

HCPF Call with County Leadership

Kim Bimestefer
Executive Director
June 15, 2021

Agenda

- Major HCPF Initiatives
- COVID-19 Vaccination Disparities
- PHE & Eligibility Update
- Budget Amendment Update
- Oversight & Accountability
 - ME Review
 - MAP Dashboard
 - QA Review
 - Rule Revisions
- Q & A

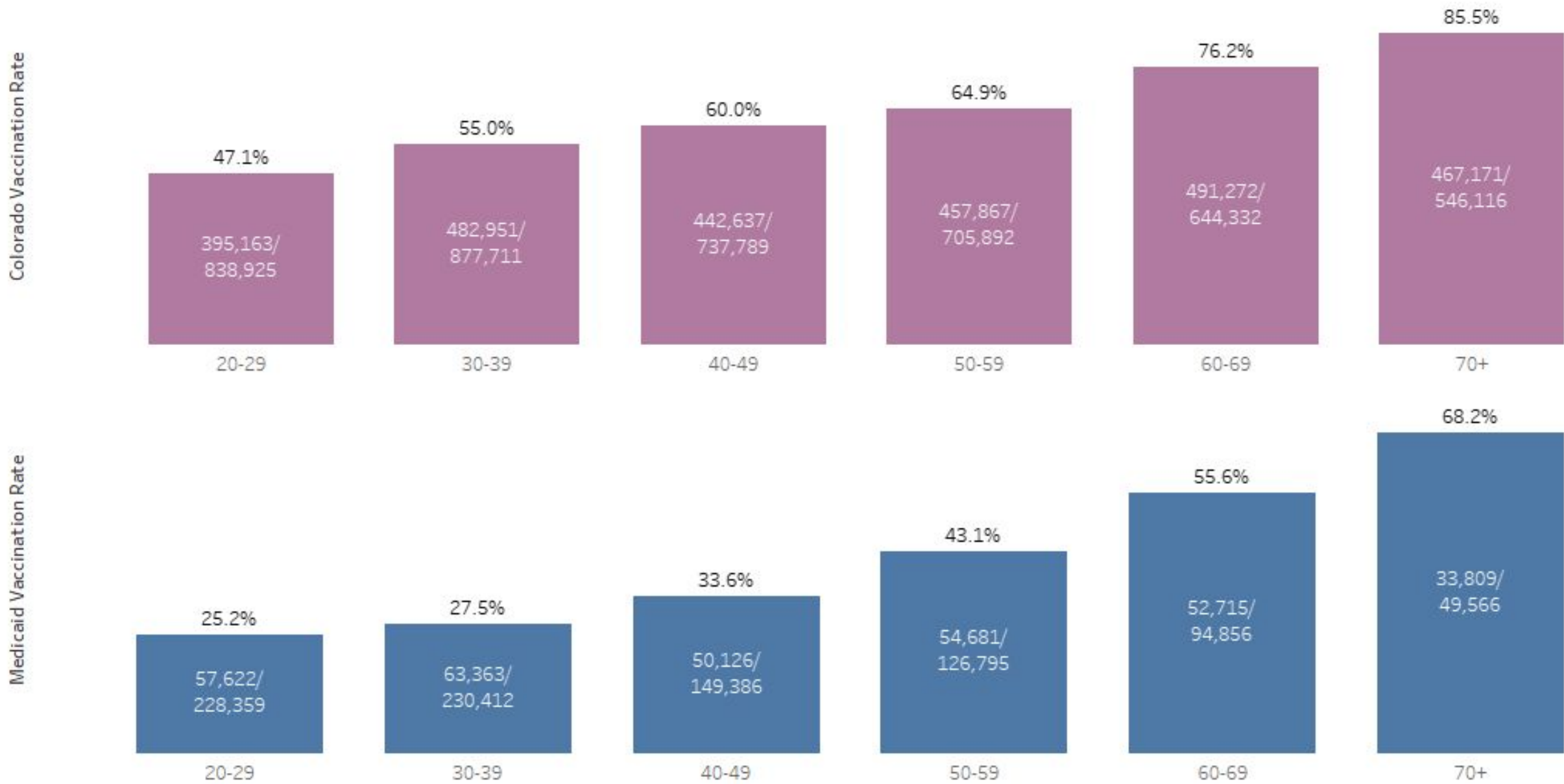
Major Initiatives

- May 14 & 26 stakeholder meetings
- \$12.8 million for Public Health Emergency Budget Amendment
- Deloitte Amendment IX Executed
- Major investments in PEAK in process
- Behavioral Health Administration
- Federal American Rescue Plan stimulus discussion

In every age group, Medicaid members are vaccinated at lower rates than general population.

