

Nursing Facility Stakeholder Meeting

September 20, 2023

Agenda

- Announcement, Introductions
- ACC Feedback, SNF Attribution
- Eligibility Updates
- SNF Eligibility Training needs for BOMs
- Audited Financials Feedback
- iC Rate Increase Delay
- High Medicaid Utilization Supplemental Payment
- Fee/Payment Model Delay
- Wage Enhancement Supplemental Payment
- Public Comment

ACC Phase 3 Proposal: SNF Attribution

- Proposal: Members attributed to SNF facility where they are receiving care (or to provider who serves the SNF facility) once stay > 120 days
- Goals
 - Strengthens relationships between specialty providers and the RAE; promotes stronger care coordination
 - Provider receiving attribution is medical home for member
 - Creates stronger connections to BH services for members living in SNFs
 - Provides financial funding mechanism between RAEs and SNFs
 - Attempts to remove short-term stay members from attribution through the 120 days mechanism

Discussion Questions

- What does primary care look like for members living in SNFs long-term?
- Would receiving attribution be beneficial for members in your facility? How so?
- Should members be attributed to the facility? Or to a certain SNF provider?
- How much funding would you need to receive for participation to have an impact on member care?
- Would your facility be interested in participating?
- Is the 120 day threshold appropriate for identifying long term SNF residents?
- % of medical claims paid by Medicaid, vs. Medicare?

Eligibility Updates

- HCPF has noticed a substantial increase in terminations related to procedural issues
- Top reasons include:
 - Individuals not returning their renewal packet
 - Individuals not returning required verifications

Eligibility Updates - LTC Extension

- HCPF will be extending the renewal period for 60 calendar dates for LTC, HCBS and WAwD members.
 - Allows extra time to return renewal packets BUT members still need to take action to keep coverage
 - Does not extend timeline for verifications to be returned after a renewal packet is sent in
 - Existing policy allows for ‘good faith effort’ extensions
 - Counties will be reminded of this policy/system functionality

Eligibility Updates - Complaints

- If a Health First Colorado or Child Health Plan *Plus* (CHP+) member or applicant has a problem or feedback about their eligibility renewal, they should first contact their local county to attempt to resolve the situation. Working with their county is the most direct way to address an issue and may result in a quicker resolution. If an issue is not resolved at the county level, a member or applicant can visit the Health First Colorado website to learn how to make a complaint. Members or applicants can also complete a customer service survey to provide feedback about their experience at their county or eligibility site.

Case Escalation website:

<https://www.healthfirstcolorado.com/countyfeedback/>

Eligibility Updates

- Questions, Comments?

Need for Eligibility Training in SNFs

- HCPF wants to evaluate training needs for BOMs
- Turnover since the beginning of the pandemic
- What needs exist?
- What format would work best?
- Are additional training resources needed?

How can NF's help raise awareness?

1. Messaging in mailboxes, to families, and information posted in common areas - leverage posters in the toolkit!
2. Renewals may be mailed your facility please remind front line staff to understand these renewals require action & reinforce the need to respond
3. Facilities have certain paperwork you have to submit to counties to process the renewals - please develop a strong relationship with your county to ensure timely processing of required materials for renewal.

Training Resources

- [LTSS PHE Unwinding Fact Sheet](#)
- [Understanding the Renewal Process: A Guide for Partners](#)
- [Messaging for Nursing Facility websites, newsletters, etc about Medicaid Renewals and Taking Action when it's time to renew](#)
- [Printable Flyers that can be distributed and/or displayed in public areas](#)

Eligibility Plan Questions?

- Questions/Comments?

Audited Financials Feedback

- HCPF is considering a phased implementation on the standard of the audit based on feedback from CPA firms
 - Compiled, Reviewed or Audited in SFY 2024
 - Reviewed, or Audited in SFY 2025
 - Audited for SFY 2026 forward
- We believe this will allow time for CPA firms to establish business relationships and improve accounting practices.

iC Rate Increase Delay

- CMS concerns have been addressed
- Implementation will still be dependant on official sign-off from CMS

High Medicaid Utilization Payment

- State Plan submission by 9/30/23
- HCPF will begin verifying eligible facilities
- Calendar Year 2022 data
 - We will update counts to capture previous pending Medicaid individuals
 - Facilities within 2% of threshold will receive outreach to adjust for non-payers and VA days

High Medicaid Utilization Payment

- Anticipated payments in late Q4 2023
- Initial payment will include July 1 through approval months payments
- Ongoing payments will be monthly
- Payments and data validation for 2024 forward will occur with provider fee data validation

Fee/Payment Model Delay

- Holding pattern waiting for CMS SPA approval
- Provided fee/payment letters on August 29th
- Reconcile to 23-24 fees/payments after CMS approval
- Provide monthly fee/payments amounts for remainder of SFY after CMS approval
- Will provide model summary next month

Wage Enhancement Payment

- SFY 23-24 2nd year of supplemental payment
- Payment for increased wages to \$15/hour for all employees for period May 1st through December 31st
- Payment methodology similar to last year
- Request attestation form in January 2024
- Payment to occur March/ April 2024

Open Comment