

COVID & Budget Updates

Accountable Care Collaborative
Program Improvement Advisory Committee

Tracy Johnson
Medicaid Director

May 20, 2020

Overview

- Review transition to telemedicine services
- Discuss strategies to support providers
- Discuss caseload and budget projections

Larry Green Survey

CO Responses: Solvency

22% speak to the growing financial burdens for primary care practices created by ill-fitting payment models

11% say they will close within four weeks

66% report less than half their work is reimbursable

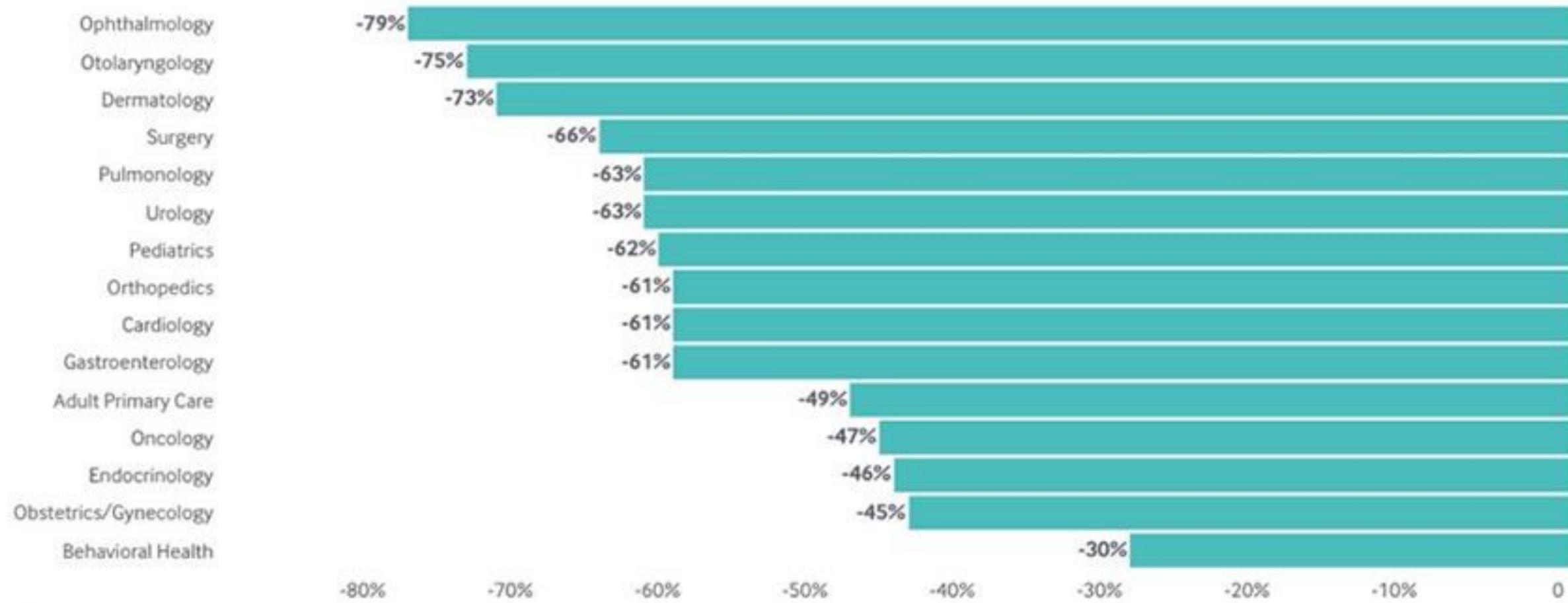
85% report large decreases in patient volume

Outages due to illness/quarantine reported for:

- *Clinicians (36%)*
- *Nursing staff (38%)*
- *Front desk (27%)*

The decline in visits was generally larger among surgical and procedural specialties and smaller in other specialties such as adult primary care, obstetrics/gynecology, oncology, and behavioral health.

