

Medical Assistance Renewal Data, Analysis, and Feedback

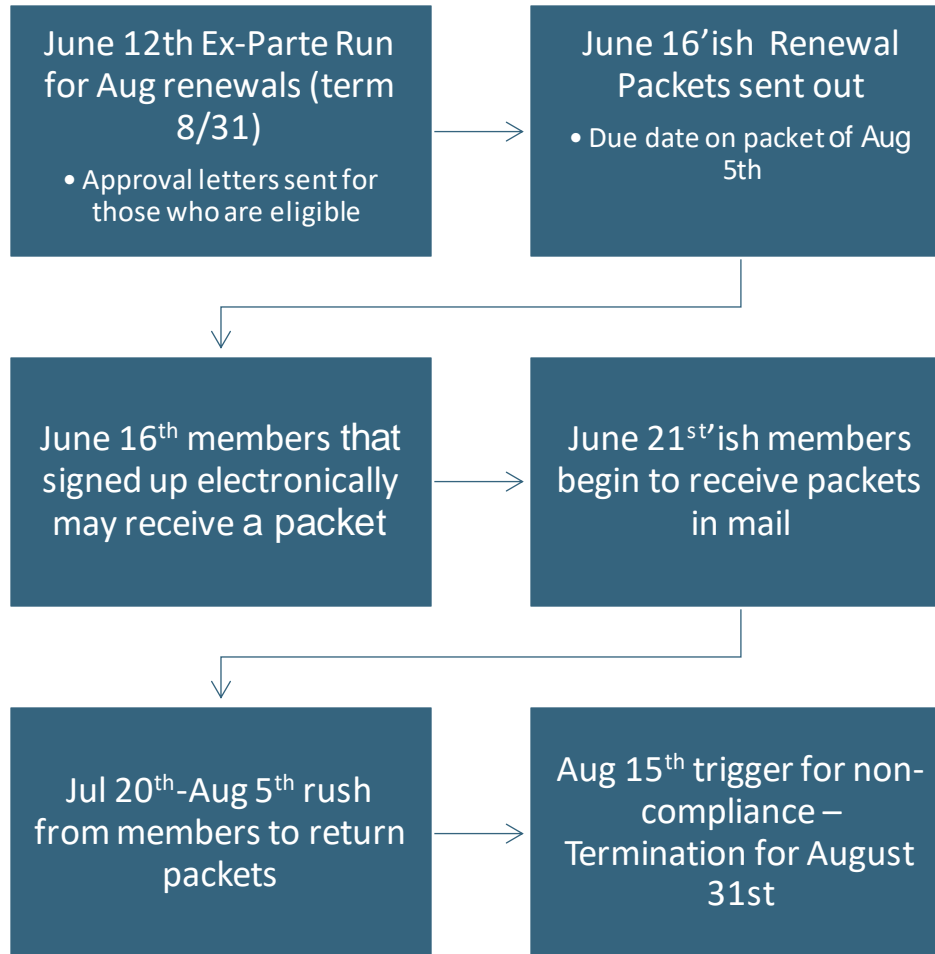
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