62.9%
Colorado population
fully or partially vaccinated
(as of 5/20/21)

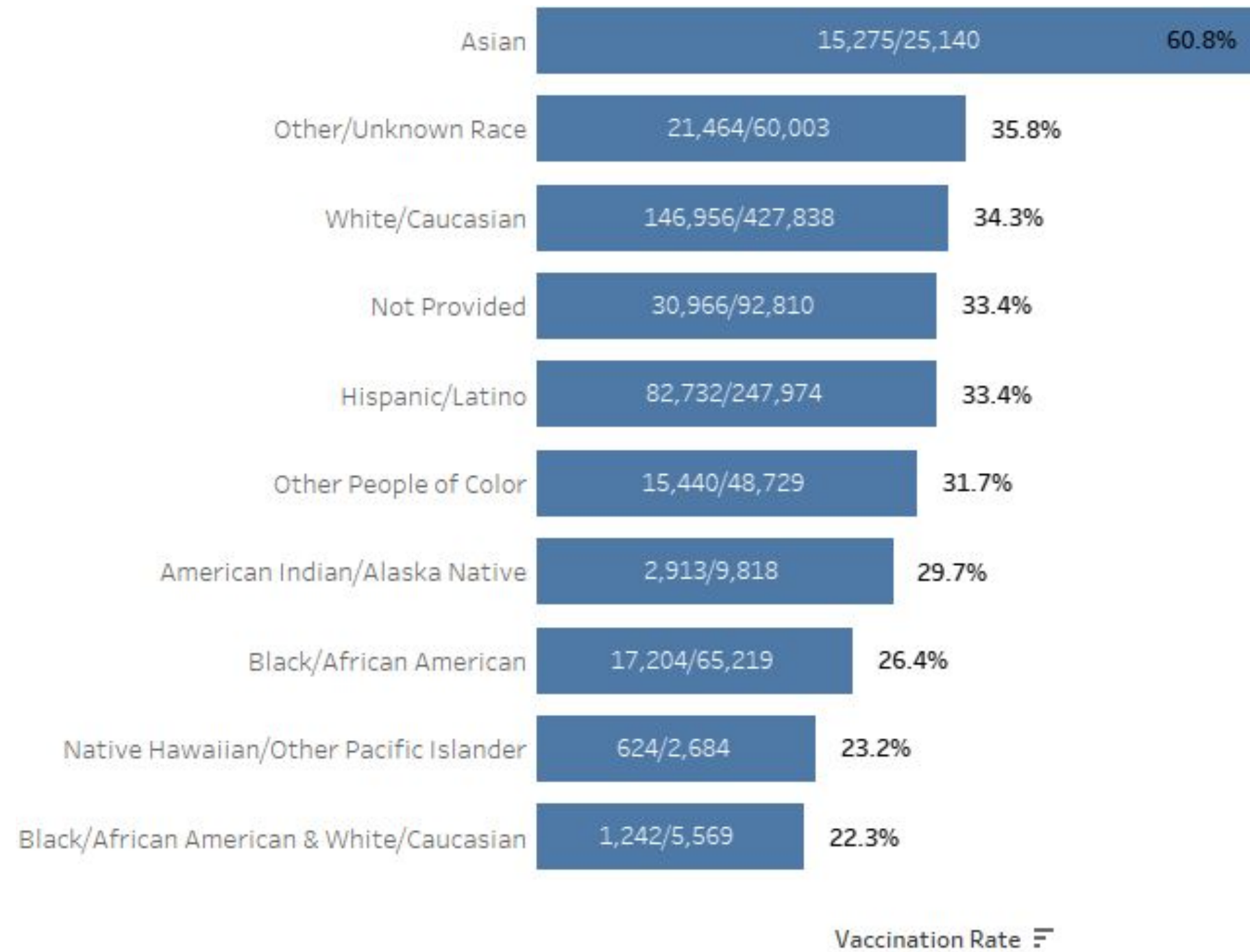
35.5%
Medicaid members
fully or partially
vaccinated
(as of 5/16/21)