Percent change in visits from baseline to week of April 5



[Download data](#)

Temporary Authorization of TeleMedicine during COVID-19

Expanding the telemedicine policy to authorize the following:

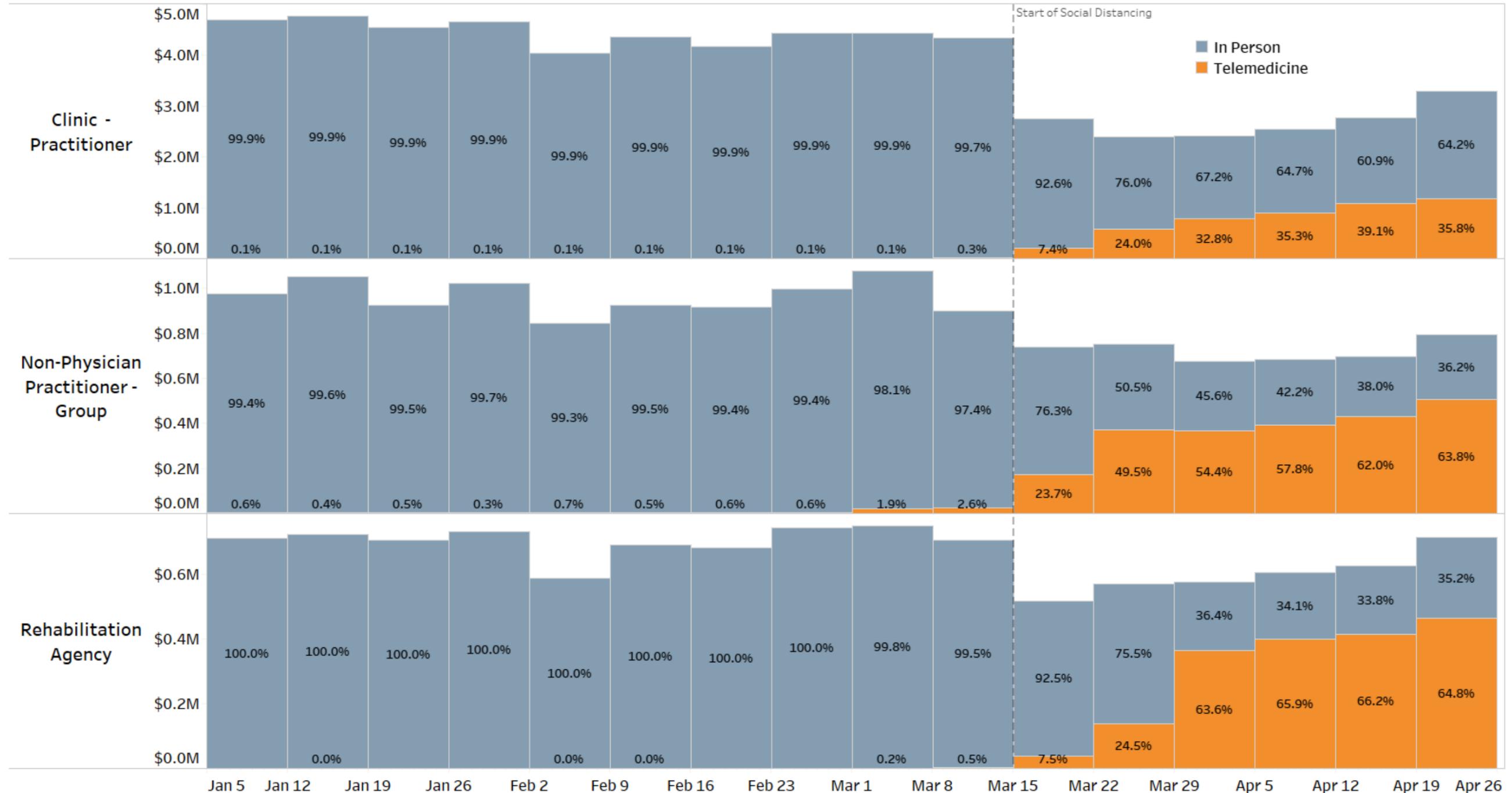
1. Expanding the definition to include telephone only and live chat modalities.
2. Authorizing Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services to bill for telemedicine visits
3. Adding specified Physical Therapy, Occupational Therapy, and Home Health, Hospice and Pediatric Behavioral Therapy services to the list of eligible interactive audiovisual telemedicine services.

