# COVID-19 Updates

# Colorado Department of Health Care Policy & Financing

May 1, 2020



## Overview

#### **Executive Director Update**

Kim Bimestefer, Executive Director, HCPF

#### Colorado Department of Public Health & Environment (CDPHE) Update

Greg Schlosser, Branch Chief, CDPHE

#### **EMResource Update**

Dr. Jeff Beckman, Medical Director for Health Facilities & EMS Division, CDPHE

Residential Strike Force Update LTC Frontline Staff Training Webinars Connect to Care Guidance Preview & Review

Bonnie Silva, Office of Community Living Director, HCPF



# Executive Director Update

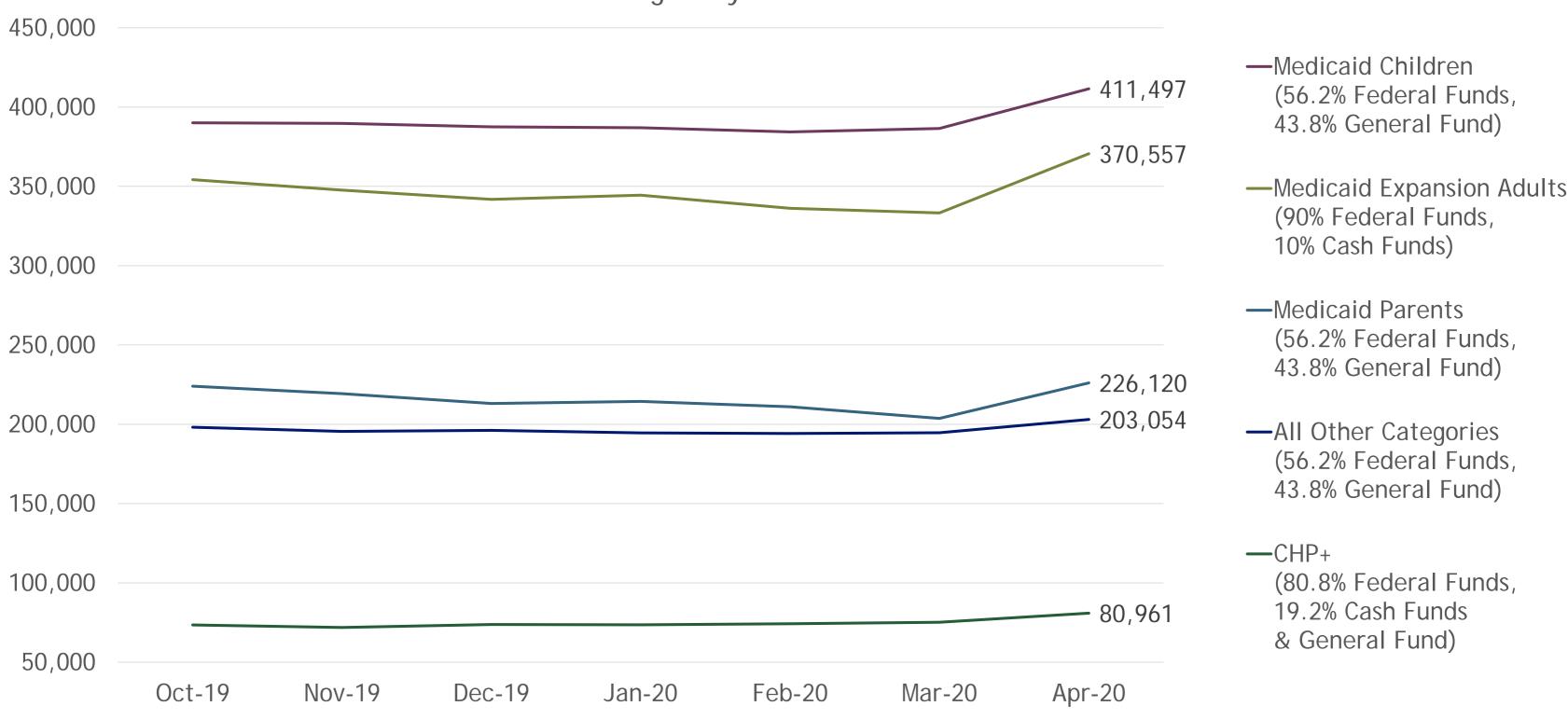
- Updated Membership Surge Forecast
- Provider Recruitment
- New Enrollee Assumptions
- FMAP by Eligibility Class
- Stimulus, Budget Discussion, Timing
- Title VII SCOTUS Decision
- Questions



