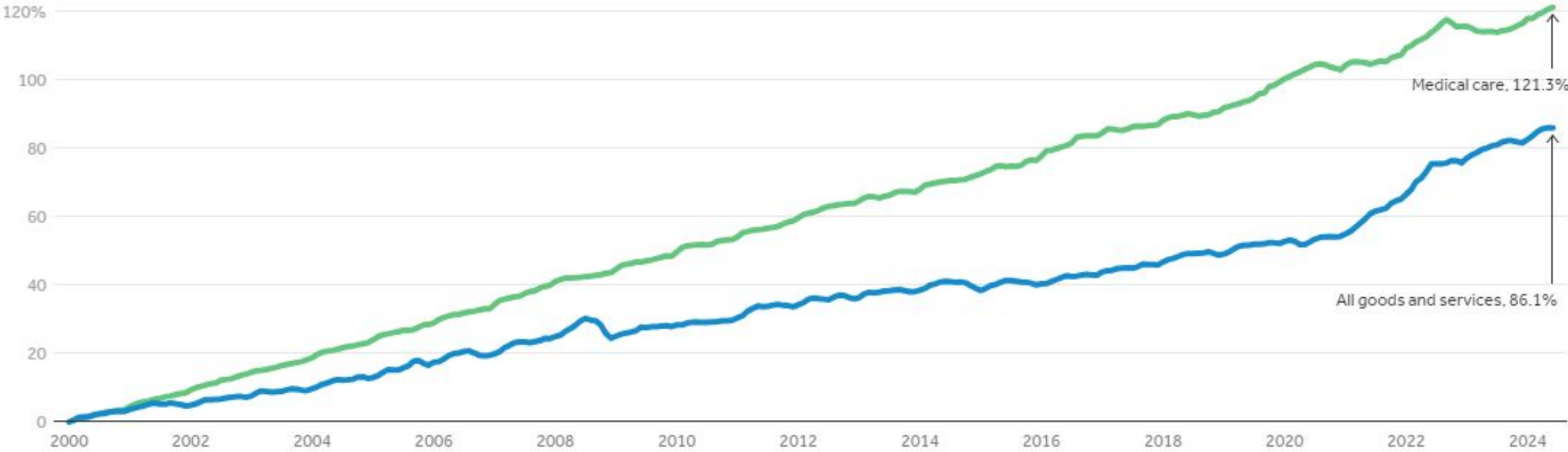
Note: Data are not seasonally adjusted. Medical care includes medical services as well as commodities such as equipment and drugs.

Source: KFF analysis of Bureau of Labor Statistics (BLS) Consumer Price Index (CPI) data • Get the data • PNG

Peterson-KFF
Health System Tracker

With Increasing Medicaid Member Acuity, claims are not declining in tandem with enrollment - a national trend

- Had to project caseload decline over the course of the PHE unwind and how much we would pay in service costs per member for those remaining on the program

- Particularly difficult during a year of such complex change

- Higher acuity of members, increase in utilization of services

Acute Care Expenditures and Medicaid Enrollment

Legend: Expenditure · Enrollment · Linear (Expenditure)

Questions?

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