

HCPF PHE Unwind Update to the Joint Budget Committee

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Eligibility performance is improving across all metrics, but we still have work to do

	Pre-pandemic	Unwind	Post Unwind 2024			
	CYs 18-19	May '23-April '24	May	June	*July	Aug.
Renewal Rate	57%	55% (after 90 day reconsideration period)	80% (after 90 days of the reconsideration period)	79% (after 60 days of the reconsideration period)	80% (after 30 days of the reconsideration period)	76%
Auto Renewal Rate (ex parte at <u>household</u> level)	N/A	33% - All	59% - All 67% - MAGI	56% - All 66% - MAGI	62% - All **72% - MAGI	58% - All **68% - MAGI
Disenrollment Rate	41%	43% (after 90 days)	18% (after 90 days)	17% (after 60 days)	16% (after 30 days)	19%
Pend Rate	2%	2-8%	2% (after 90 days)	3% (after 60 days)	4% (after 30 days)	5%
Disenroll: Eligibility	29%	19% (after 90 days)	9% (after 90 days)	8% (after 60 days)	7% (after 30 days)	8%
Disenroll: Procedural	12%	25% (after 90 days)	9% (after 90 days)	9% (after 60 days)	9% (after 30 days)	11%

*July 2024 marked the implementation of additional automation for renewing members with incomes at and below 100% of the federal poverty level.

**MAGI is Modified Adjusted Gross Income or income based populations. In August 2024, MAGI accounted for for 77% of total enrollment.

Priority: Supporting County & Eligibility Workers

SB 22-235 report due to JBC in November 2024

- New funding model, county workforce to match need and higher salaries to improve county ability to hire/retain workers
- Intelligent Character Recognition and Interactive Voice Response technology
- Policy guidance improvements
- Service delivery standards and aligning administrative requirements
- Pool hours and supports for training and complex cases

Reducing county workload and improving accuracy

- Improving renewal ex parte automation, PEAK member digital tool capabilities and utilization, and PEAKPro provider/community partner elig. tool
- Improving CBMS Medicaid/CHP+ member letters

Joint Agency Interoperability Co-Created with Counties

- Unified work management system across counties
- Unified document retention system across counties
- ITN is active through mid October

CBMS Strategy and Vision Co-Created with Counties

- Improves CBMS support system for workers and members

Member Feedback Themes

What We Are Hearing...	Actions We Are Taking...
Renewal process is cumbersome and confusing	Renewal ex parte automation increase; simplifying letters and renewals (2025 update); shortened renewal packet; employer chamber work to expand qualifying event enrollment period and employee outreach
Some members didn't know they needed to take action	Continuing renewal outreach with reminders; additional reminder during 90 day reconsideration period targeting "failed to respond" and "incomplete verifications"
Challenges with the process, responsiveness of counties/eligibility workers	Ongoing county oversight, training, technical assistance and backlog reduction plans; SB22-235 report policy and analysis of county funding; Joint Agency InterOperability (JAI) - single statewide streamlining
Health coverage affordability is a top concern, lack of access to employer sponsored	Affordability work to benefit all payers (prescription drugs, hospital care, value based payments); joint "Know Your Options" toolkits with Connect for Health Colorado, Division of Insurance, others