Note: Bars represent the vaccination rate within each age group (e.g. 68.2% of Medicaid members 70+ have received at least 1 dose of COVID-19 vaccine). Vaccination rates reported here include both fully and partially vaccinated members. Data only includes ages 20 and above. Data is as of 5/20/21 for the statewide rates and as of 5/16/21 for the Medicaid rates. Statewide vaccine data was received from CDPHE. Statewide total population data was downloaded from the census website and represents the 7/1/2019 population estimate (based off the 2010 census).

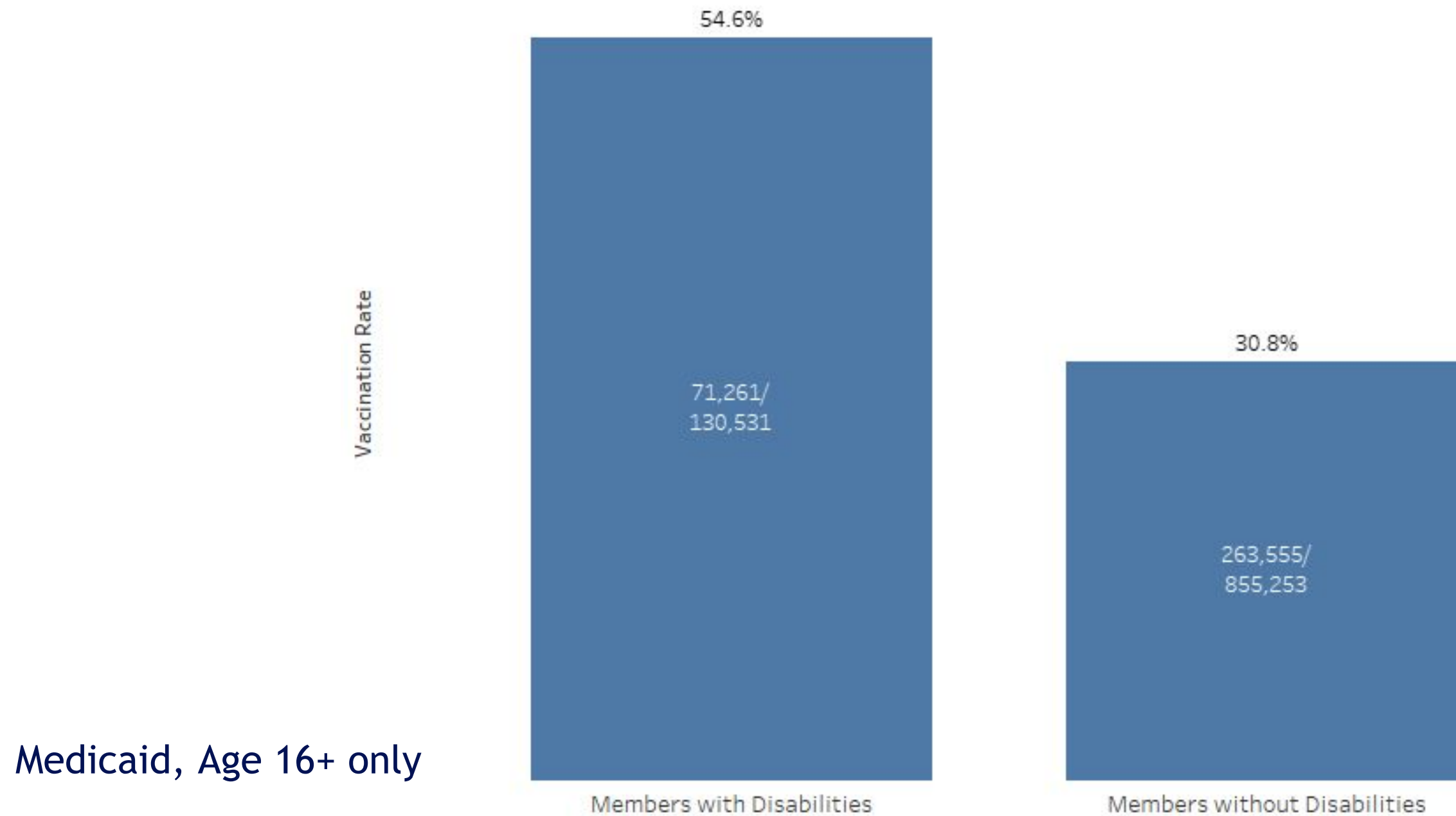
Medicaid COVID-19 Vaccine Rates by Race/Ethnicity

