

HCPF/County Directors & Leadership

Monthly Support Call

September 23, 2025



Meeting Purpose

The purpose of the HCPF/County Directors & Leadership Monthly Call is:

- To provide a forum for county directors to get critical information from HCPF before it is shared broadly
- To provide a forum for county directors to bring important, timely issues to HCPF and have their voices heard
- To give an opportunity for certain HCPF Leadership to engage with counties at different times throughout the year

Title	Presented By	Time
Welcome & New Agenda Update	Joshua Montoya - HCPE	5 min.
Important Eligibility Updates <ul style="list-style-type: none"> Just answering questions Further updates next month 	Marivel Klueckman - HCPE	5 min.
Leadership update	Joshua Montoya - HCPE	60 min
Compliance & Oversight <ul style="list-style-type: none"> “Patner Measure” Concept MAP Renewal Timeliness Logic 	Arturo Serrano - HCPE	15 min.
HCPF/CDHS Ongoing Alignment <ul style="list-style-type: none"> Joint Technical Assistance 	Arturo Serrano - HCPE	5 min.
Delivery system updates <ul style="list-style-type: none"> LTSS stabilization NEMT Update 	Amanda Lofgren - HCPE She Her	15 min
Upcoming & Recently Released Guidance <ul style="list-style-type: none"> New Position Update Upcoming Schedule for Memo Guidance 	Aric Bidwell - HCPE	10 min.
County Trending Topics <ul style="list-style-type: none"> Recognizing High Performance & Successes! 	Aric Bidwell - HCPE	10 min.

Eligibility Updates

Presented By: Marivel Klueckman

State Budget Update

Presented By: Joshua Montoya

General H.R. 1 Implementation Updates

Presented By: Joshua Montoya



General Updates

Prime Health Summit on 9/11/2025

Track 1 and Track 2 (Previously called “Phases”) -
what are the differences?

Payment Error Rate Measurement (PERM) and H.R. 1

Presented By: Joshua Montoya

Payment Error Rate Measurement (PERM)

What is PERM?

The Payment Error Rate Measurement (PERM) is an audit program developed and conducted by the federal government to comply with law. The program examines eligibility decisions and payments to providers for Health First Colorado (Colorado's Medicaid Program) and Child Health Plan Plus (CHP+) for accuracy.

The Review Year (RY) 2026 PERM cycle conducts reviews for the time period between July 1, 2024 and June 30, 2025.

Why is PERM required?

- PERM helps HCPF to identify areas for improvement and helps cut down on fraud, waste and abuse.
- PERM is required by the federal law, the Payment Integrity Information Act of 2019, which is a consolidation of the Improper Payments Information Act of 2002 (IPIA, Public Law 107-300) which was amended by the Improper Payments Elimination and Recovery Act of 2010 (IPERA, Public Law 111-204) and further amended by the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA, PUB. L. 112-248).
- Improper payment error rates and estimates of improper amounts must be reported.
- Actions to reduce erroneous expenditures must be reported.
- States are required to return the federal share of overpayments. The Department may pursue recoveries as part of the corrective actions according to law and regulation.

What does PERM look at?

PERM reviews two aspects of HCPF's programs: the eligibility determinations of the selected time period and the claims payments associated with those eligibility determinations. Both together determine if any overpayments of federal funds occurred.



PERM Questions

How is PERM determined and how has it been used historically?

PERM itself is conducted by a federal contractors and the rate is calculated by those contractors; HCPF staff conduct oversight of the contractor, but do not conduct reviews or manually calculate the error rate. HCPF does have the ability to agree or disagree with findings, but the federal government makes the final determination.

Historically, it has been used to calculate the overpayment amount for federal funds resulting from eligibility determinations that allow certain claims to be paid when they shouldn't have been. When PERM determines an error rate above 3%, the state is required to pay those funds back ("disallowance"). However, previously states have had the ability to request a good faith waiver to prevent federal disallowances, by demonstrating efforts to correct issues the PERM review found.

