

Eligibility Site Quarterly Meeting

County & Eligibility Partners

April 25, 2024

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About this Webinar

Will this presentation be shared?

Yes. A recording of this meeting and the slide deck will both be posted on the PHE Planning webpage in a few days.

<https://hcpf.colorado.gov/covid-19-phe-planning>

Will all of your questions be answered?

We will have time for questions at the end of the end of the webinar. Additionally, you can enter your question in the comment box & HCPF staff will answer them throughout the presentation.

Frequently asked questions will be added to the FAQs in the PHE Planning webpage [found here](#).

Today's Agenda

1. Data
2. CMS Flexibilities
3. Buy-In Premiums Being Extended
4. LTSS Stabilization
5. Last Quarterly Meeting
6. Let's Hear From You!

COVID Unwind and Enrollment Data

Lisa Pera, HCPF

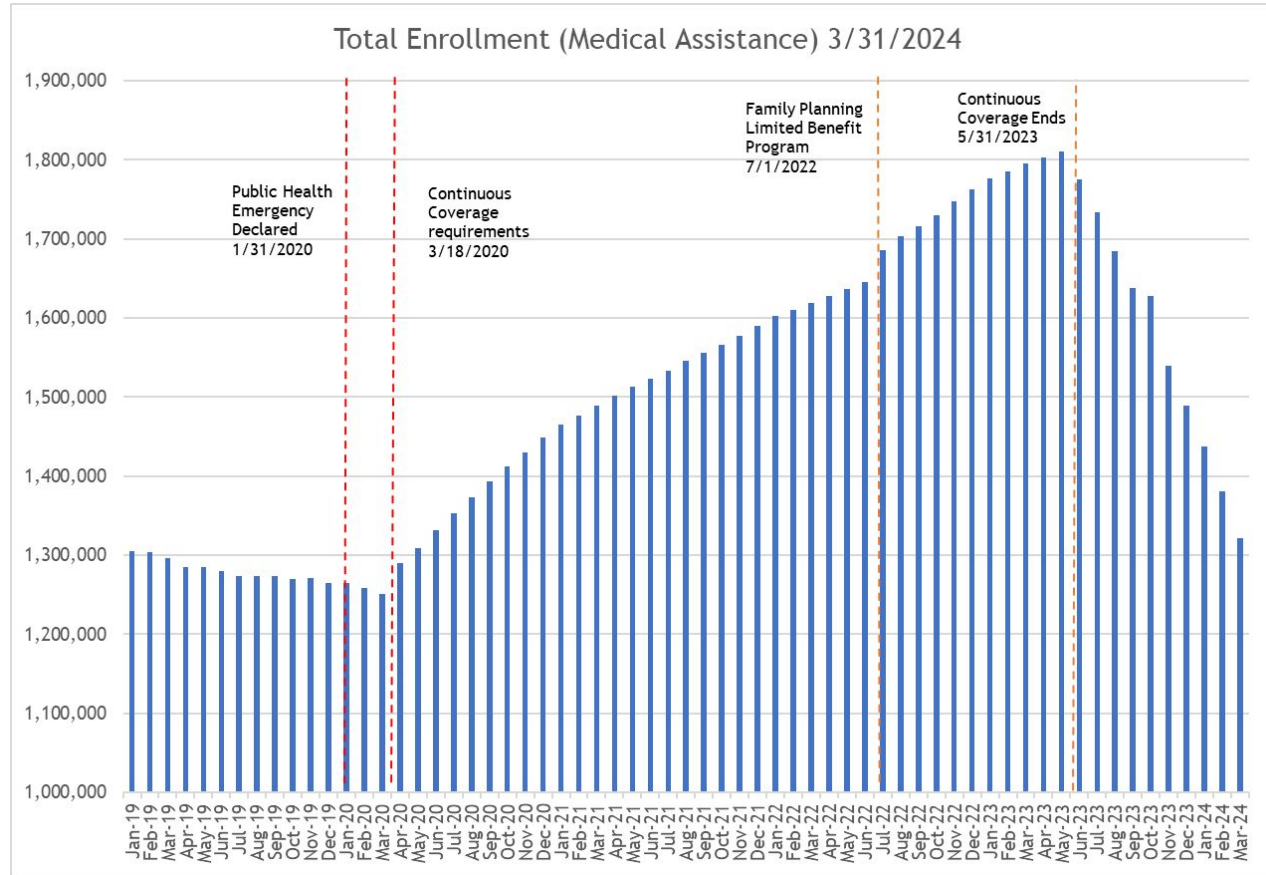
Monthly Medical Assistance Enrollment

This is a look at total medical assistance enrollment since January 2019. After an extended period of declining enrollment, a dramatic increase begins in April 2020 with the impact of COVID and Continuous Coverage requirement.