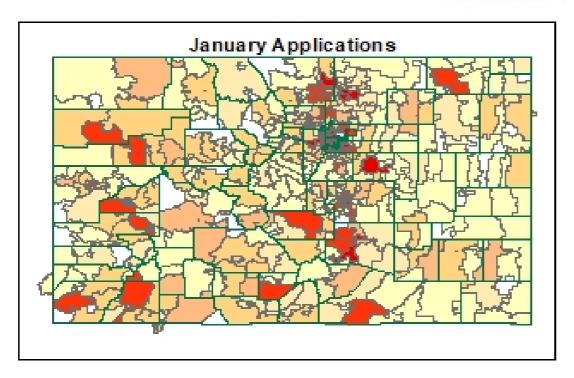
## Medicaid Category Enrollment

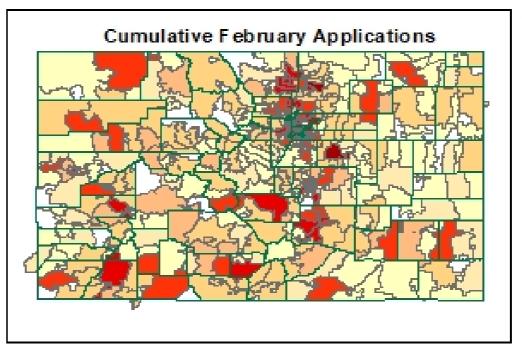
#### Enrollments and composition over time