CRITICAL! H.R.1 removed the ability of CMS to allow good faith waivers; therefore, the federal government will require all states to repay any disallowance amount for errors above 3%. Colorado's error rate must be below 3% or disallowance amounts will hit the state General Fund.

How do SNAP and Medicaid factors affect each other in this area?

CMS does not have regulatory authority over SNAP; therefore, they do not care about the crossover between the two (many states do not have integrated eligibility systems). At a state-level, there is an understanding that a SNAP error may cause a Medicaid error, and vice versa, though this is not always the case.

IMPORTANT! PERM does not look at client action the way SNAP/PER do; therefore, a client not reporting a new job would only be an error if that information was known to the agency and not acted upon.

Counties and PERM

What is the purpose of the eligibility determination review?

- The purpose of the eligibility review is to verify the eligibility of sampled cases using state and federal eligibility criteria in effect at the time of the decision under review.

What do eligibility sites need to do?

- Eligibility sites, if asked by Department staff, will need to answer questions or submit missing case file documentation.

What happens if there is an error finding in the eligibility determination review?

- Eligibility sites may or may not be contacted about eligibility errors. Should an eligibility site receive an error, Department staff will provide instructions.

IMPORTANT! Counties cannot rebut PERM findings; HCPF automatically rebuts findings, where applicable, to minimize risk to the State.

What do counties do with PERM findings?

When the PERM review is completed, HCPF receives a list of findings that relate to county action. Those counties are then issued a Management Decision Letter (MDL), requiring a Corrective Action Plan to be completed. The CAP allows the county to address findings individually; the CAP is also included in HCPF's PERM submission to the federal government.

Colorado's PERM Rate

Colorado's 2023 PERM Error Rates:

Medicaid: 2.18% and CHP+: 3.01%. These rates are for eligibility determination only and do not include claims payments.

What factors could impact and increase the rate?

Two factors for review: eligibility determination and claims payments. So even if the eligibility determination is correct, if a claim was paid for an individual whom it shouldn't have been, it's an error (think, a MAGI Adult where a nursing facility was paid for).

Conversely, the eligibility determination could have been incorrect, but the claims were correct (a claim for a MAGI Child was paid, but the member should've been MAGI Parent; the two federal match rates are the same). In this example, there would still be an error (only on the eligibility determination, not the claim).

Reminder: the State is solely responsible for the claims payment system, so any errors for that system are attributed to HCPF.

What are things to look out for?

The next few slides will provide high-level information from our Eligibility Quality Assurance Program that acts as an “early warning system” for where our PERM rate is headed. Over the coming months, we will begin to share more statewide information on errors to assist counties in helping to reduce error rates to prevent federal disallowances.

Key Takeaways - EQA Statewide Trends

Top 3 Error Categories (Errors that impact eligibility):

1. Income
2. Demographics
3. Application Processing

Key Takeaways - EQA Statewide Trends



Missing Documentation (19 Errors):

- Documentation supporting data entry not provided (18)
- New application was required but not requested (1)



Data Entry Issues (13 Errors):

- Information received but not entered/acted on (8)
- Data entered, but rules/guidance not followed (3)
- Mismatch between data entered and documentation (2)



Key Takeaways - EQA Statewide Trends

Top 3 Error Categories (Errors that do not impact eligibility):

1. Income
2. Case Comments
3. Demographics



Key Takeaways - EQA Statewide Trends



Missing Documentation (36 Errors):

- Case comments not entered or incomplete (30)
- Failed to provide documentation that supports data entry (6)



Data Entry Issues (107 Errors):

- Information received but not entered/acted on (35)
- Data entered, but rules/guidance not followed (24)
- Mismatch between data entered and documentation (33)
- Untimely case comment (15)



Compliance and Oversight

Presented By: Arturo Serrano

MAP Compliance

MAP Partner Measures

MAP Partner Measures

A MAP Partner Measure refers to two performance measures that are directly correlated within the MAP Dashboard. For example, the *Application 45 Timeliness* measure is paired with its partner measure, *Application EPG 45*.