Going forward discussion

[Link: Guidance](#)

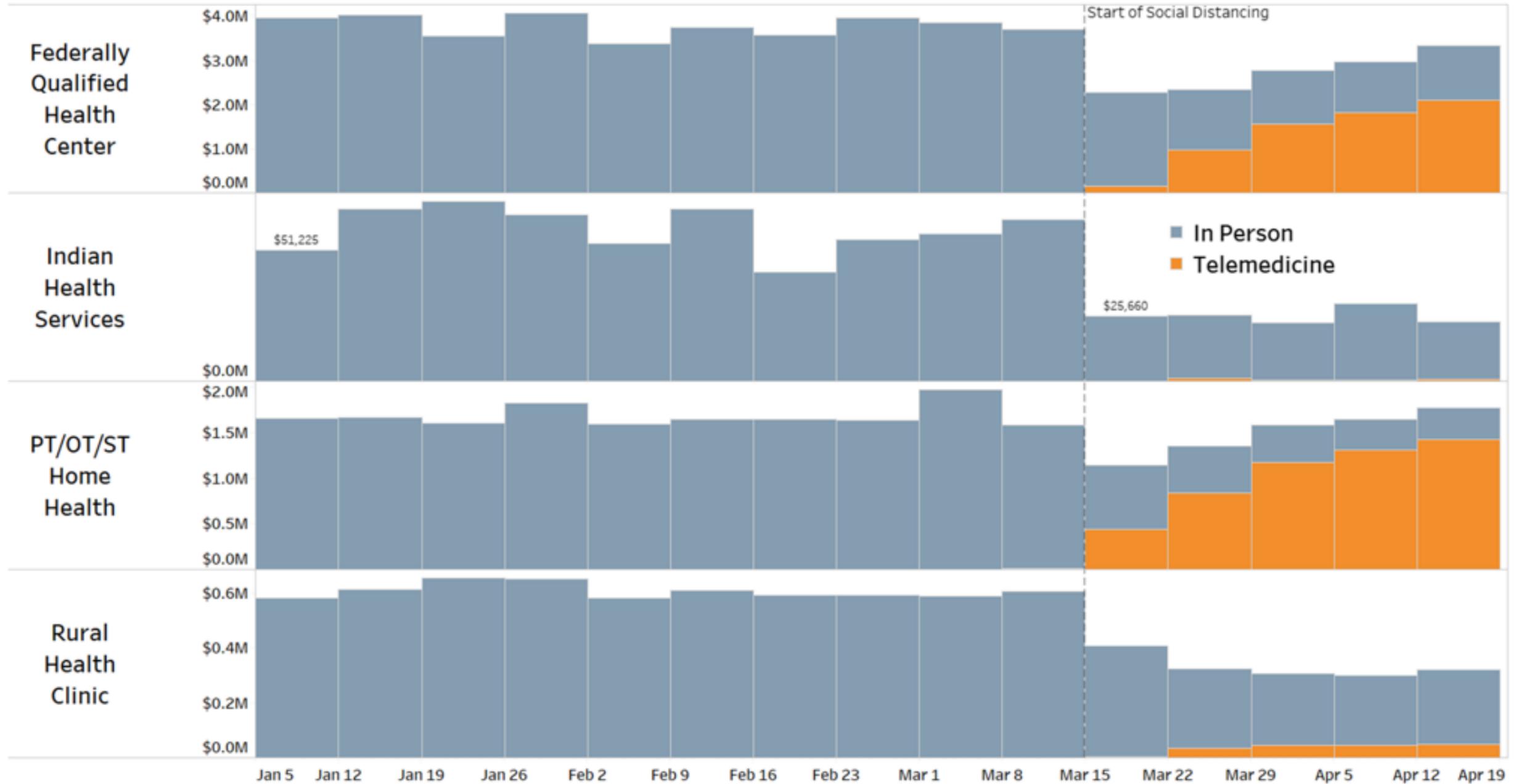
Telemedicine Adoption

Professional Services Eligible for Telemedicine



Telemedicine Adoption

Telemedicine Participating Institutional Provider Types



Telemedicine Policy Timeline

	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	SFY21-22
Dept Work	Study Period and Benefits Collaborative											Develop New Policy	Permanent Rule		
Rule Status	Emergency Rule 1		Emergency Rule 2		Interim Rule 1			Interim Rule 2			Interim Rule 3		Permanent Rule		