Providers/Advocates/Counties Themes

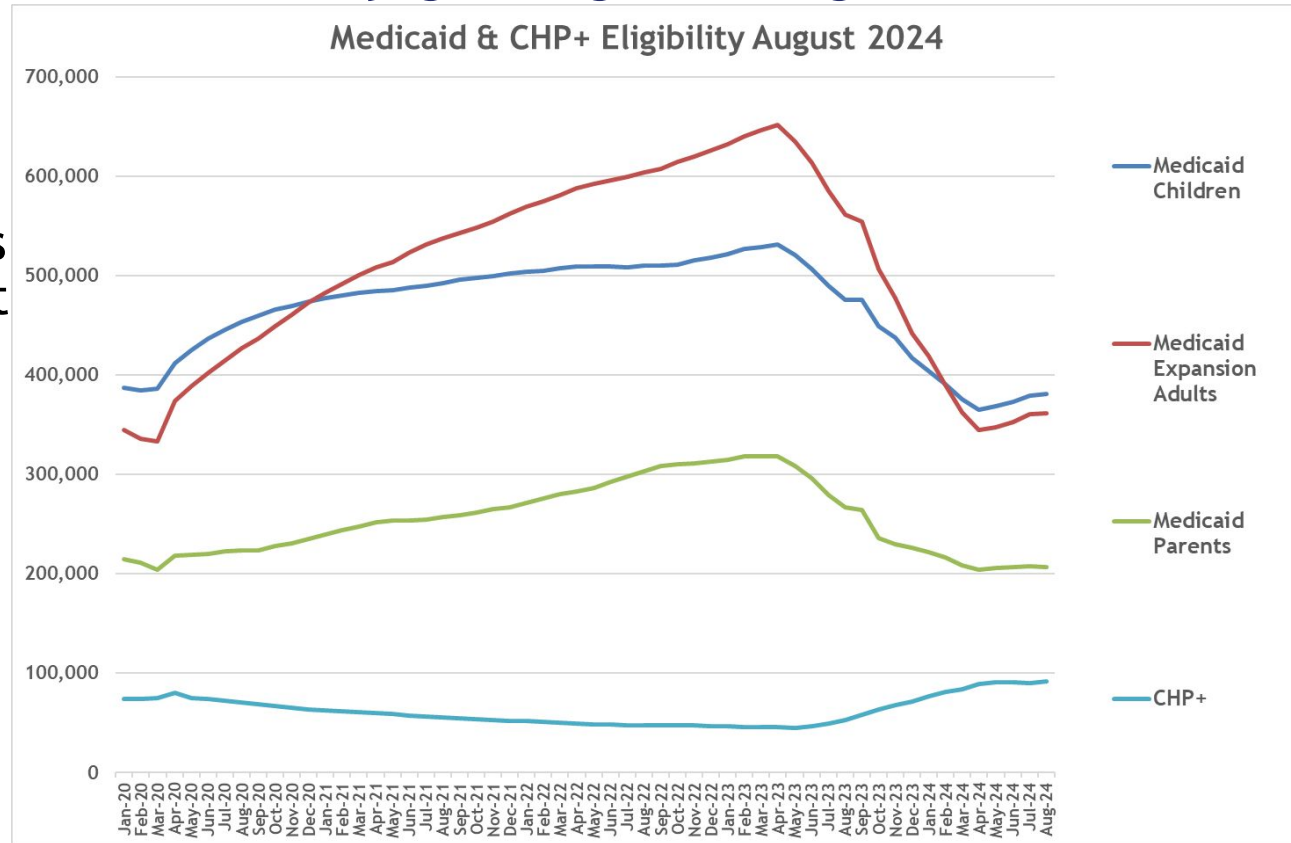
What We Are Hearing...	Actions We Are Taking...
“I turned in renewal (or data) but never heard back” or “I was told it was incomplete”	Counties catching up backlogs; SB22-235 Nov. Report; more county PEAK training; inviting people to reapply (85% get real time answer in PEAK); HCPF escalation process; member outreach targeting “failed to respond” and “incomplete verifications”
Need for PEAK and CBMS Improvements	Continual updates to PEAK and CBMS to improve member and user experience; JAI work; updating CBMS governance and transparency
Lack of PEAKPro Access	PEAKPro access is limited given budget and training constraints; providers can use PEAK leveraging authorized user options to help applicants – launching trainings on this option
Increasing uninsured	Raising awareness of other coverage/toolkits; educating employers via chambers; affordability work; catching up county backlogs; SB22-235 Nov. report for future capacity building

PHE & Unwind changes in Medicaid enrollment by populations plus, Where are they getting coverage now?