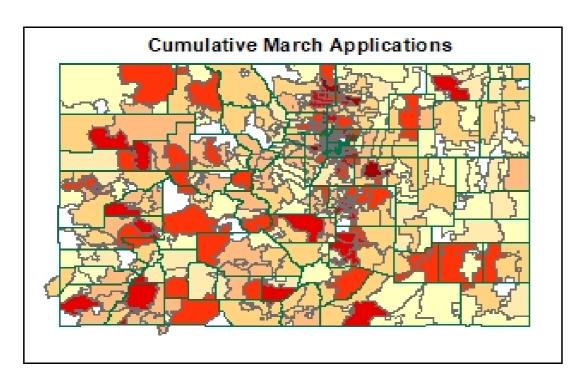
Medicaid & CHP+ Eligibility

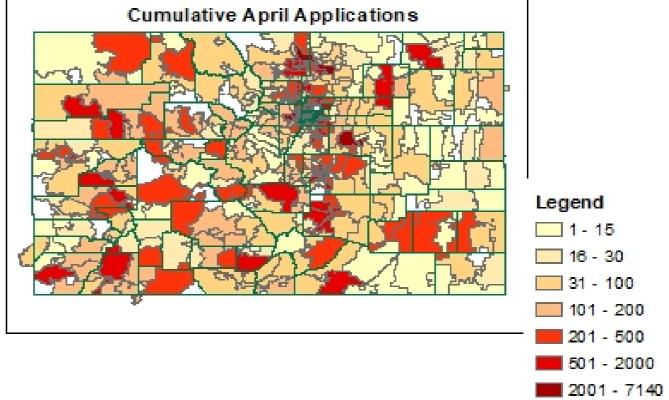


#### Cumulative Monthly CBMS Applications by Zip Code Submitted Jan-Mar 2020







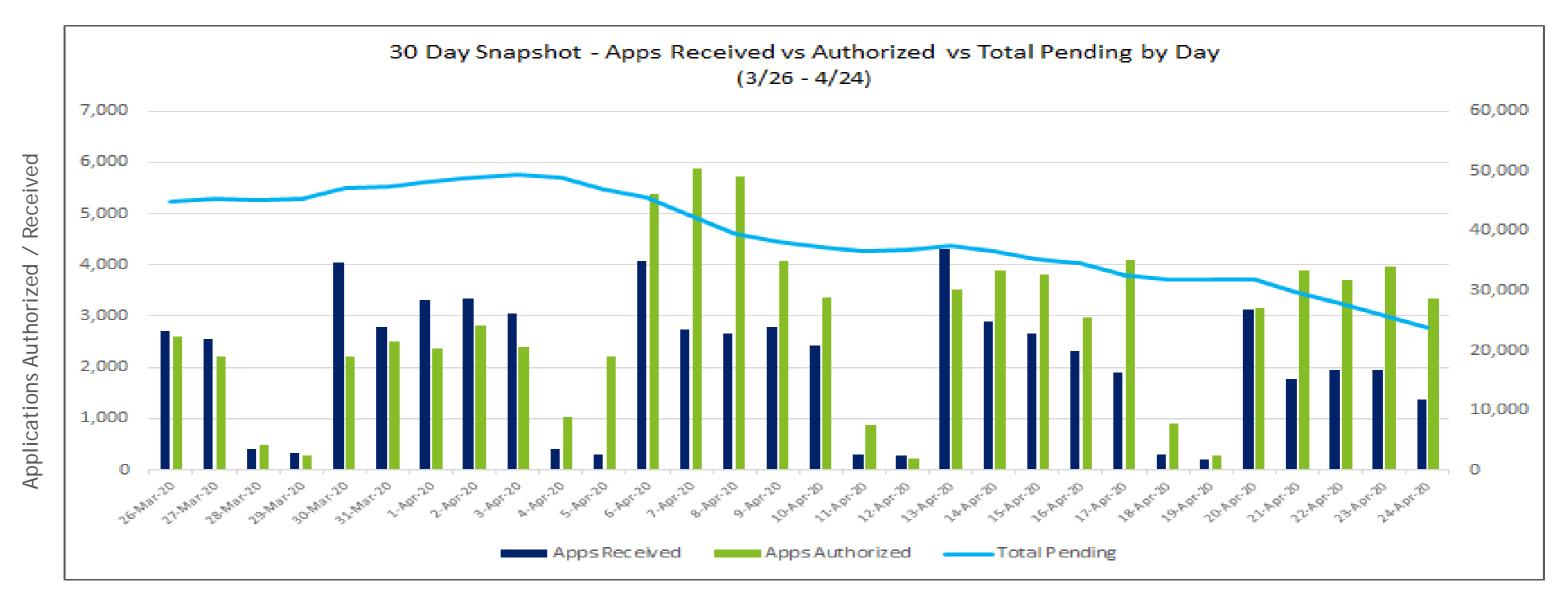


OIT GIS Coordination and Development Program April 23, 2020

# Pending Workload

### Snapshot of Application Processing

#### Applications increasing; processing increasing more

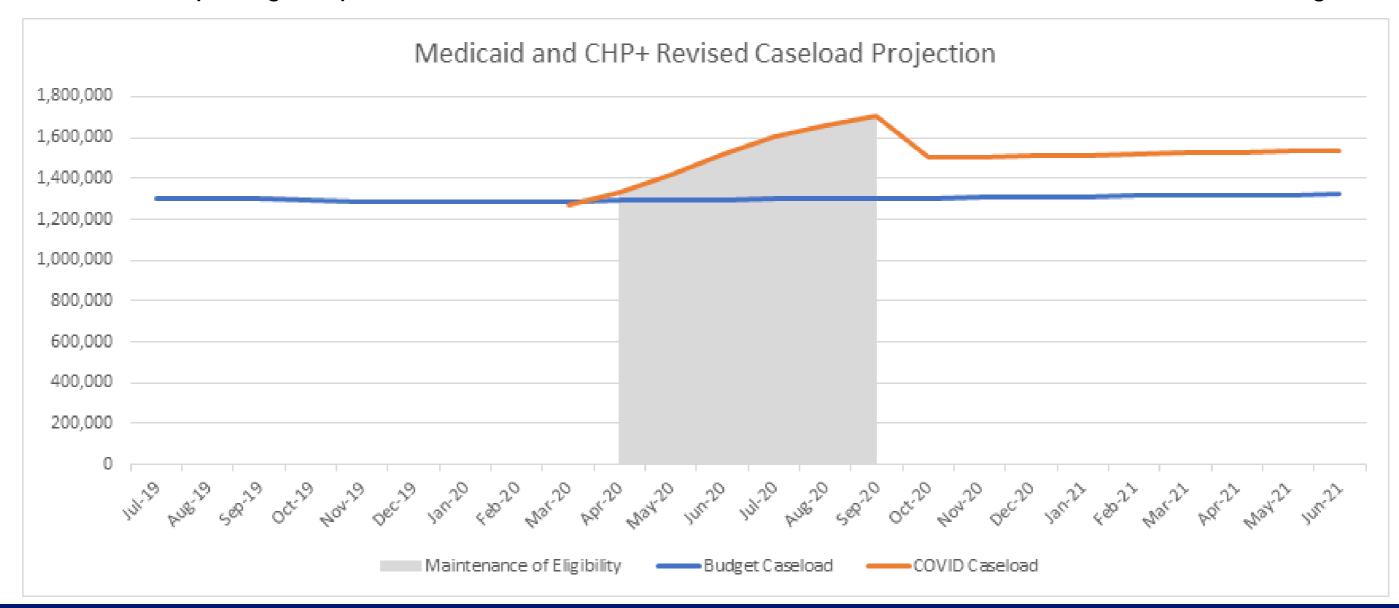


#### **Value Definitions**

- Apps Received includes all applications received through PEAK and all applications started by an eligibility worker in CBMS
- Apps Authorized Means a determination of eligible or denied has been made on the application
- Total Pending all applications received that have not yet had a determination made
- NOTE: This includes both HCPF and CDHS Applications.

### Updated Medicaid, CHP+ Membership Surge Forecast

- Membership surge of about 437,000 Coloradans between April 1 and September 30, reflecting a 35% increase to the 1.3M members covered in Medicaid and CHP+ as of March 2020.
- Once the public emergency period ends, we project an estimated disenrollment of 240,000 members who
  do not meet eligibility criteria after maintenance of effort ends.
- Net surge of 287,000 members, 23% increase during FY 2020-21 compared to March 2020.
- This net membership surge represents an increase of 243,000 members over the most recent budget forecast.





### Help Us Recruit More Medicaid Providers

With a 400k expected surge in Medicaid enrollees - *coming from commercial insurance* - providers should enroll in Medicaid to protect patient share and revenue

#### How providers enroll with Health First Colorado (CO Medicaid)

- ☐ Click on the Web Portal button on the Department's website to begin an enrollment application
- ☐ Choose the provider type of "ordering, prescribing, or referring" for practitioners working in the hospital setting only (institutional billing), or choose "individual within a group" if the physician has a clinic NPI (professional billing)
- Need copy of the practitioner's NPI, license, SSN, address, malpractice insurance for application