(Age 16+ only)



Note: Bars represent the vaccination rate within each race/ethnicity group (e.g. 60.8% of Asian Medicaid members have received at least 1 dose of COVID-19 vaccine). Data only includes Medicaid members 16 and above. Data includes vaccine service dates through 5/16/21. Vaccination rates reported here include both fully and partially vaccinated members.

Targeted outreach to members with disabilities worked - they are vaccinated at almost double the rate of members without disabilities.

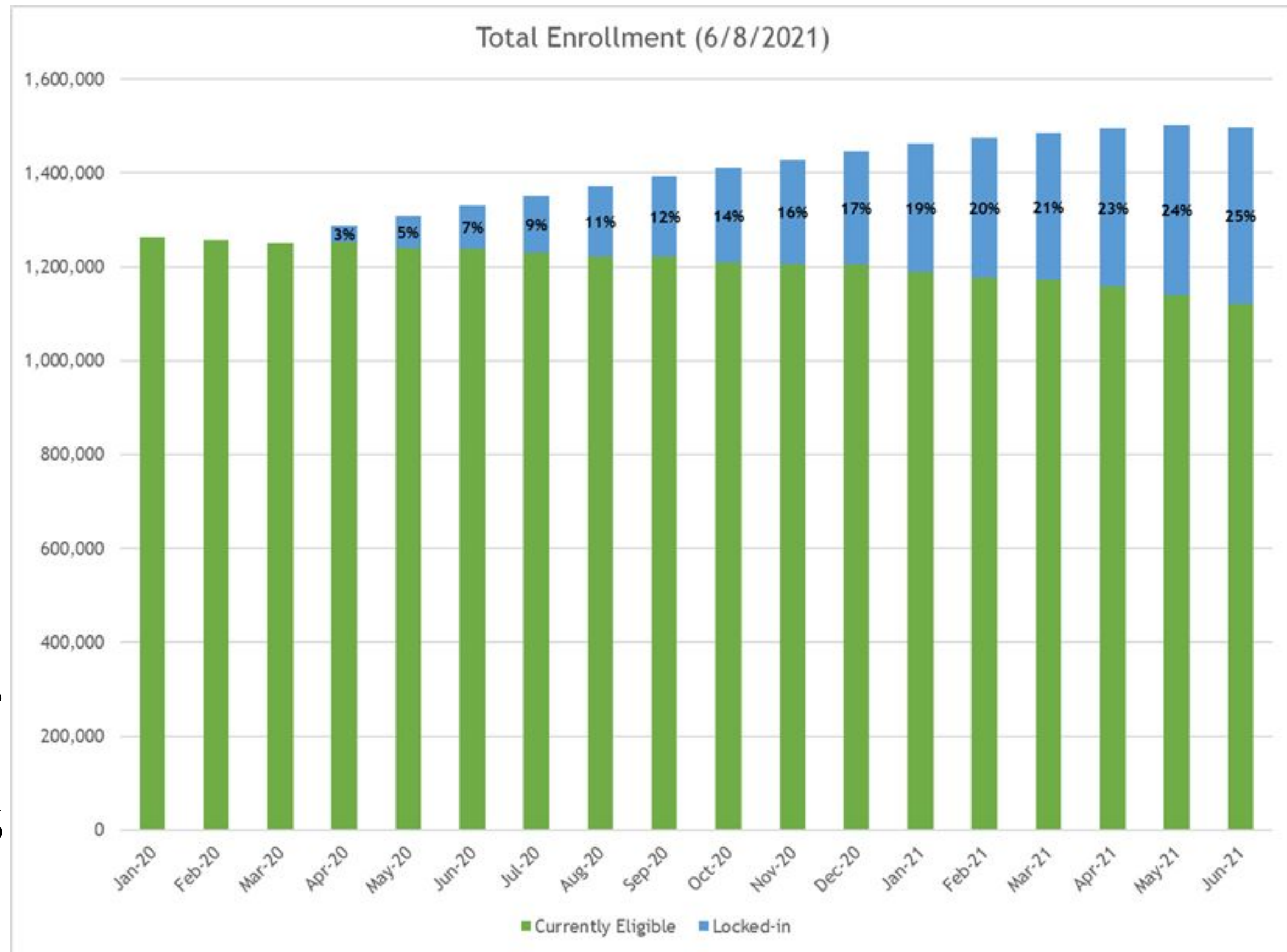


Note: Bars represent the vaccination rate within each group. Data only includes Medicaid members 16 and above. Data includes vaccine service dates through 5/16/21. Vaccination rates reported here include both fully and partially vaccinated members. The Members with Disabilities group includes members that are receiving Home and Community Based Services or are in any of the following budget groups: Adults 65 and Older (OAP-A), Disabled Adults 60 to 64 (OAP-B), Disabled Buy-In - ADULT, Disabled Buy-In - CHILD, Disabled Individuals to 17 (AND/AB), Disabled Individuals 18 to 59 (AND/AB).

Monthly Medical Assistance Enrollment-with Continuous Coverage population highlighted

This is a look at total medical assistance enrollment since January 2020, with the continuous coverage population highlighted.

The **Green** shows the current eligible Medical Assistance Population. The **Blue** shows the portion of enrollment that is currently locked into coverage through the Continuous Coverage provision. As of June, the continuous coverage population accounts for 25% of total enrollment.