The PHE ended in May 2023, and Colorado began COVID Unwind.

Total enrollment has dropped 27% (-488,716) since the end of the Continuous Coverage requirement.

At first glance there appears to be a big drop in enrollment in November. Many terminations were paused in October so that the short-term Ex Parte fix could be implemented. November includes those who would have been terminated in October were it not for the pause.



CMS Unwind report-March

Run Date	6.26.2023	7.7.2023	8.3.2023	9.4.2023	10.9.2023	11.7.2023	12.4.2023	1.4.2024	2.6.2024	3.5.2024	4.1.2024
REPORTING PERIOD	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
RENEWALS INITIATED											
4. Total beneficiaries for whom a renewal was initiated in the reporting period	136582	129894	140310	147244	149355	155818	153265	136981	137882	116528	64356
RENEWALS AND OUTCOMES											
5. Total beneficiaries due for renewal in the reporting period	119563	127475	136582	129894	140310	147244	149355	155818	153265	136981	137882
5a. Number of Metric 5 renewed and retained in Medicaid or CHIP	67028	61273	63034	60480	59161	70118	70919	75013	76090	68353	69036
5a(1) Number renewed on an <i>ex parte</i> basis	28572	30000	30326	29285	28901	34196	36293	40315	36502	34750	35127
5a(2) Number renewed using a pre-populated renewal form	38456	31273	32708	31195	30260	35922	34626	34698	39588	33603	33909
5b. Number of Metric 5 determined ineligible (and transferred to Marketplace)	19001	18545	19871	19940	18587	24754	21306	22738	22401	23134	21002
5c. Number of Metric 5 terminated for procedural reasons	31252	43994	50076	46283	8734	43307	47452	45603	45566	36894	40131
5d. Number of Metric 5 whose renewal was not completed	2282	3663	3601	3191	53828	9065	9678	12464	9208	8600	7713
6. Month in which renewals were initiated	23-Mar	23-Apr	23-May	23-Jun	23-Jul	Aug-23	23-Sep	23-Oct	23-Nov	23-Dec	24-Jan
7. Number of renewals due and not yet completed	2282	5598	6814	7171	57755	15788	16528	19868	19603	21360	18552
MEDICAID FAIR HEARINGS											
8. Total number of Medicaid fair hearings pending more than 90 days	274	304	368	413	352	322	254	285	282	398	637

- There were significantly fewer renewals initiated in March (May Renewals). This is the first renewal cohort without the continuous coverage population.
- There has been a big surge in new appeal filings in recent months. There was also an increase in the number of cases where there was a delay in the case attributable to the Appellant - there were 236, which is almost a third of all the cases that were pending over 90 days

*Data outcomes are a point in time and can change as members return packets and technicians work them