The purpose of establishing partner measures is to strengthen the MAP compliance process by promoting greater consistency and efficiency across both County and State staff operations. This alignment supports clearer performance monitoring, streamlined workflows, and improved accountability.

MAP Compliance

MAP Partner Measures

MAP Partner Measures

- Application 45 ↔ EPG 45
- Application 90 ↔ EPG 90
- Renewal Non-LTSS Timeliness ↔ Renewal Non-LTSS EPG

MAP Partner Measure Examples



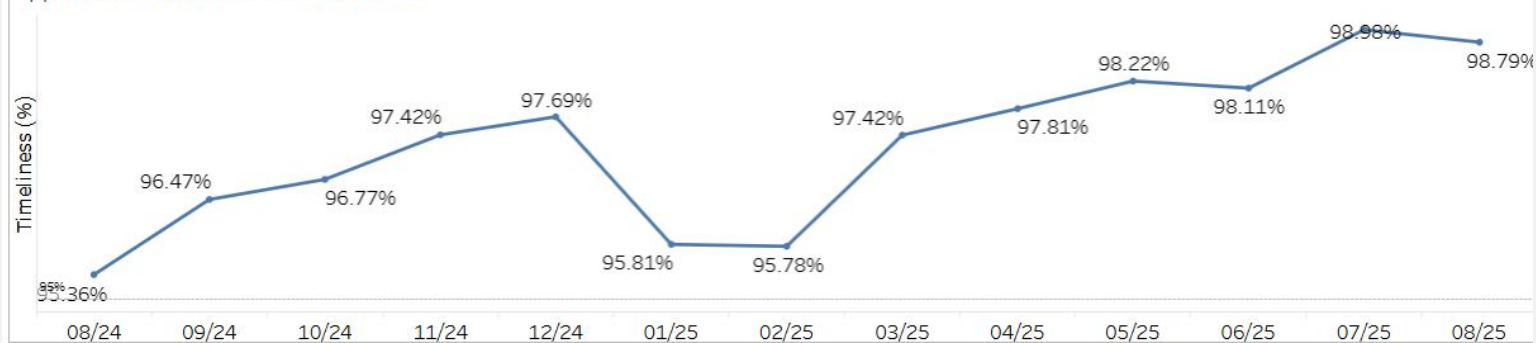
COLORADO

Department of Health Care
Policy & Financing

Application 45

Partner Measures

Application Timeliness 45: STATEWIDE

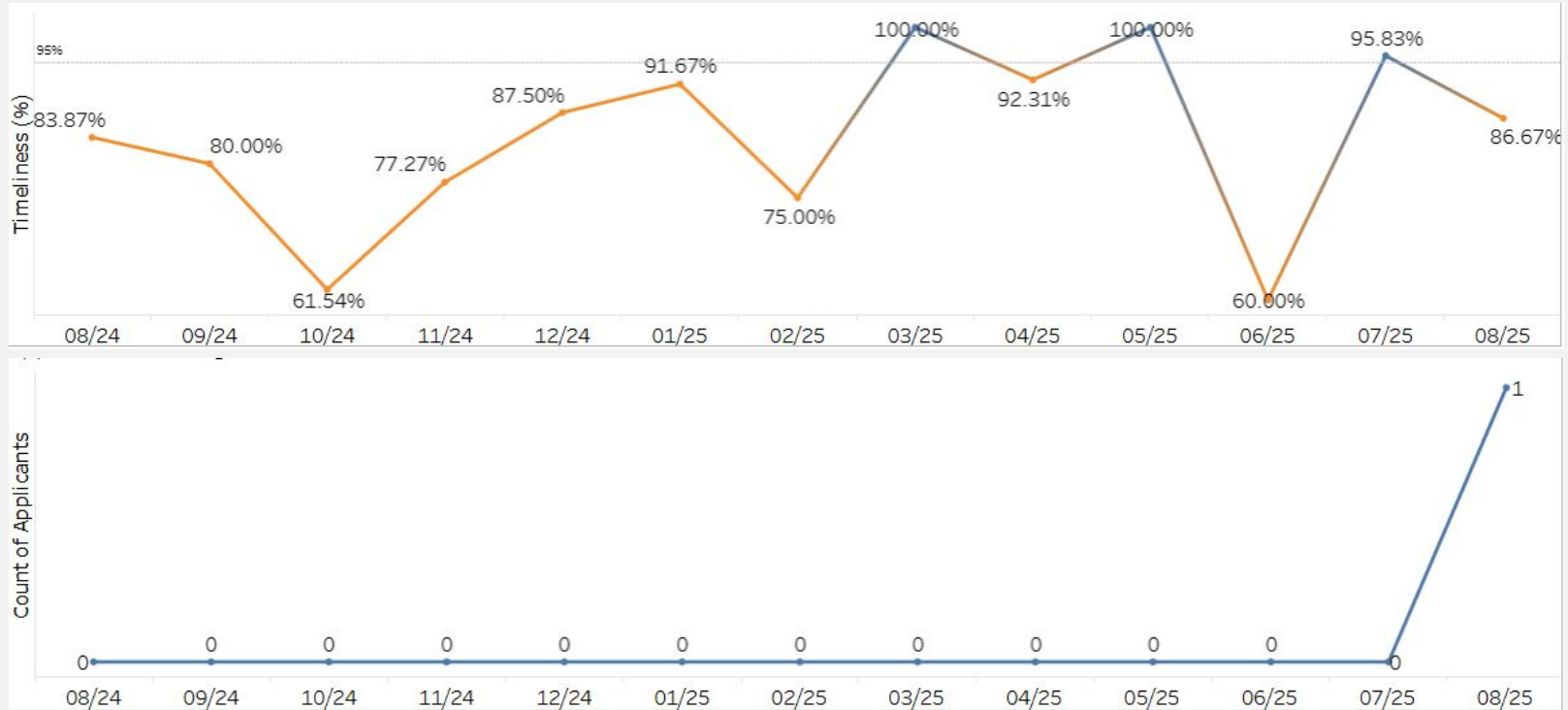


Application Pending EPG 45: STATEWIDE



Application 45

Partner Measures



MAP Compliance

MAP Partner Measures

Current State

The current process for issuing a Management Decision Letter (MDL) for an Improvement Action Plan (IAP) or Corrective Action Plan (CAP) applies to all six approved MAP performance measures:

- Application 45 Timeliness
- Application EPG 45
- Application 90 Timeliness
- Application EPG 90
- Renewal Non-LTSS Timeliness
- Renewal Non-LTSS EPG

In rare cases, a Eligibility Site may have up to six open IAPs at the same time under the current compliance process.

MAP Compliance

MAP Partner Measures

MAP Compliance - Effective October 2025

Only one (1) Management Decision Letter (MDL) for an Improvement Action Plan (IAP) or Corrective Action Plan (CAP) will be issued when measures are correlated, also known as Partner Measures.

- For example, if the MAP team issues an MDL IAP or CAP for *Application 45 Timeliness*, they will not issue an additional MDL for *Application EPG 45* while the IAP or CAP for *Application 45 Timeliness* remains open.



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Department of Health Care
Policy & Financing

MAP Compliance

MAP Partner Measures

Benefits of Partner Measures

- **Reduces MDLs by half** - Eligibility Sites will have a maximum of **three (3)** open IAPs or CAPs at any given time.
- **Streamlines compliance** by reducing duplication of IAPs and CAPs across Eligibility Sites.
- **Decreases administrative workload** for Eligibility Sites by:
 - Eliminating duplicate two-month notifications and MDL issuances
 - Lowering the number of technical assistance meetings tied to duplicate MDLs
 - Reducing Eligibility Site inquiries



MAP Compliance

MAP Partner Measures

Resources

- [MAP Compliance Partner Measure Desk Aid 10 25 V1.pdf](#)
- [MAP Compliance Overview 10/25 V2](#)