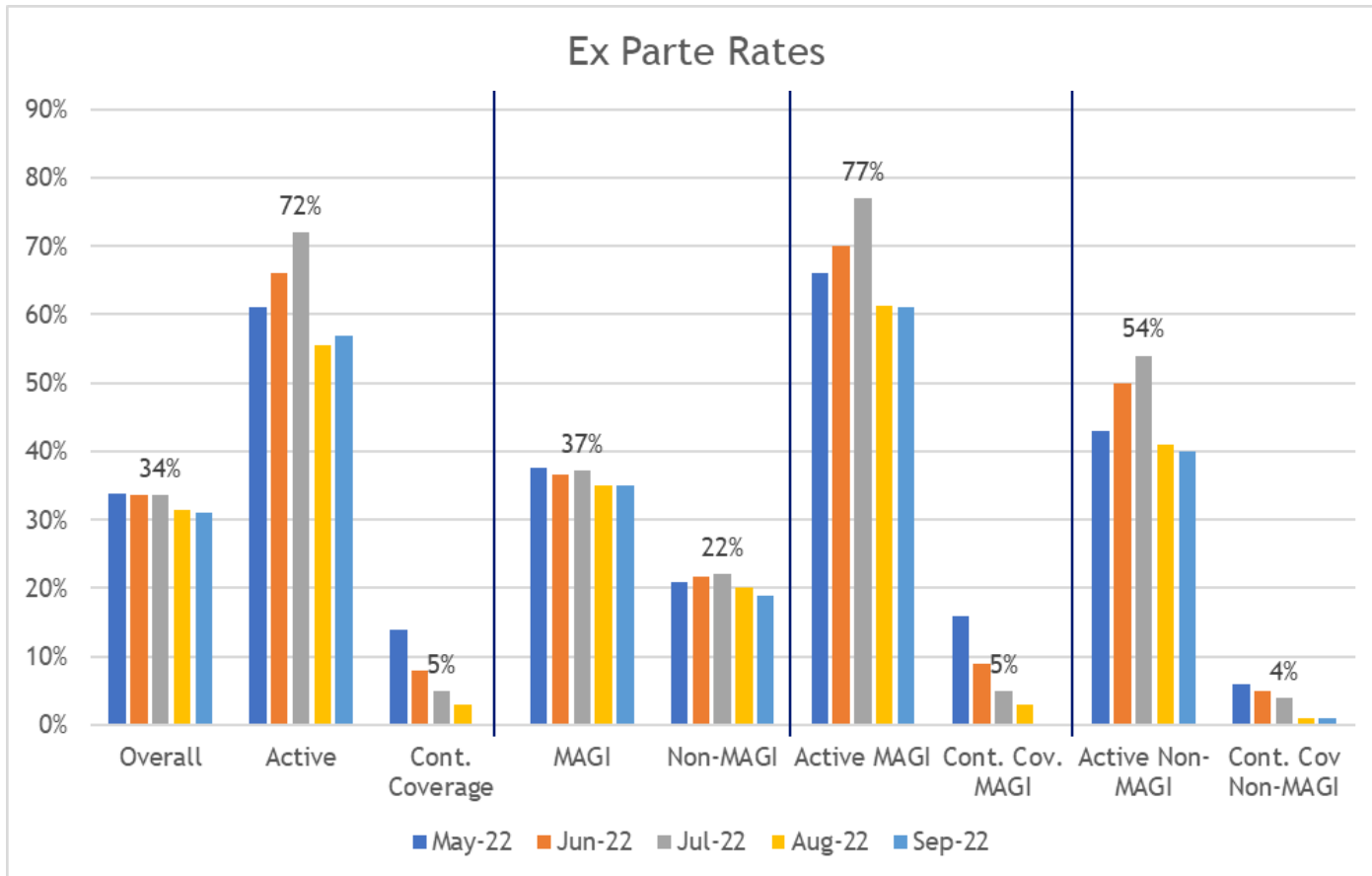
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Department of Health Care
Policy & Financing