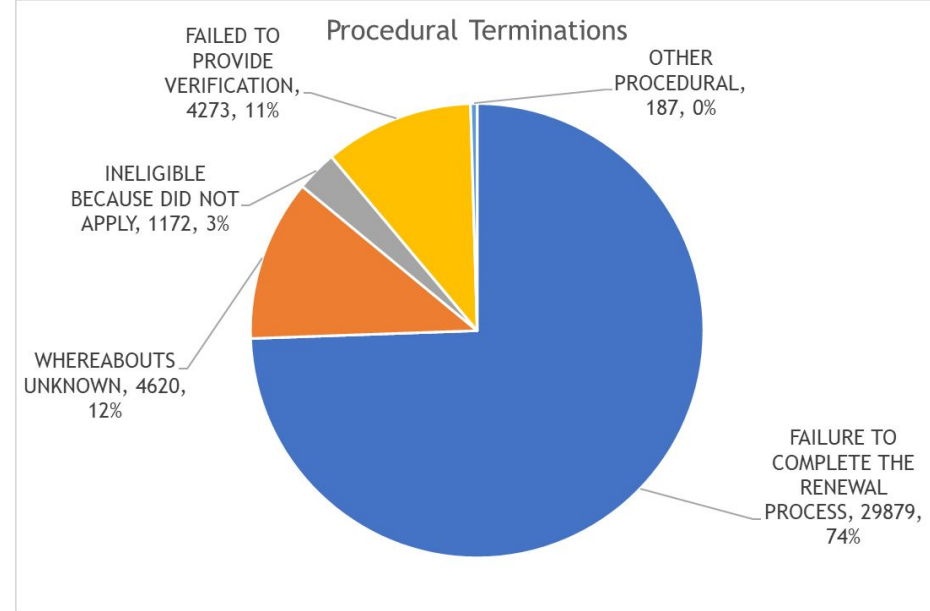
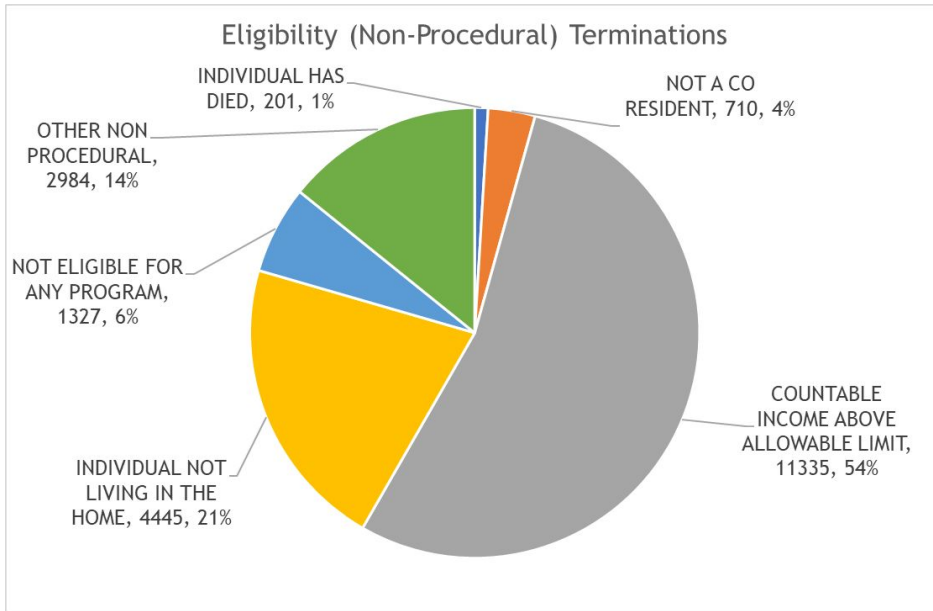
CMS Unwind report Month-to-month comparison

Run Date	6.26.2023	7.7.2023	8.3.2023	9.4.2023	10.9.2023	11.7.2023	12.4.2023	1.4.2024	2.6.2024	3.5.2024	4.1.2024
COMPARISON	May	June	July	August	September	October	November	December	January	February	March
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	119563	127475	136582	129894	140310	147244	149355	155818	153265	136981	137882
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)]	56%	48%	46%	47%	42%	48%	47%	48%	50%	50%	50%
5a(1) Number of beneficiaries renewed on an ex parte basis	24%	23.50%	22%	23%	21%	23%	24%	26%	24%	25%	25%
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	32%	24.50%	24%	24%	22%	24%	23%	22%	26%	25%	25%
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	16%	15%	15%	15%	13%	17%	14%	15%	15%	17%	15%
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	26%	35%	37%	36%	6%	29%	32%	29%	30%	27%	29%
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	2%	3%	3%	2%	38%	6%	6%	8%	6%	6%	6%
Approved %	56%	48%	46%	47%	42%	48%	47%	48%	50%	50%	50%
Of those approved, % through Ex Parte	43%	49%	48%	48%	49%	49%	51%	54%	48%	51%	51%
Of those approved, % with a packet	57%	51%	52%	52%	51%	51%	49%	46%	52%	49%	49%
Terminated %	42%	49%	51%	51%	19%	46%	46%	44%	44%	44%	44%
Of those terminated, % not eligible	38%	30%	28%	30%	68%	36%	31%	33%	33%	39%	34%
Of those terminated, % procedural	62%	70%	72%	70%	32%	64%	69%	67%	67%	61%	66%

- 50% of individuals were initially renewed in March, and of the 50% renewed, 51% were approved through Ex Parte.
- 29% were terminated for procedural reasons.