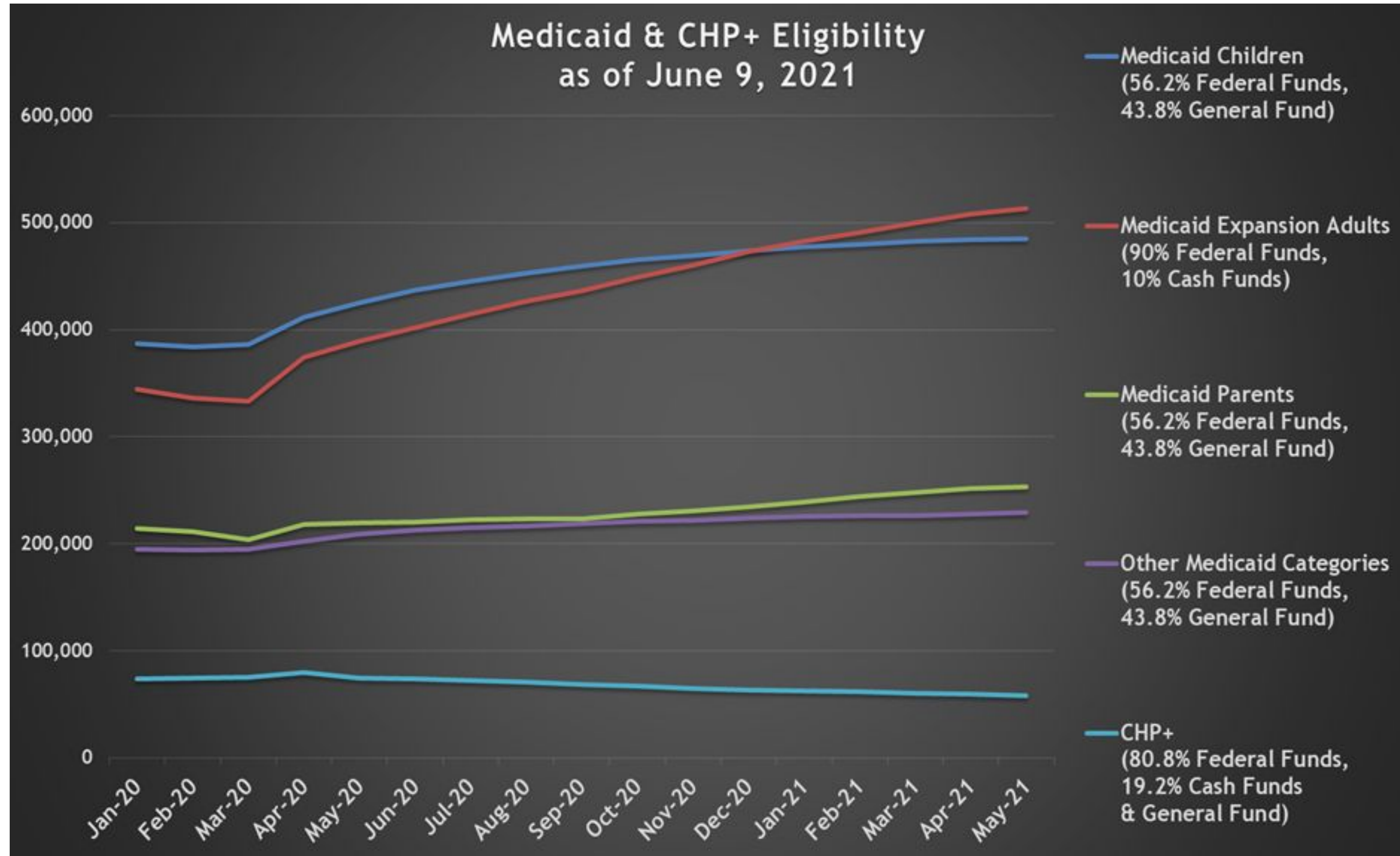


Medicaid Category Enrollment

Count of Clients enrolled by aid code.

Chart shows total enrollments by time periods and the changes in its composition over time.

- Medicaid Expansion Adults have increased 54% and account for ~50% of the overall growth.
- Medicaid Children have increased 26% and account for ~30% of overall growth.
- Medicaid Parents have increased 24% and account for ~15% of overall growth.



PHE Budget Amendment

- Joint Budget Committee (JBC) budget supplemental to address county and state workload related to the end of the PHE
 - Finance sub-PAC voted on [allocation plan](#)
 - Counties submitted staffing plans, some extensions granted
 - HCPF has reviewed, requested information, approved & notified counties
 - Intergovernmental Agreements are in process - working towards June 30, 2021
 - Hiring should be finished by September 30, 2021

Oversight & Accountability

Last 5 Years of Audit Findings vs 3% federal target

Year	Audit	Error Rate	Sample Size
2015	OSA: SSWA (State)	3%	60
2015	OIG: A-07-18-02812 (Federal)	4%	140
2015	OIG: A-07-16-04228	28%	60
2017	OSA: SSWA (State)	18%	40
2018	OSA: SSWA (State)	28%	200
2018	OSA: SSWA System Issues (State)	14%	29
2019	OSA: SSWA (State)	26%	125

Comprehensive Approach to Accuracy

Current

- **Data Mining** through the Medicaid Monitoring Dashboard
- Completed Multiple **CBMS** and **Interchange Automation Upgrades** and Improvements to address audit findings
- **PEAK** improvements to capture documents and expand the user experience
- Expanding **Consolidated Returned Mail Center Inventory** (added counties, added CDHS programs)

In Design

- Member Renewal Process redesign
- Image warehousing initiatives to ensure organized image retention
- Future iOCR (Intelligent Optical Character Recognition) document management that will eliminate data entry errors.
- Future Centralized Overflow Process Resources

Initiatives and Programs

The Departments Oversight and Accountability framework consist of three separate but interrelated workstreams.

- Each of these initiatives are designed to reduce errors, enhance quality and heighten performance for Medical Assistance.



What is the Management Evaluation Review Program?