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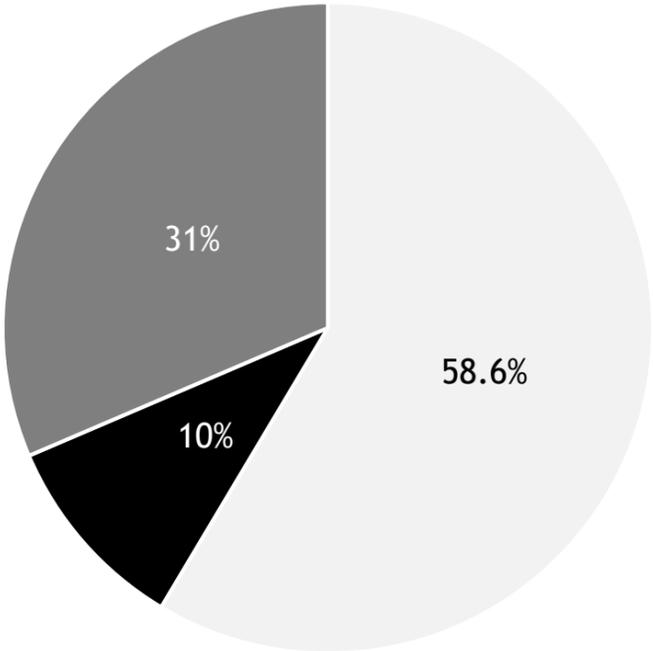
What we know about Colorado Primary Care

- **96% report large decreases in patient volume***
- **Outages due to illness/quarantine reported for clinicians* (48%), nursing staff* (45%), and front desk* (36%)**
- **61% of clinicians rate the COVID-related stress on their practice as severe*; 30% rate it close to severe**

*Denotes items where CO is worse than the average nationally

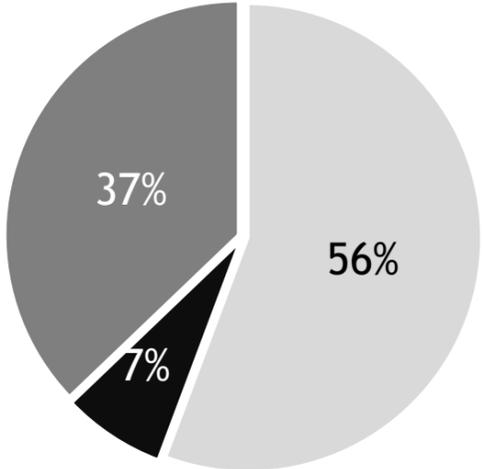
COVID + Fee-For-Service = Severe Disruptions

In the next four weeks . . .

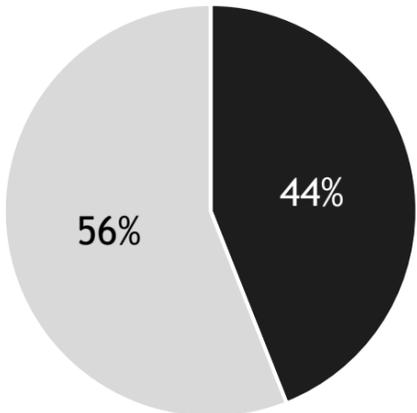


>40% of CO practices do not or may not have cash on hand to stay open.

37% are unsure if they will have enough patients to stay open. 7% are sure they will not.



Meanwhile, 44% report a majority of the care they are providing is not reimbursed.



■ Yes ■ No ■ Unsure

Patients are not getting care they may need

- US: 65% of clinicians nationally report they have **patients who can't use virtual health** (no computer or internet)
- CO: many **services are being done less frequently or not at all**:
 - preventive care (86%)
 - chronic care (76%)
 - care coordination across settings (70%)

Strategies to Support Providers

- Continuing telemedicine policy
- Prioritized attribution
- Performance pay-out flexibility
- CARES Medicaid payments
- Office of e-Health Innovation telemedicine grants
- Constant communications, engagement



COLORADO
Governor Jared Polis



COLORADO
Lt. Gov. Dianne Primavera

FOR IMMEDIATE RELEASE
Wednesday, May 6, 2020
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Colorado Receives Federal Fund Match for Telemedicine, Health Innovation Projects

DENVER - The Center for Medicaid & Medicare Services (CMS) approved a COVID-19 emergency funding request for \$7.9 million from the Office of eHealth Innovation (OeHI), in the Lt. Governor's Office, and Colorado Department of Health Care Policy & Financing (HCPF).

"Our administration is doing everything we can to ensure Coloradans have access to health care in safe and convenient ways during the COVID-19 pandemic," said Governor Jared Polis. "This funding will go toward innovations that include telemedicine and telemonitoring. This technology will help slow the spread of COVID-19 and provide Coloradans an effective and safe alternative to in-person care."