*Data outcomes are a point in time and can change as members return packets and technicians work them

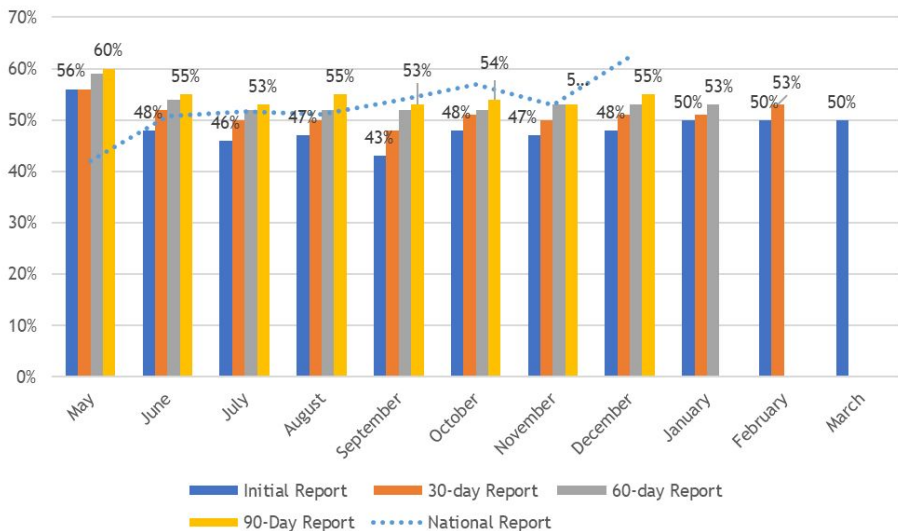
Termination Reasons-March



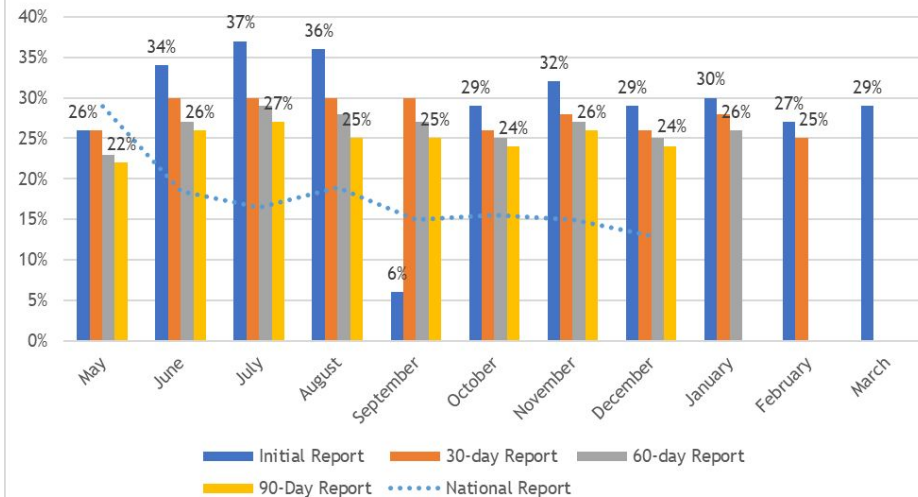
The top Eligibility reason for losing coverage is being over income. The top procedural reason is failure to complete the renewal process, meaning the renewal packet was not returned.