- Applications can be submitted in as little as 30 minutes
- ☐ Once submitted, app processed in as few as 5 days
- Applicants will receive an email on approval or outstanding items that need to be sent
- □ Contact the Provider Services Call Center at 1-844-235-2387 for questions on how to complete the application
- ☐ Our Provider Enrollment Webpage for more info



# 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, as explained in the comments above.

# Understanding Budget Impacts: Medicaid enrollees have different funding sources

#### **Funding Breakout**

Children & Parents Earning <60% FPL 570,700



STATE Approximately 50% of the funding to cover children is paid for by the State General Fund which is approximately \$850,703,392.

FEDERAL The other 50% comes from federal matching funds which is approximately \$850,703,391. In addition, parents who make up to 60% of the FPL receive the same 50% matching rate to fund their coverage.

Temporary COVID-19 Enhanced Federal Matching\*

INCREASES BY 6.2% TO 56.2% of the total cost of coverage.



STATE Approximately 50% of the funding to cover people with disabilities is paid for by the State General Fund which is approximately \$1,317,020,268. The State also uses approximately \$51,084,502 of the Healthcare Affordability and Sustainability Fee Cash Fund's for these population.

FEDERAL The other 50% of the funding for their coverage comes from federal matching funds which is approximately \$1,368,104,770.

Temporary COVID-19 Enhanced Federal Matching\*

INCREASES BY 6.2% TO 56.2% of the total cost of coverage.

Adults without Children & Parents Earning

>60% FPL

379,019



STATE No General Fund is used for these populations. The State uses approximately \$176,386,643 Healthcare Affordability and Sustainability Fee Cash Fund is used for these populations.

FEDERAL Federal funds pay 90%, approximately \$1,587,479,783, of the cost for adults without children and parents earning 60% to 133% FPL (populations coverage was expanded to under the Affordable Care Act). Hospital provider fees pay the remaining share of the funding.