For additional information regarding MAP partner measures or a request for Technical Assistance related to this desk aid, please contact: hcpf_Mapdashboards@state.co.us



MAP Workgroup Update

- The MAP team demoed MAP 2.0, gathering input and feedback from the MAP Workgroup.
- A detailed slide deck on the MAP Performance & Timeliness Guidelines (based on new federal requirements in Project CCPM-10595) was presented to the MAP workgroup this month.
 - a. The next presentation on this information to the MAP Workgroup is scheduled for October 7, 2025!
- The MAP team is preparing a desk aid titled “*New MAP Renewal Timeliness Logic*” to be shared statewide by the end of October or at the next Director’s Meeting.
- The next EQA Overview is scheduled for October 30, 2025. Meeting details will be shared in October.



HCPF/CDHS Ongoing Alignment Joint Technical Assistance

Presented By: Arturo Serrano

Joint Collaboration: CDHS SNAP & BRC

Key Areas of Focus

- Reducing backlogs through joint program effort
- Aligning business process work streams across all HLPG programs
- Weekly collaboration within standing meetings

Impact

- 1.5 years of consistent collaboration
- Six joint projects in progress
- Stronger coordination when MAP IAP/CAP is issued
- Enhanced training and knowledge transfer with SDD

LTSS Stabilization Updates

Presented By: Amanda Lofgren

LTSS CCM System Stabilization Dashboard

LTSS CCM System Stabilization Dashboard : ●●●

Initiative	Objective	Responsible Contractor	Total Features	% Already Completed	Status	Projected Completion Date	Actual Completion Date
Streamline Interfaces	Improve the exchange of data and information between the CCM System and other Department systems to reduce the operational burden of case managers and county eligibility technicians.	Gainwell, AssureCare	96	88%	● Delayed	SFY 2025-26	TBD
Data Quality	Improve the quality of data entered into and exchanged through the CCM System to reduce the operational burden of case managers and county eligibility technicians.	Gainwell, AssureCare	35	94%	● Delayed	SFY 2025-26	TBD
Reporting for Case Management Agencies	Reporting from CCM System to support the operations of Case Management Agencies.	AssureCare	18	100%	Complete	3/31/2025	3/10/2025
Community First Choice	Expands access to select home and community based services and supports to eligible Members.	Gainwell, AssureCare	2	100%	Complete	6/30/2025	5/7/2025
Money Follows The Person	New services to support transitions from institutions to the community.	Gainwell, AssureCare	2	0%	● Delayed	October 2025	TBD
Colorado Single Assessment	Automate in the CCM System a universal services and support assessment for all Members seeking or receiving LTSS.	AssureCare	19	0%	● Delayed	SFY 2025-26	TBD
Replacing the Support Intensity Scale (SIS)	Implement the Interim Support Level Assessment for Members newly enrolling in adult IDD waivers.	Gainwell, AssureCare	1	100%	Complete	6/30/2025	6/30/2025
Transition Services Enhancements	Enhancements to implement CCM System requirements to improve transition services.	Gainwell, AssureCare	3	100%	Complete	6/30/2025	6/11/2025
Remaining ARPA Enhancements	Implement remaining CCM System requirements originally identified under HCPF's American Rescue Plan Act (ARPA) spending plan. (See below for more information)	Gainwell, AssureCare	12	83%	● Delayed	SFY 2025-26	TBD