CMS Unwind Report: Post Reconsideration Period

Health First Colorado and CHP+ Renewals 2023-24



Health First Colorado and CHP+ Procedural Terminations 2023-24



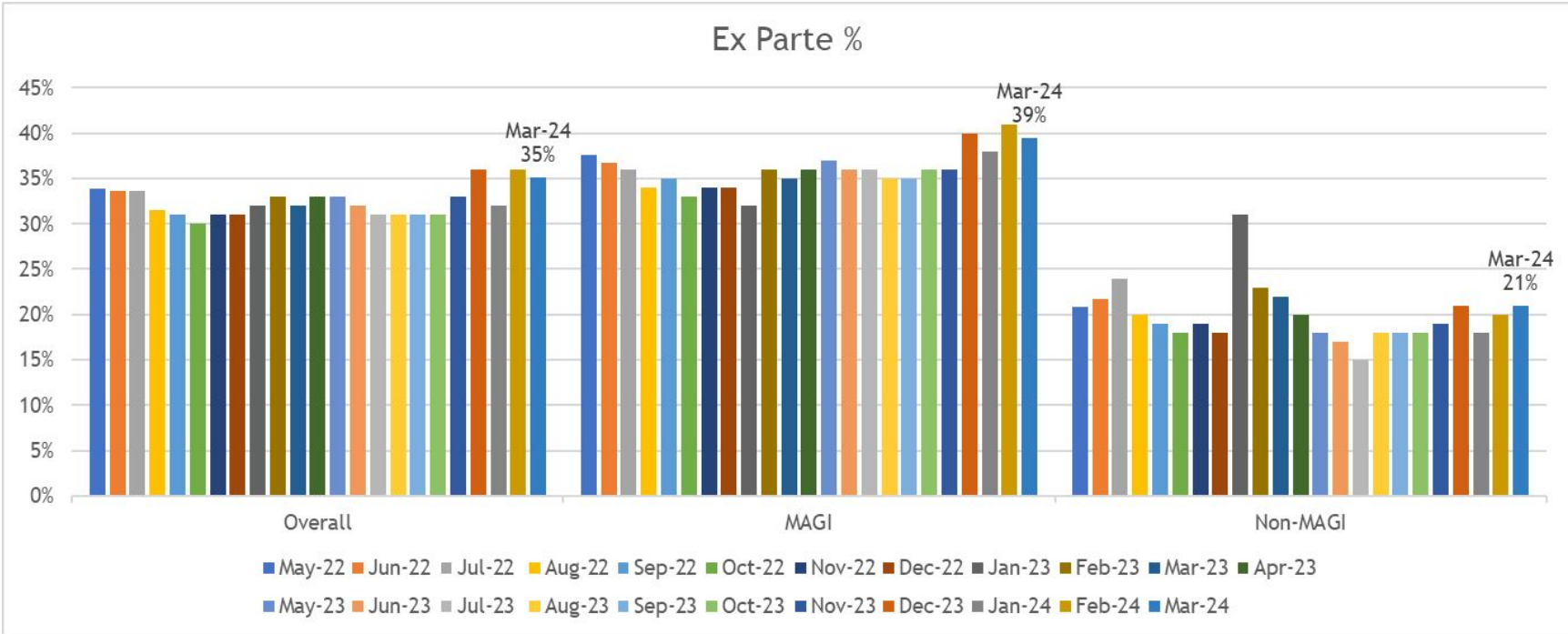
These charts show the change in CMS Unwind Data after the 90-day reconsideration period.

The Renewal rate increases by 7%, to an average of 55%.

The Procedural Termination rate decreases by an average of 5% (30% to 25%).

Note: Initial procedural termination rates have improved with recent Department changes.