ZERO
CHANGE
Federal funds
stay at 90%.
Enhanced
federal funds
do not apply
to these
populations.

Older
Adults
Age 65
& Older
48,124

STATE Approximately 50% of the funding to cover older adults is paid for by the State's General Fund which is approximately \$766,125,741.

FEDERAL The other 50% of the funding for their coverage comes from federal matching funds which is approximately \$766,125,741.

BY 6.2% TO 56.2% of the total cost of coverage.

For more information, visit Colorado.gov/hcpf.

Yellow = State General Fund or other funds

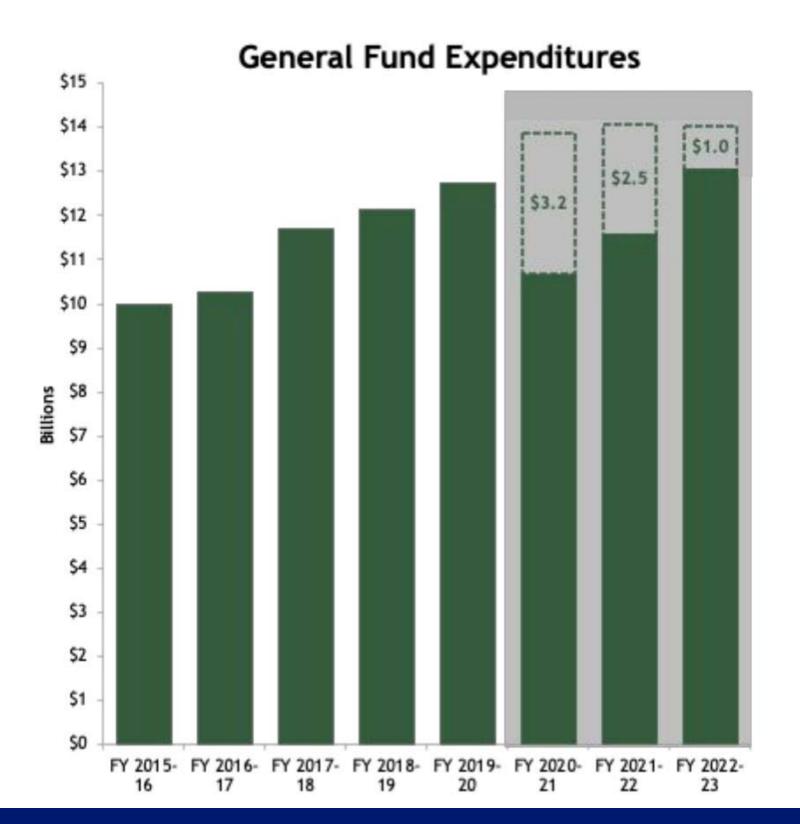
Green = Federal Funding

\*The duration of the national emergency is determined by the federal government.

CHP+ will also have a Temporary COVID-19 Enhanced Federal Match, federal matching rate increases to 80.84% from 76.5%.



# Multi Year Fiscal Challenge





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

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



### Reversion \$\$ from HCPF

- Cost: Emergency Payments
- Cost: Maintenance of Effort for CHP+
- Savings: 6.2 points of FMAP Stimulus receive in 2019-2020 to 2020-2021
- Savings: Offsets Due to Utilization Decrease
  - Reduction in utilization due to
    - "Stay/Safer at Home" Orders
    - Patient/Consumer fear of COVID19 infection/spread

Total Reversion to General Fund HCPF Target - \$180+ Million

# Recent Congressional Actions - New \$ will not be enough to address growing needs and funding shortfalls...

- \$2.3 Trillion CARES Act Passed, Families First Coronavirus Response Act Passed (6.2pt FMAP increase)
- Senate & House Passed Paycheck Protection Program and Health Care
   Enhancement Act (H.R. 266) \$484B Legislation: \$75B for Hospitals, \$25B for
   COVID testing, replenishes \$300+B into Paycheck Protection Program, and incudes
   additional funds to support small businesses.
- HRSA has launched a portal for providers to seek reimbursement for the care of the uninsured with COVID diagnoses. More information is available <u>here</u>.

GOAL: Please help us secure more \$\$ for the state!