Case Management Agency Stabilization

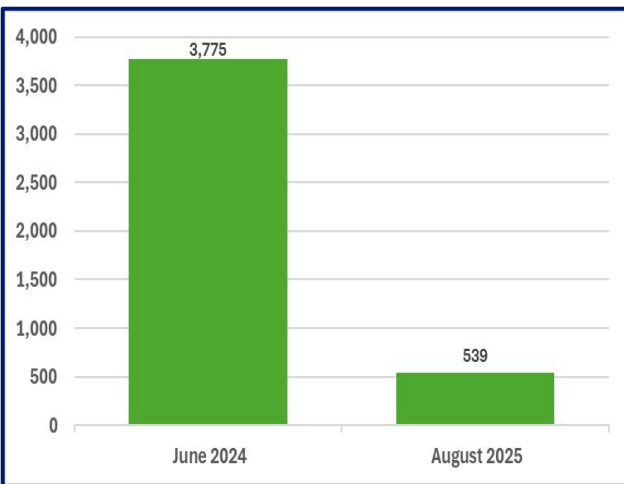
Monitoring and Oversight

- Monthly data submission from all CMAs, including any activities occurring outside of required timelines
- Ongoing individual stabilization meetings with CMAs
- Performance and Quality Reviews Completed July 2025
- Quality Improvement Strategies (QIS) is currently underway
 - QIS is a federally required audit for our HCBS programs