Ex Parte

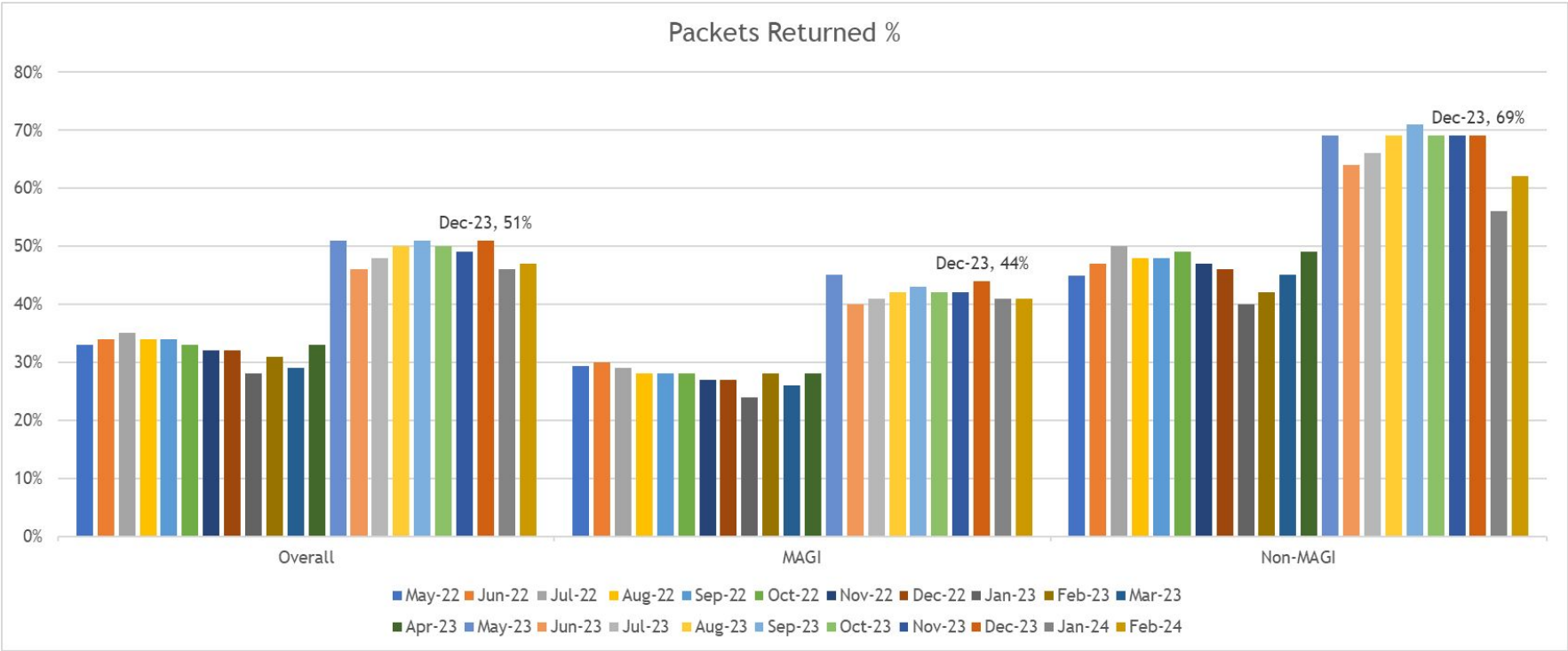


This chart shows the Household Ex Parte Rate overall, as well as broken out by MAGI/Non-MAGI. Since the start of Unwind, the Ex Parte rate is 33%. There has been a slight increase since the short-term solution to approve via Ex Parte at an individual level.

MAGI members are more likely to pass Ex Parte. This includes both Active Populations as well as those who were part of the Continuous Coverage population.

Renewal Packets

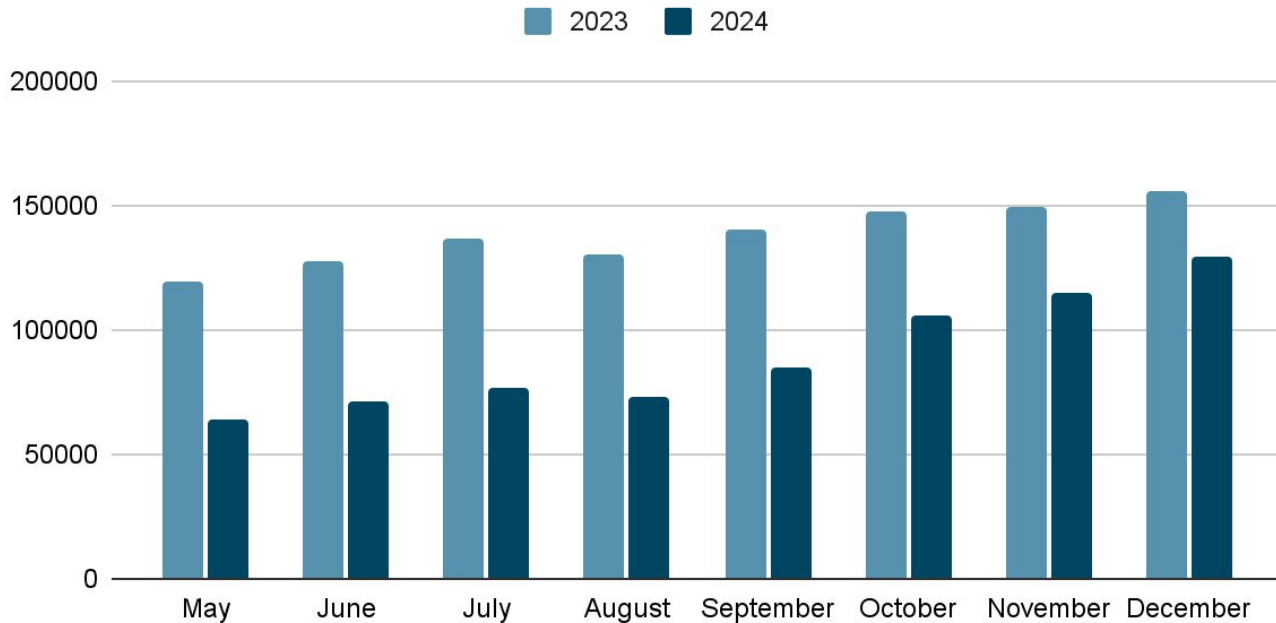
Packets Returned %



This shows the rates of packets returned. Overall, since the start of Unwind, 50% of packets sent to households are returned. Non-MAGI members are more likely to return packets, with an Unwind average of 68%. The number of packets returned increases during the reconsideration period and as Eligibility Sites work backlog.