A detailed exploration of various aspects of eligibility site operations

Ideal outcomes:

- Eligibility sites are clear on expectations for the Medical Assistance Program
- Gaps in compliance and audit findings are reduced
- Improved Member Experience and Site performance
- 24 ME Reviews per year / approximately 2 per month

ME Review Program Should:

- Provide oversight framework that is consistent for every Eligibility Site
- Add support and technical assistance for Eligibility Sites
- Improve alignment with State and Federal requirements

Management Evaluation Review Process



Management Evaluation Review

Currently Available Resources:

- [OM 21-005 HCPF Management Evaluation Review Program](#)
- [ME Review Guide](#)
- [OM 21-004 Improvement Action Plans and Corrective Action Plans](#)

Resources In Development:

- ME Intake Session Recording

What is a Medical Assistance Performance (MAP) Dashboard?

The MAP Dashboards are...

- Performance dashboards and show eligibility site performance over time.
- Based from quality and performance improvement tools.
- Tools to improve the performance of:
 - Applications
 - RRRs
 - Changes
 - Accuracy

MAP Dashboards Provide:

- Transparency around performance and performance expectations
- Common understanding of performance
- Common language around performance
- Build a communication flow between HCPF and Eligibility Sites regarding performance
- Insight into errors that keep us from reaching our goals

What will the MAP Dashboards look like for my team?

Four Dashboards per Eligibility Site:

- Applications
- RRRs
- Changes
- Accuracy

Each Dashboard Includes:

- Dashboard itself
- Definitions
- Performance numbers in an XmR (Process Control) Chart

Location:

- HCPF SharePoint page
- Includes the raw data under “Statewide Data Documents” > “2021 Reports”

MAP Dashboard Resources

Currently Available Resources

- Application MAP Dashboard
- External MAP Training (slide deck and recording)

Upcoming Resources

- MAP Dashboard Operational Memo
- MAP Dashboard Standard Operating Procedure
- Refresher MAP Measure Owner Training
- Walk through of Signals for MAP Measure Owners
- Desk Aids (Performance Measure Owner and Director/Commissioner)

What is the Quality Assurance (QA) program?

New Medical Assistance review program that monitors the accuracy and timeliness of eligibility determinations through monthly case reviews

QA Program Should:

Provide HCPF and eligibility sites with current, continuous feedback on the timeliness accuracy of eligibility determinations for Medical Assistance. Over time, the monthly reviews should help improve the state's overall eligibility accuracy rate and reduce internal and external audit findings

What will QA Reviews look like for my team?

- Sites should expect to be reviewed every month
 - 1-5 reviews per eligibility site per month
- Sites will receive approximately 2-3 emails from QA every month that will -
 - Request case files for next month's reviews;
 - Share the results of the current month's reviews; and
 - Provide QA's final decision on rebuttals from prior month's reviews

Who will see the results?

Eligibility site audit contacts receive detailed error reports on a monthly basis with the opportunity to rebut any errors cited by QA

High-level results will eventually appear on HCPF's Accuracy Dashboards (separate from MAP dashboards, additional information is forthcoming)

QA Review Resources

Currently Available Resources

- [OM 21-030 HCPF Eligibility Quality Assurance Reviews](#)
- [Eligibility Quality Assurance FAQ](#)

Upcoming Resources

- New memo that will supersede OM 21-030
- Process Manual for Sites (by calendar year end at the latest)

County Admin Rule Revisions

Finance and Accounting (10 CCR 2505-5 1.010)

County Administrative (10 CCR 2505-5 1.020)

These rules have not received significant modifications in the past ten years.