The \$7.9 million federal fund match will support Colorado's health information exchange infrastructure and emergency response innovations necessary for COVID-19 pandemic response. This funding will go toward telemedicine and other critical health innovation and infrastructure projects to ensure clinicians and patients are safe and healthy during this uncertain time.

"Taking care of yourself and loved ones during a pandemic can be challenging. Especially when it comes to accessing health care for physical or emotional needs," said Lieutenant Governor Dianne Primavera. "Helping families connect with a doctor, counselor or nurse in the comfort of their own home is a top priority."

Innovative telemedicine approaches and upgrades will help connect Coloradans to their health care providers without an in-person visit. This new funding will help increase access to health care and slow the spread of COVID-19.

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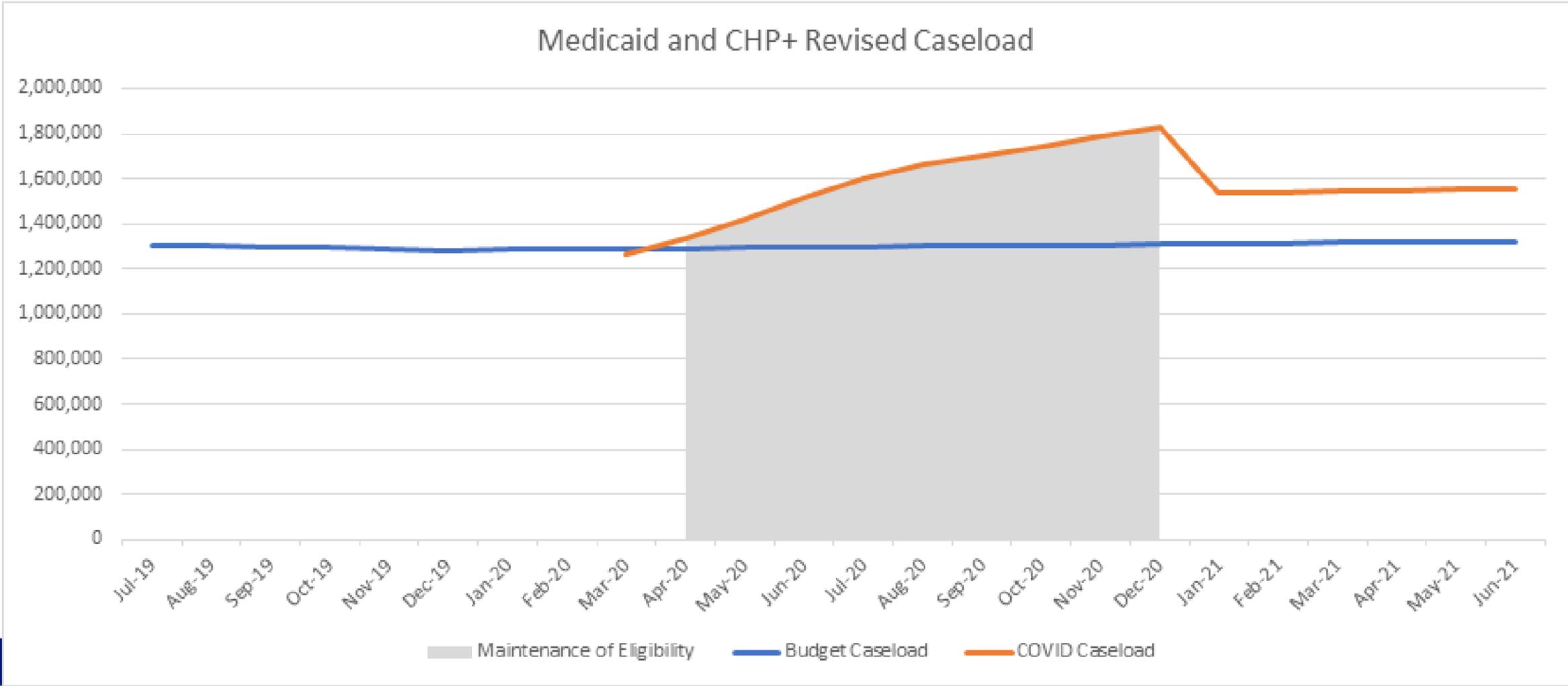
www.colorado.gov/governor

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Updated Medicaid, CHP+ Membership Surge Forecast

- Membership surge of about **563,000 Coloradans** between April 1 and December 31, reflecting a 44% increase to the 1.3M members covered in **Medicaid and CHP+** as of March 2020. (OSPB adjusted assumed Emergency period)
- The maintenance of effort ends with the public emergency period (now presumed 12/31/2020). We project an **estimated disenrollment of 332,000** members who do not meet eligibility criteria 12/31/2020.
- **Net surge of 368,000** members, **29% increase**, FY 2020-21 compared to March 2020.