# Tough Decisions Ahead HCPF Key Considerations

- ✓ Incorporate utilization declines before budget cuts
- ✓ Protect our most vulnerable coverage and benefits
- ✓ Budget to Consensus Membership Surge/Average Projection
- ✓ Tier Budget Cuts as needed
- ✓ Recognize Stimulus dollar recipients & every \$1 of Medicaid GF reduction generates a loss of roughly \$2 in Federal Funds to the state.
- ✓ Transparent, collaborative approach together with our partners

# Executive Order: OSPB to Submit Sequestration Plan to JBC & General Assembly

- This week, Gov. Polis signed Executive Order D 2020 050, restricting spending for the current fiscal year ending June 30, 2020. The Executive Order directs the Office of State Planning and Budgeting (OSPB) to submit the sequestration plan outlined in the Executive Order to the Joint Budget Committee and General Assembly.
- The sequestration plan set out in the Executive Order D2020 050 is a targeted and practical approach to reduce spending quickly by \$228.7 million to attempt to maintain the statutory reserve requirements directed by statute. It builds on OSPB's Guidance for Fiscal Conservation issued March 30, 2020 and does not rely on broad across-the-board cuts but rather specific line item reductions that can be made with the least possible impact to State programs and services. Importantly, the Executive Order does not mandate any furloughs or layoffs for State employees this fiscal year, and we want to ensure we have a strong, stable State workforce as we manage the challenges presented by the COVID-19 pandemic.
- Read the full Executive Order and OSPB plan <a href="here.">here.</a>

# Executive Order: Additional Funds to Nursing Homes

 Governor Polis also signed <u>Executive Order D 2020 054</u>, directing the Department of Health Care Policy and Financing to provide additional funds to nursing homes and other congregate care facilities in response to COVID-19.

## Timing - What's Next

- Difficult legislative decisions ahead
- Joint Budget Committee to start meeting on Monday, May 4 to consider changes to address projected shortfalls
- Updated revenue forecast scheduled for May 12, 2020
- General Assembly expected to reconvene and start on the Long Bill in the House the week of May 18, 2020
- Budget must be passed and signed into law by June 30, 2020
- As they become available, HCPF will post our projections, fact sheets and overviews on <u>Colorado.gov/hcpf/legislator-resource-center</u>

## Other HCPF Executive Director Updates

- HCPF service centers are still running at target performance
- Elective Procedures are beginning this week and next
  - PPE Collaborate/Help Nursing Homes, ALFs as a priority
  - Help us understand emerging volume against limits (50/80%)
- Congregant Settings Strike Force (NH, ALF, Host Homes, Other)
- Alternate Care Sites Update
- Other



## SCOTUS Pending Decision on Title VII

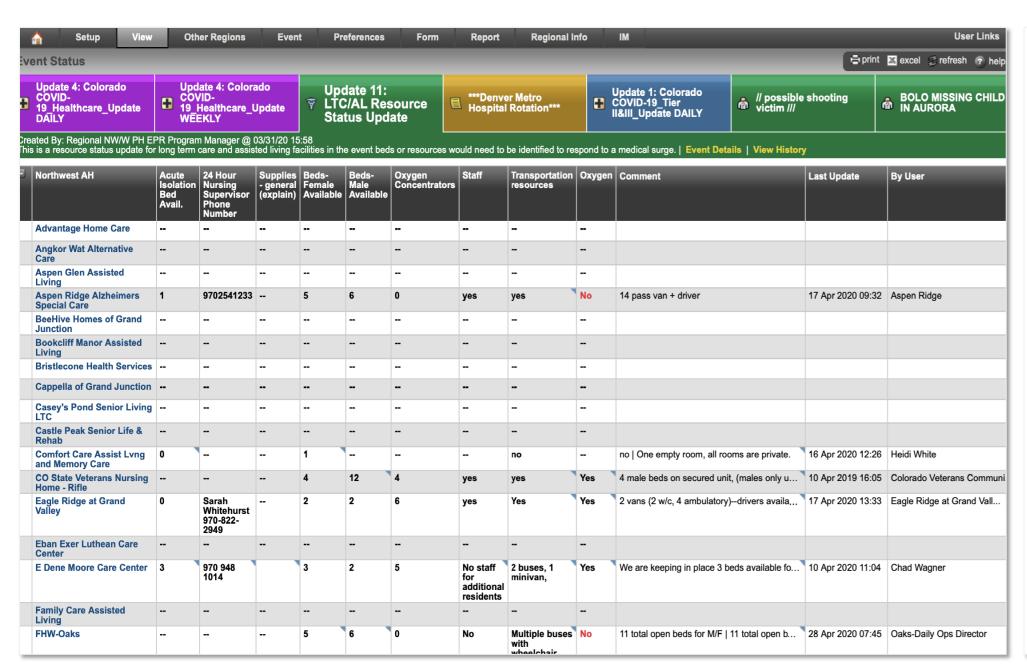
- On April 22, 2019, the US Supreme Court agreed to hear three cases testing the reach of Title VII of the federal Civil Rights Act in protecting LGBTQ Americans from discrimination in employment.
- The cases included Altitude Express v. Zarda, Bostock v. Clay County, Georgia, and R.G. & G.R. Harris Funeral Homes v. EEOC and Aimee Stephens.
- The Court heard oral arguments on all three cases on October 8, 2019 and is expected to announce a decision on the case in the near future.
- Seeking your collaboration.