Case Management Agency Performance

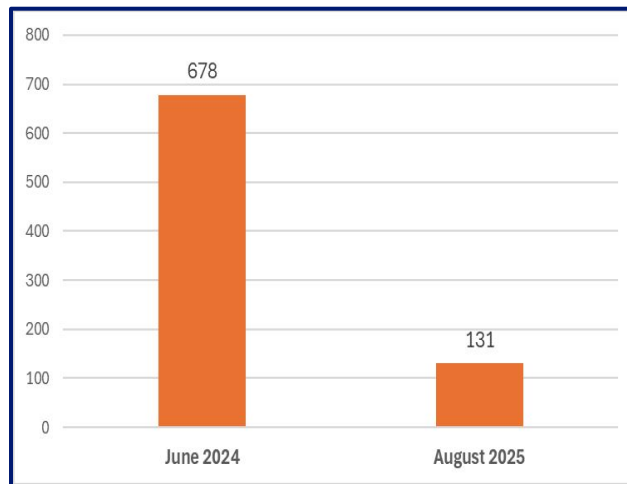
Pending Referrals

983 statewide in Aug '25
June '24 to Aug '25:
75% Reduction



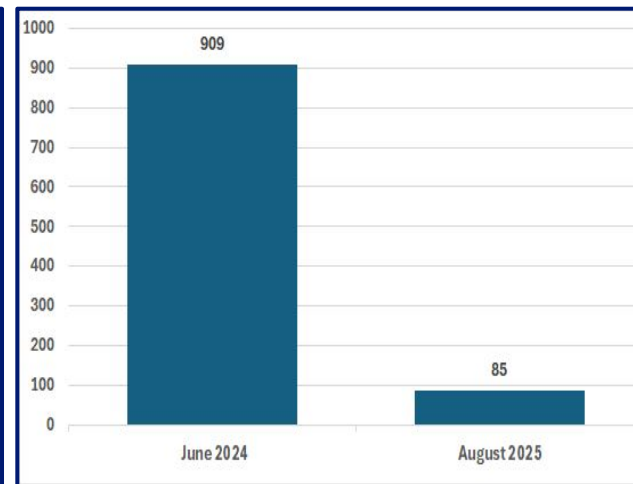
Past Due Initials

131 statewide in Aug '25
June '24 to Aug '25:
80% Reduction

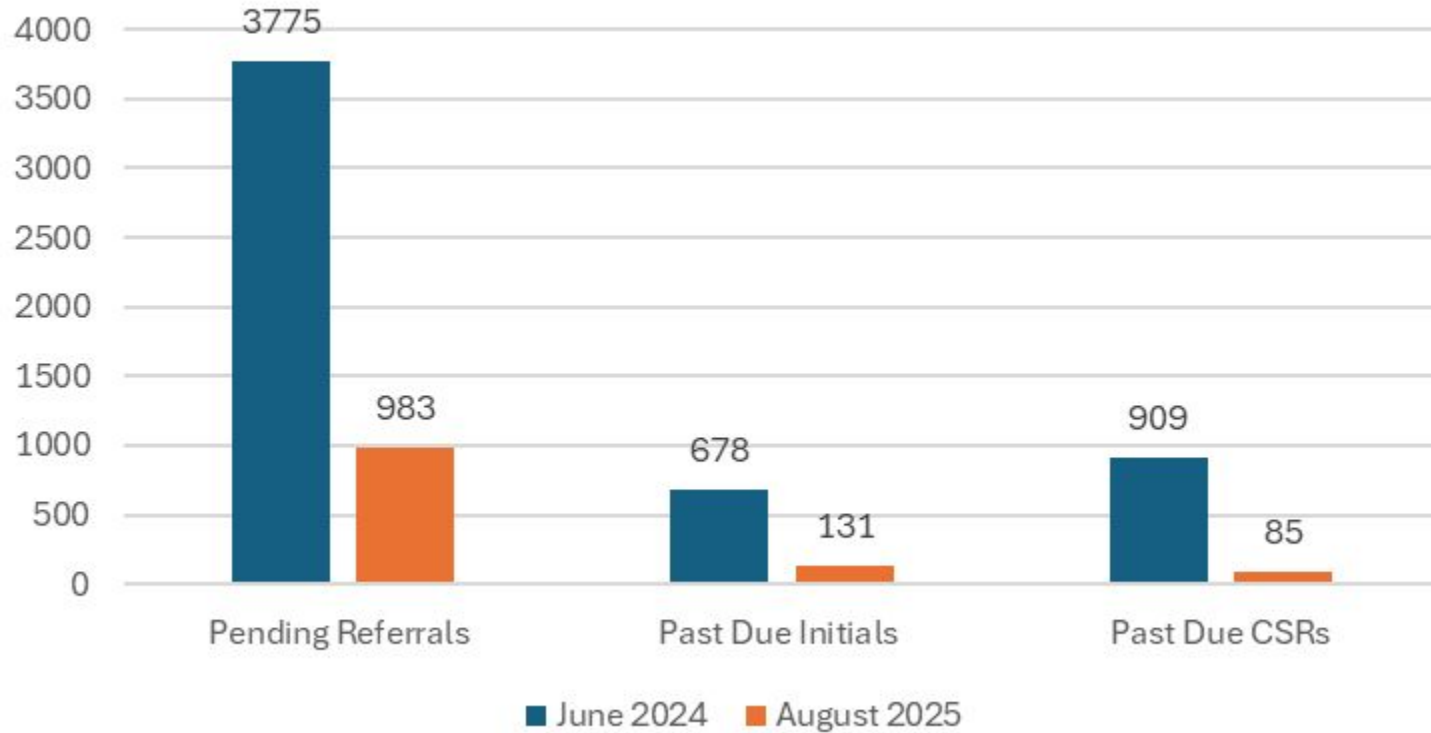


Past Due CSRs

85 statewide in Aug '25
June '24 to Aug '25: 91%
Reduction



CMA Performance



NEMT Update

Presented By:

Alex Weichselbaum, Primary and Ancillary Care Section
Manager with the Health Policy Office

Statewide Broker

- HCPF solicited for a statewide broker of NEMT services this past spring
- Awarding process ongoing
- Planned go-live sometime in 2026
- Split system between Broker and FFS continues until statewide broker goes live

MedRide LLC Settlement

- MedRide is a provider in good standing, but must abide a Corrective Action Plan
 - Daily trip limit of 1,400
 - Front-end claim auditing
 - Regular reporting to HCPF
 - Expires when Statewide Broker goes live

Upcoming and Recently Released Guidance

- New Position Update
- Upcoming Schedule for Memo Guidance

Recognizing High Performance & Successes!

Presented By: Aric Bidwell



MAP Top Performers

- Small
 - Lake
 - Rio Grande
 - San Juan
- Medium
 - Chaffee
 - Delta
 - Otero
- Large
 - All ten large counties are performing exceptionally well overall.



County Hot Topics

Contact Information

For Agenda Items & Meeting Set-Up or for Questions:
please submit a [County Relations webform ticket](#) or
Email HCPF_CountyRelations@state.co.us

Thank you!