Renewal Revamp Timeline



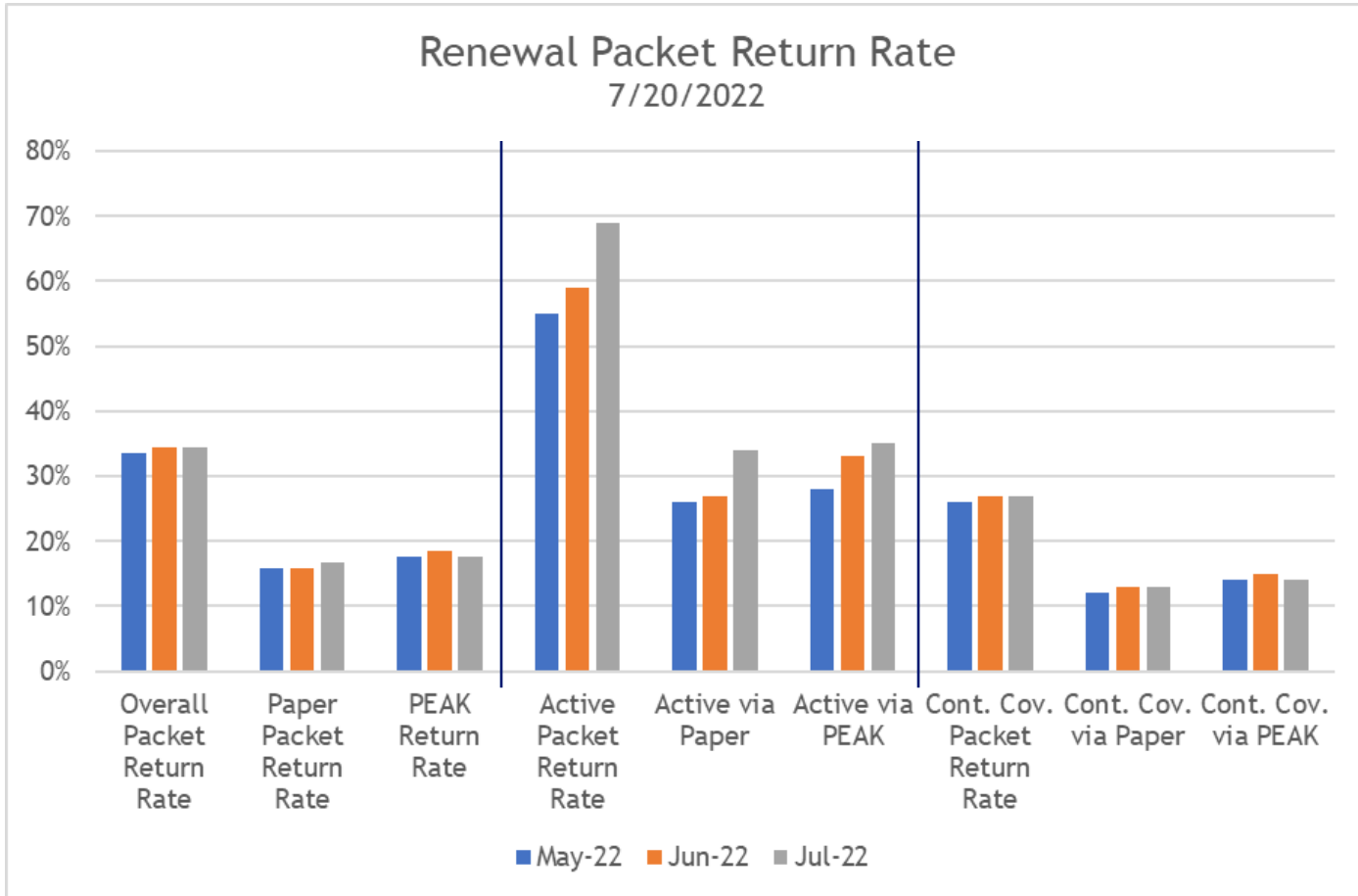
Ex Parte



This chart shows the Ex Parte Rate overall, as well as broken out by MAGI/Non-MAGI, and Active/Continuous Coverage populations. Overall, the Ex Parte rate is around 34%, but when you look at the Active MAGI population, the average jumps to 67%. The Continuous Coverage population is more likely to fail Ex Parte, as the majority of members have failed renewal due to being over income or missing verifications.