# Update

- State Emergency Operations Center (SEOC)
- Survey Priorities
- Isolation Plan Submissions
- HEMSD COVID-19 Blog

## **EMResource**

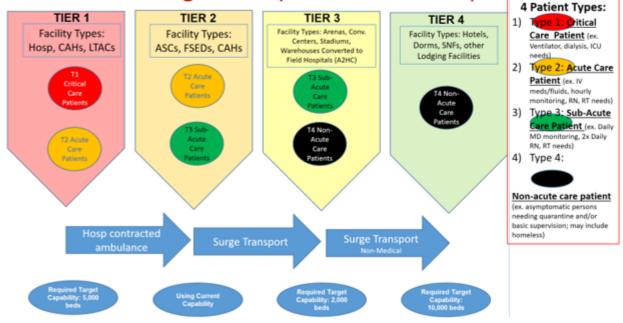




EMResource Training Document Tier II & III Event Updated 4.30.20

This training document is for the *Colorado COVID-19 Tier III & III* event within EMResource, in addition there is also a short training video. This event is to gather situational awareness at the local and state level as well as supporting patient movement in the event of hospital decompression. The facilities queried in this event range from alternative care sites, community access hospitals, free standing emergency departments, and ambulatory surgical centers. The following image outlines the concept of medical surge and which Tier supports which patient type, please see additional document for guidance: Facility Tier Designations.

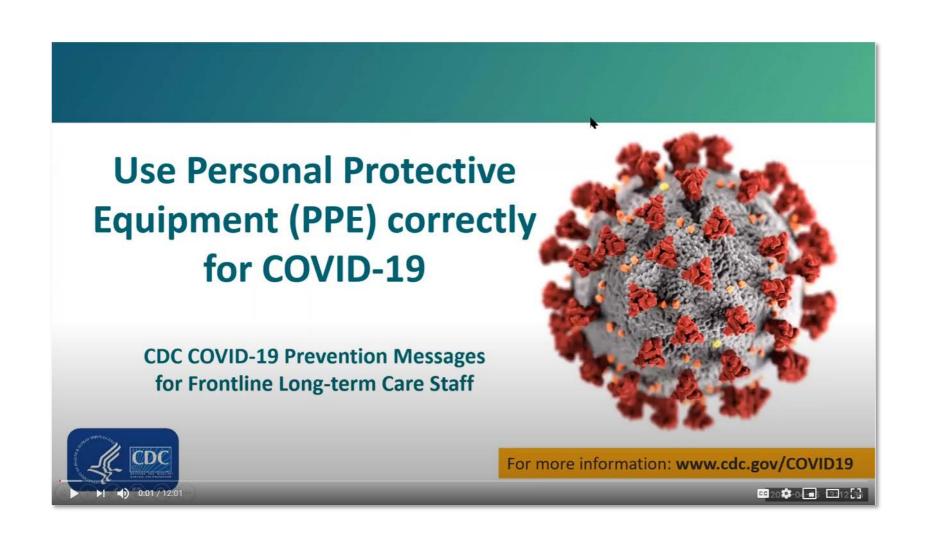
#### Medical Surge Concept of Patient Transport