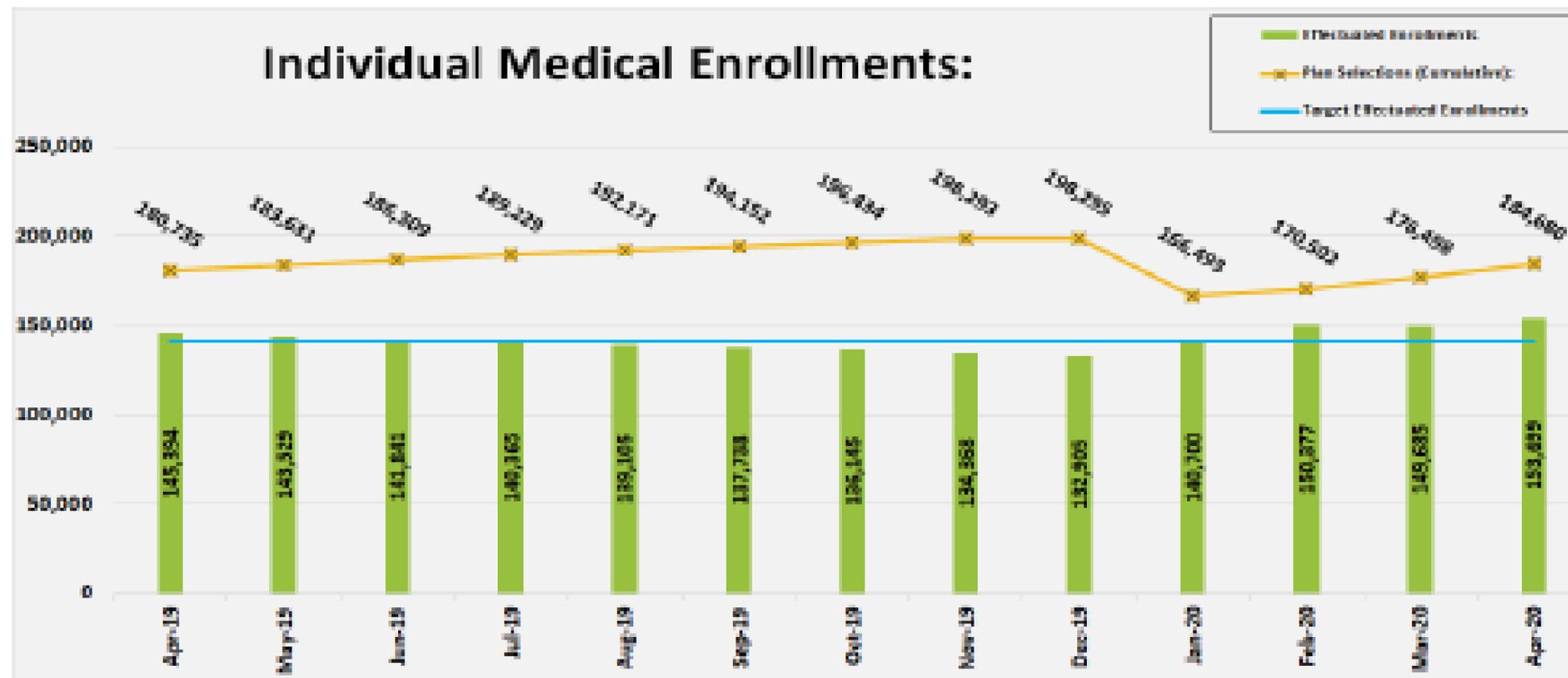
New Enrollee Assumptions

- Likely coming from employer coverage without pent up demand, healthier
- FY 2020-2021 - will cost **75% of the Acute Care costs** (hospital, physician, Rx, etc.) associated with current enrollees and **44% of the overall average cost** of Medicaid current enrollees (due to the absence of these new members needing HCBS services) in FY 2020-21.
- Cost is even lower in FY 2019-20 at **50% of the Acute Care cost** of current enrollees and **34% of the overall average cost** of Medicaid enrollees because it takes time for appointments to be made and claims to be paid for new enrollees.