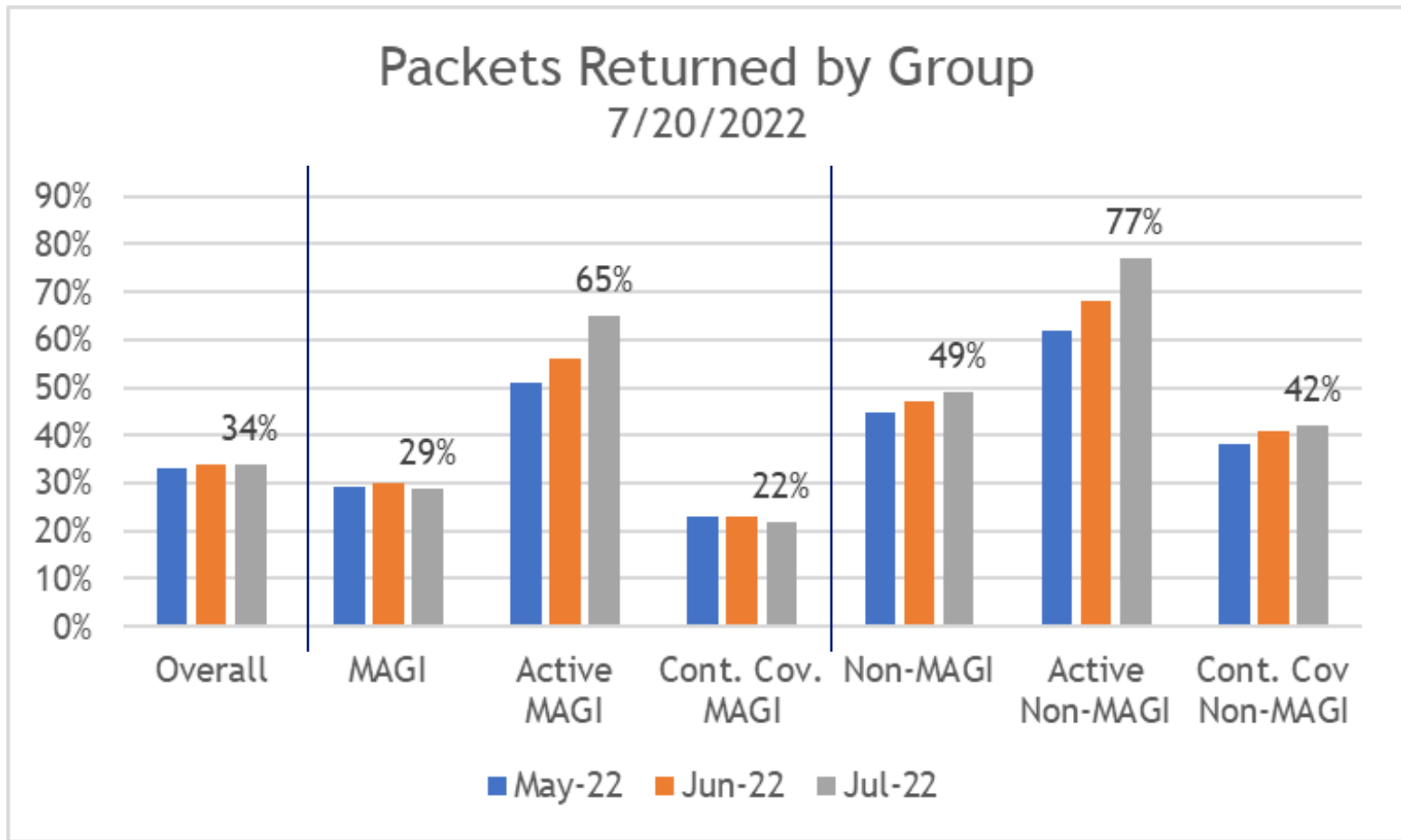


Renewal Packets



This chart shows the % of Renewal Packets Returned. The overall return rate for renewal packets is ~34% however, active cases have a return rate over 60%. About 27% of the Continuous Coverage population returns packets. Of the packets returned, just over half come through PEAK.