# Residential Settings Strike Force Update

Strategy	Key Actions (next 2-3 weeks)
Testing for Disease Presence	<ul> <li>▶ Deploy strategic testing to decrease asymptomatic spread</li> <li>▶ Require Symptom Monitoring where cohorting or no COVID+</li> <li>▶ Deploy Rapid Response Team for positive or presumed cases</li> </ul>
Personal Protective Equipment	<ul> <li>Identify and document PPE shortages</li> <li>Move distribution of PPE for these settings to the state</li> </ul>
Cohorting & Facility Isolation	<ul> <li>Issue aggressive guidance on cohorting</li> <li>Develop metrics for effective monitoring</li> <li>Create COVID+ only facilities</li> </ul>
Enforcement & Education	<ul> <li>Document, distribute, and monitor use of best practices for infection control</li> <li>Increase enforcement</li> <li>Develop infection control/TA within Rapid Response Team</li> </ul>
Staffing Implementation Plan	<ul> <li>Develop and implement IT solution to connect providers with staff</li> <li>Issue cross-agency guidance on staffing flexibility</li> </ul>

# LTC Frontline Staff Training Webinars



- Sparkling Surfaces
- Clean Hands
- Closely Monitor Residents
- Keep COVID-19 Out!
- PPE Lessons

www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html

## Announcement - Connect to Care

Site specifically tailored for long term care staffing

Matches healthcare workers seeking employment with employers

Will launch first for nursing facilities, assisted living and residential care facilities

Future capability for hospitals, home care, direct support professionals, personal care attendants (self-directed), hospice and home health

# New Guidance Coming

- Rates for SNF/ICF
- Transition coordination activities during COVID-19 pandemic
- Options counseling during COVID-19 pandemic
- Resuming day programs
- The handling of federal COVID-19 stimulus payments

All COVID-19 related Memos can be found here: www.colorado.gov/hcpf/long-term-services-and-supports-covid-19-response



# Previous Guidance

#### Case Management Agencies

#### **Operational Changes**

- OM 20-049
- OM 20-027
- OM 20-034
- OM 20-037
- OM 20-045

#### **PASRR Changes**

• OM 20-043

Critical Incident Reporting for COVID-19

OM 20-044

#### Facilities and PACE

Infection Control And Prevention of COVID-19 in Nursing Homes (CMS)

• CMS QSO-20-14-NH

Telemedicine in Nursing Facilities

• OM 20-032

Training & Certification

• OM 20-038

#### **HCBS** Providers

Long-term Care and Congregate Settings

• OM 20-017

**HCBS Therapy Services** 

• OM 20-020

Guidance for Class B Providers

• OM 20-023

Changes to Benefits & Services (Table)

• OM 20-046

Telemedicine

Temporary Policy

Non-medical Transportation

• OM 20-031

Residential Guidance

• OM 20-035

**Host Home Inspections** 

• OM 20-036

**Retainer Payments** 

• OM 20-039

**CDASS Sick Time** 

• OM 20-047

Changes to Benefits & Services Rates (Table)

• OM 20-048

All COVID-19 and LTSS related memos can be found here:

www.colorado.gov/hcpf/long-term-services-and-supports-covid-19-response



## New Questions?

# Stay Engaged

Memos, Webinar Info, and FAQs - Updated Regularly

www.colorado.gov/hcpf/long-term-services-and-supports-covid-19-response

#### Email us

HCPF\_HCBS\_Questions@state.co.us

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## More Information



www.cdc.gov/coronavirus/2019-ncov/



<u>www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies-page</u>



covid19.colorado.gov



Local Public Health Agencies

www.colorado.gov/cdphe/find-your-local-public-health-agency



www.colorado.gov/hcpf/COVID

## Reminder: Personal Protective Equipment

If you or your organization are experiencing a shortage or outage of personal protective equipment (masks, gloves, gowns, etc.) to conduct essential or life saving functions during this crisis, please reach out to your local emergency manager or local public health department.

Find Your Local Community Emergency Manager Find Your Local Public Health Department To report issues in obtaining PPE please notify:

Sadie Martinez Access and Functional Needs Coordinator Office of Emergency Management 720.610.1691

sadie.martinez@state.co.us

# Next Steps

# Thank You!