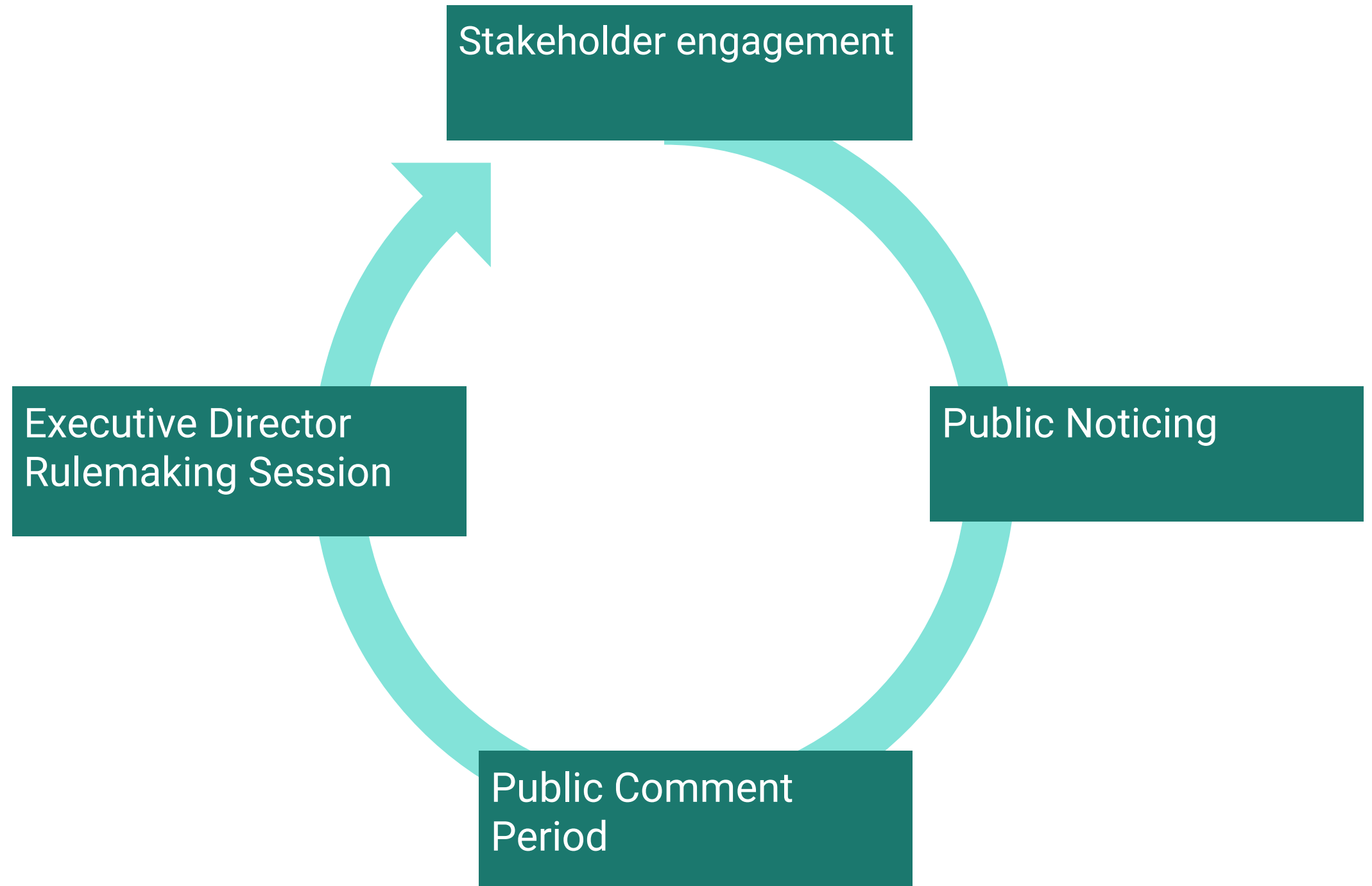
These Rule Revisions Should Provide:

- Better functional support for Counties from the Department
- Enhanced compliance with State and Federal rules
- Reduced findings and errors on State and Federal audits
- Improved Member experience

County Admin Rule Revisions

Proposed Changes in:

- Administrative Rule
- County Director Responsibilities
- Non-Discrimination & Accessibility
- Communications
- Oversight & Monitoring



Rule Revision Next Steps

- The Department is met with counties at regional directors meetings throughout the months of May and June
- Also requested review from members of Economic Security sub-PAC
- Sent timeline, process, public comment form, summary and full detail

Tentative Timeline

- Public Comment available until June 25
- Executive Rulemaking Session on July 1
- Rule enactment in August



Send topics for next meeting to:
Breanne.benbenek@state.co.us

Thank You!