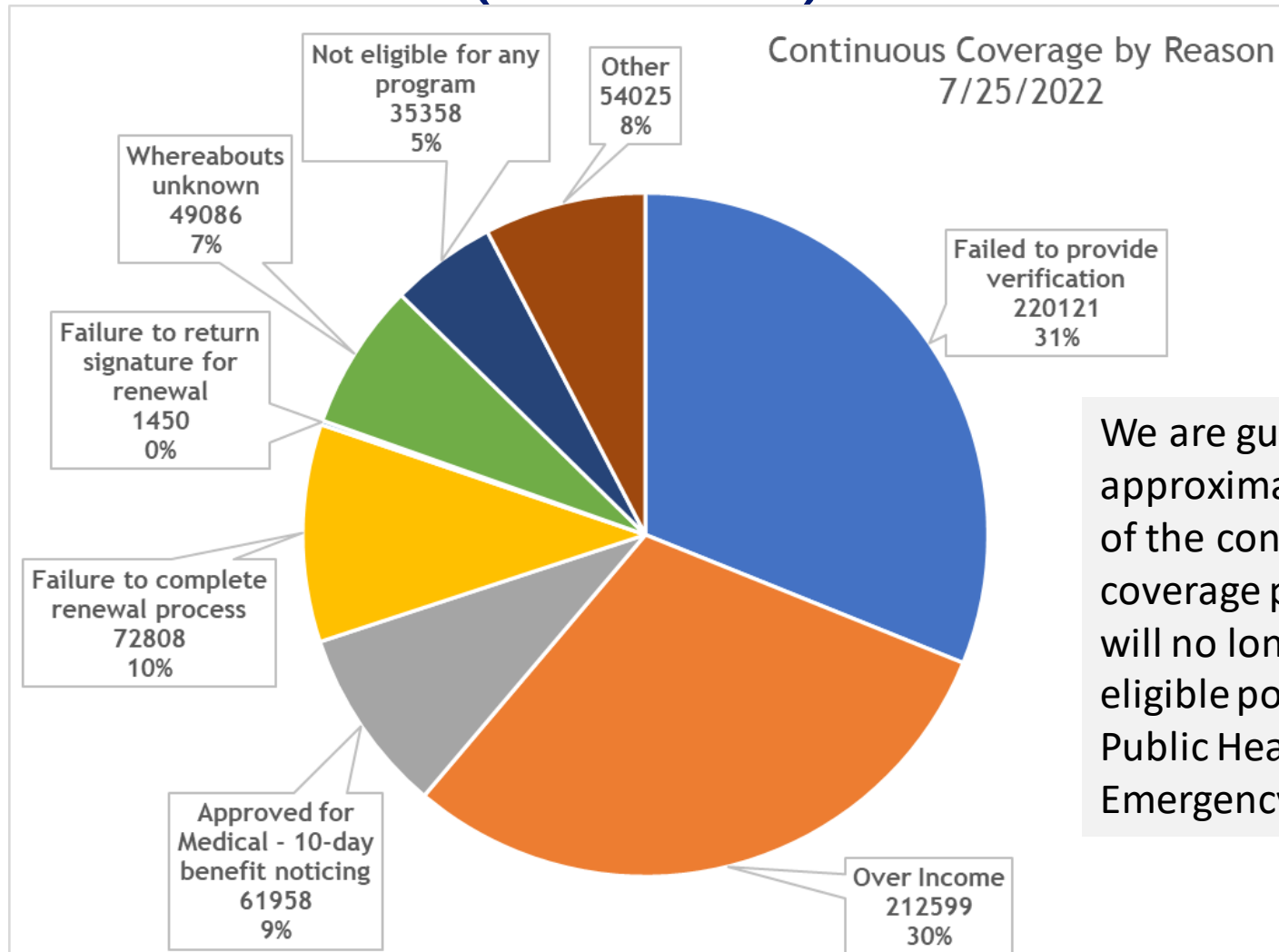
Renewal Packets



The Active non-MAGI Population is most likely to return renewal packets, at a rate of ~70%. MAGI cases in the continuous coverage population are least likely to return packets, at just a rate of 23%.



Continuous Coverage (Locked-In)



We are guessing that approximately 55% of the continuous coverage population will no longer be eligible post the Public Health Emergency.

Conclusions

- The Active population is more likely to go through Ex Parte successfully
- The Active population is more engaged in the new Renewal process
- Non-MAGI cases are most likely to return packets
- About half of returned Renewal Packets come through PEAK
- Failure to Complete the Renewal Process is now the 3rd highest reason for Continuous Coverage
- Very few cases are failing solely for Missing Signature
- The rate of Renewal Packet return seems to be increasing over time

Post PHE Data



Planning for Public Data Post PHE

- Initial planning phase of identifying data that will be shared regularly
 - Currently do not have a draft ready for review
- Leveraging same data being reported to CMS with a few additions such as
 - Top termination reasons for those no longer eligible
 - Regional breakdown by RAE regions
 - Medicaid to CHP+
- Reporting will be provided on a monthly cadence (date TBD)



CMS Reporting

APPLICATION PROCESSING
1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)
1a. Total MAGI and other non-disability applications (2a+3a)
1b. Total disability-related applications (2b+3b)
2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period (2a+2b)
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period
2b. Completed disability-related applications as of the last day of the reporting period
3. Of those applications included in Monthly Metric 1, the total number of applications that remain pending as of the last day of the reporting period (3a+3b)
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period
3b. Pending disability-related applications as of the last day of the reporting period
RENEWALS INITIATED
4. Total beneficiaries for whom a renewal was initiated in the reporting period
RENEWALS AND OUTCOMES
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)
5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)]
5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis
5a(2) Number of beneficiaries renewed using a pre-populated renewal form
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed
6. Month in which renewals due in the reporting month were initiated
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed
MEDICAID FAIR HEARINGS
8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period



Let's Hear From You

- Are you doing any kind of outreach for Medical renewals?
 - What kind of response are you getting?
- What are you hearing from members regarding the renewal process?
- What ideas do you have to help increase the rate of return of renewals?
- Other feedback/thoughts regarding renewals?



Next Steps

- Continued monitoring of data and identifying trends
- Proactive Address Validation
- Regional Accountable Entity (RAE) engagement
- Member engagement and educational material development
- Ongoing County and Department dialogue
- Finalize public reporting data elements



Questions?



Thank you!