14,000+ Coloradans enrolled through C4H Special Enrollment period



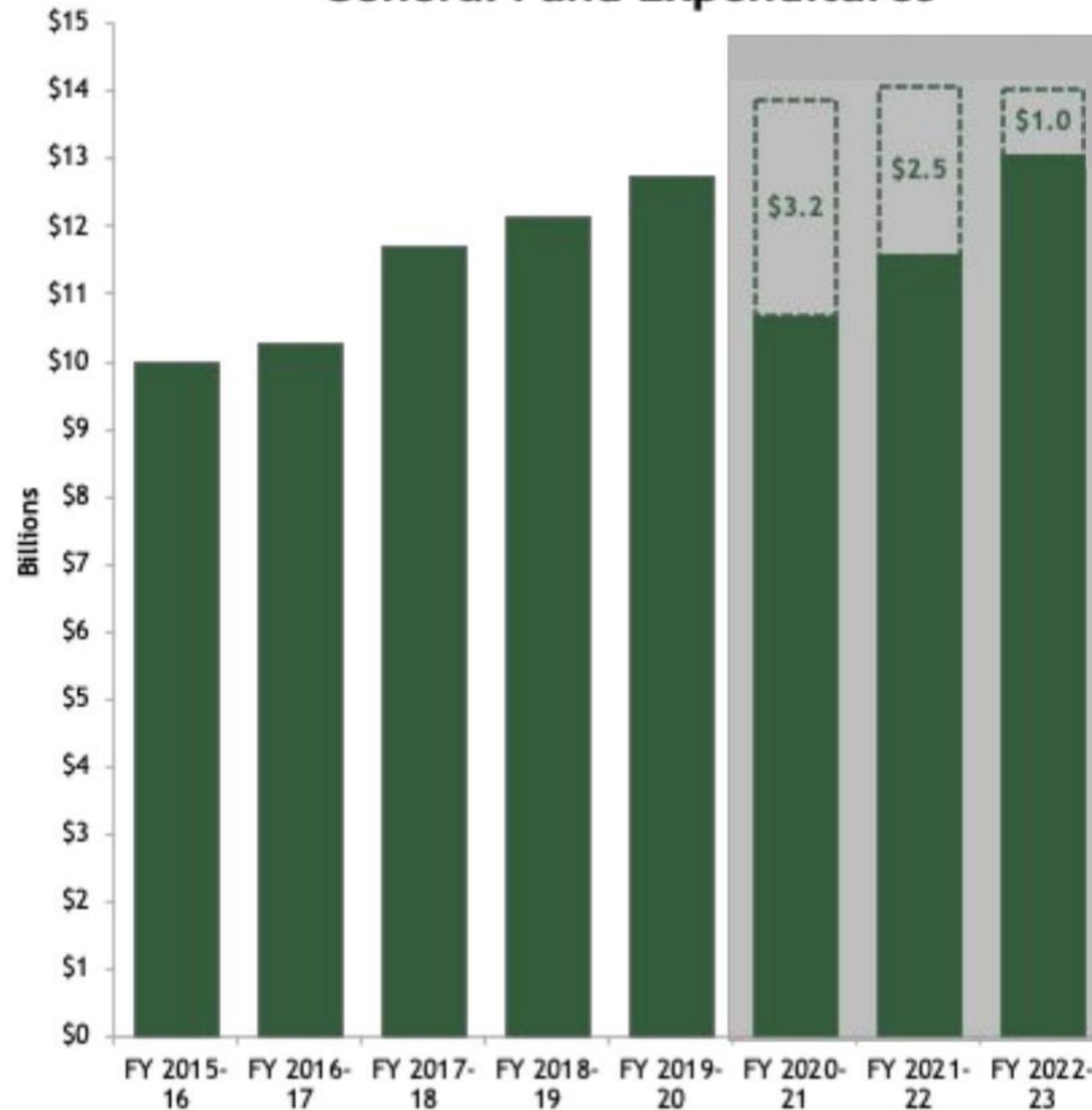
Marketplace Dashboard: April 2020



Target Effectuations for Fiscal Year 2019 & 2020 is 141,000. Target based on approved fiscal year budget.

Multi Year Fiscal Challenge

General Fund Expenditures



*Estimate assumes steep drop in revenue, then gradual build back.

*Estimate is very rough, and **does not** represent a forecast update.



What are we not thinking of?

What else needs consideration?

Thank You!