Renewal Workload Going Forward

Individuals Up for Renewal by Month (July - Dec 2024 are projections only and may change)



- Volume of renewals will stabilize to pre-pandemic levels after unwind is complete
- Surge of renewal volume during C4's open enrollment remains
- Increase in Ex Parte Rate will contribute to decreased county workload

Questions?



CMS Flexibilities

Shawn Bodiker, HCPF

(e)14 Waivers - Using in Colorado Expire in December 2024 without Congressional or CMS Action to Make Permanent:

Renew Medicaid eligibility based on financial findings from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or other means-tested benefit programs

Renew Medicaid eligibility for individuals with no income and no data returned on an ex parte basis (\$0 income strategy)

Extend the timeframe to take final administrative action on fair hearing requests within the maximum 90 days permitted under the regulations for fair hearing requests

Delay procedural terminations for beneficiaries under long-term eligibility categories for up to 2 months

Permit acceptance of updated in-state enrollee contact information from the National Change of Address (NCOA) database and United States Postal Service (USPS) in-state forwarding address without additional confirmation from the individual to update beneficiary contact information

Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an ex parte basis (100% income strategy)

Permit designation of an authorized representative for the purposes of signing an application or renewal form via the telephone without a signed designation from the applicant or beneficiary

Reinstate eligibility effective on individual's prior termination date for individuals disenrolled based on a procedural reason that are redetermined eligible for Medicaid during 90-day reconsideration period (*scheduled to implement*)

(e)14 Waivers - Not Applicable to CO because CO already does this:

Back End Ex Parte Strategy: Ex Parte Attempt Prior to Termination: N/A for Colorado as we are already doing the back end ex parte as part of the change from household to individual renewals.

Telephonic Signature Recording Strategy: Waive the recording of the telephone signature from the applicant or beneficiary: N/A for Colorado as Colorado implemented functionality that can be used by all eligibility workers statewide to obtain a telephonic signature from the applicant or beneficiary and record/store it appropriately.

Enrollment Broker Contact Update Strategy: Partner with Enrollment Brokers to Update In-State Beneficiary Contact Information: N/A for Colorado as Colorado is leveraging the centralized return mail center for this function, seen by other states as a best practice. We had implemented the returned mail center prior to CMS offering the waiver. We are leveraging the enrollment broker to perform additional “reminder” mailings as part of the unwind and they are collaborating on any returned mail with the returned mail center.

PACE Contact Update Strategy: Partner with PACE Organizations to Update In-State Beneficiary Contact Information: N/A for Colorado as Colorado is leveraging the centralized return mail center for this function, seen by other states as a best practice. We had implemented the returned mail center prior to CMS offering the waiver. We are leveraging the enrollment broker to perform additional “reminder” mailings as part of the unwind and they are collaborating on any returned mail with the returned mail center.

Medicaid Premium Resumption Delay Strategy: Delay Resumption of Medicaid Premiums Imposed Under the State Plan Until After a Redetermination of Eligibility: N/A for Colorado as Colorado used the COVID Emergency State Plan Amendment (SPA) instead to waive Medicaid premiums.

(e)14 Waivers - Not Applicable to CO because CO doesn't have such elements:

Applying for Other Benefits Strategy. Suspend the requirement to apply for other benefits

Medical Support Cooperation Strategy. Suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support

(e)14 Waivers - Not in Colorado:	Rationale
Asset Verification System Strategy: Renew Medicaid Eligibility for Individuals for Whom Information from the Asset Verification System (AVS) Is Not Returned Within a Reasonable Timeframe	Currently the AVS is not real-time and as such, cannot be used for ex parte to leverage for this flexibility. A project is in the pipeline to enhance this interface and leverage it for ex parte in the future.
Streamlining Asset Determination Strategy: Renew Medicaid Eligibility Based on a Simplified Asset Verification Process	This would require a budget request to account for the increase in members who would be approved. Considering this is a temporary flexibility, there is also concern about postponing verification of assets to a future date thereby causing workload impact to workers and potential impact to members in the future.
MCO Renewal Support Strategy: Permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms	This would have been too labor and time intensive for our counties and RAEs when we needed them to focus on other unwind priorities. For example, it would have required such a lengthy process for each of our RAEs to become a certified medical assistance site that by the time they were trained, the waiver would have expired.
Other Contact Information Strategy: These waivers allow states to obtain contact information from other sources, such as Qualified Health Plans.	Colorado does not have the infrastructure or the resources that would be required to obtain and utilize the contact information from other sources.
Stable Income Strategy: Renew Medicaid eligibility for individuals with only Title II or other stable sources of income (e.g., pension income) without checking required data sources	There were limited resources and time available to implement flexibilities. There were other flexibilities prioritized over this one.
Other Ex Parte Strategies In use in five states (CA, KY, NJ, NY, NC) Other states utilize Title II disability income data, suspended requirements, and manual ex parte reviews.	Colorado did not choose other ex parte strategies due to having recently updated the ex parte process in preparation for Unwind. These additional options were also presented at a later date making it difficult to implement amongst other priorities.

Questions?



Buy-In Premiums Extended

Shawn Bodiker, HCPF

Extension of waiving Buy In Premiums

Premiums for the Buy In programs (WAwD and CBwD) will be waived until further notice into the year 2025

An emergency rule will be taken to Medical Services Board in May to amend the language at 8.100.6.P

Memo [OM 24-016](#) released on 4/24/24

Plan Over the Next Year

- Review/analysis of the premiums amounts
- Determine the best way to restart premiums
This will include stakeholder outreach efforts

LTSS Stabilization

Shawn Bodiker, HCPF

LTSS Stabilization - Our Intent

**HCPF's top priority is ensuring
ongoing coverage for LTSS members**

**Mitigating and ultimately eliminating inappropriate LTSS
terminations at least through December 31, 2024, while we
stabilize the system**

**Collaborating closely with select counties and case management
agencies to retrospectively review procedural terminations**

System Mitigations - Short Term

- Reinstatement coverage using the State Override functionality
 - Starting with February 2024 terminations and continue monthly (end month TBD)
- Mitigate terminations and future reinstatements
 - Pending State Help Desk Ticket records added to LTSS and Buy-In cases on 3/20/2024
- Expedite an eligibility system change to extend LTC Level of Care (LOC) certification end dates in CBMS
 - CBMS Project 9471, Implemented April 13, 2024
 - At EDBC run, apply a 12-month extension (on the back end) to all LTC LOC certification record end dates that are ending as of 3/1/2024 or later
- Expedite an eligibility system change to process the backlog of LOC certifications
 - CBMS Project 9706, Implementation date TBD
 - Process files from the Care and Case Management (CCM) System for current LTC LOC certification records that are not currently available in CBMS
 - Impacted members identified through recent terminations and/or pending/undetermined LOC certification records in CBMS

System Mitigations - Long Term

- Expedite an eligibility system change to apply a two month (60 day) eligibility extension to members that have been determined to have their benefits reduced or terminated in LTSS or Buy-In categories of assistance
 - CBMS Project 9472, Implementation Date August 2024 (tentative)
 - Applies to all benefit reduction reasons (with exceptions)
 - Incarceration
 - POI (both existing and newly established)
 - Applies to all termination reasons (with exceptions)
 - Death
 - No longer a CO resident
 - No longer requesting assistance
 - Incarceration (secondary MSP aid codes)

Communications - Resources

CBMS Communications:

- Reinstatement of LTSS Member Terminations effective 2/29/2024
 - Issued 3/1/24
- Long Term Care (LTC) & Buy In Renewal Extension for an Additional 60 Days
 - Issued 3/27/24
- Reinstatement of LTSS and Buy-In Member Terminations Effective 03/31/2024 (Reminder and Additional Information)
 - Issued 4/3/24
- Help to Minimize LTSS and Buy-In Terminations & Reduce Reinstatements (Reminder and Additional Information)
 - Issued 4/10/24
- Medical Assistance Extend Long Term Care - Level of Care 12 Months CPPM-9471
 - Issued 4/11/24

- [Stabilizing LTSS webpage](#)

Questions?



Last Quarterly Meeting

Let's Hear From You!

Thank You!

Reported Changes to PEAK Within 90 Days of Closure

Mitchell Scott, HCPF

PEAK Currently

Changes