Medicaid expansion adults highest PHE growth

Based on limited insights available, those who lost Medicaid coverage now covered by:

- Expected volume to Medicare, Individual & returning to Medicaid
- Outliers: Uninsured responses. Lower Employer Sponsored Coverage re-engagement



NOTE: chart does not include “other Medicaid categories or LTSS, LTSS populations have special protections in place during case management stabilization.

Protecting Coverage for LTSS Members

Our top priority is protecting our most vulnerable members. We have several extra supports in place to help make sure LTSS members stay enrolled in Medicaid and their waiver:

- Leveraging HCPF Escalations Process
- Temporarily Pausing Terminations and Mitigating Future Terminations
- Reinstating Members (where necessary)
- Addressing Delays in Disability Determination
- Manually Processing Level of Care (LOC) and Approving Eligibility When an LOC is Not Current

LTSS enrollment is currently higher than prepandemic levels.

CO's CBMS Ecosystem Uses Modern Infrastructure, Technology and Updates

- CBMS screens/interface are built on Salesforce. July 2024 migration to Hyperforce.
- CBMS eligibility determination uses Corticon rules engine, updated 2023. 2025 upgrade to Micro Services.
- Amazon Web Services (AWS) data storage in the cloud with a regular cadence of operating system and hardware upgrades.
- Member facing online application and benefits portals: PEAK uses Lightning, which is Salesforce's latest framework. 2023 update. MyCO/MyCOBenefits app to manage food and cash assistance benefits via mobile devices is built on React. Yearly updates.
- PEAKPro simplified eligibility functions. Enhancements in three phases 2023-2024.
- Mulesoft for systems integration upgraded 2024 to CloudHub 2.0.

We don't know the current uninsured rate.

- CO Health Access Survey (CHAS): uninsured rate went from 6.5% prepandemic to 4.6% during the PHE.
- CO Health Foundation Pulse Survey June 2024: 6%
- We know the uninsured rate went up during the PHE Unwind based on provider feedback and member experience feedback. We don't know by how much.
- More robust data is coming to provide insights and ultimately the uninsured rate:
 - HCPF working with Colorado All Payer Claims Database to run another coverage analysis for people leaving Medicaid, available in Dec. for period thru June. Will be missing most self-insured employer data
 - CHI will conduct their CHAS in Spring 2025 with Fall 2025 results. This will be the official statistically significant data set to determine the new uninsured rate.

Other Work with Stakeholders and Members to Improve Eligibility Performance

- August 27 [PHE Unwind HCPF Panel](#)
 - 2100+ registrants
 - Panel included counties, Connect for Health, Colorado Health Institute and HCPF experts to discuss member and county experiences as well as actions to address opportunities
- Meeting with advocates, providers, counties and other partners to hear their concerns and discuss areas to work together to drive further improvements
- State led CBMS ecosystem education on current infrastructure, updates, procurement, priority projects, governance, processes
- PHE Website updates - [Colorado.gov/hcpf/ccu](https://colorado.gov/hcpf/ccu)

Questions?



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Forecasting Medicaid Enrollment Post Pandemic: National & Colorado Impacts

September 2024

Colorado's enrollment & cost per enrollee changes

During the Public Health Emergency (PHE), members did not lose coverage if they were no longer eligible because of the federal continuous coverage requirement. When the federal government called an end to the public health emergency 3+ years later, Colorado had to review everyone enrolled in Medicaid to determine if they still qualified (PHE Unwind). We took the time the Centers for Medicare and Medicaid Services (CMS) provided to do so - 12 months, or 14 months including noticing. Notices began in March 2023 for members with renewals due in May 2023, while the last group of renewals in the PHE Unwind were due in April 2024.

The forecast of Medicaid expenditure is driven by the dynamics of the PHE unwind. The two crucial components of the Medicaid forecast are the number of members that are covered by Medicaid and the cost per person. Both of these were in flux over FY 2023-24 due to the significant change in demographics as members were redetermined.

In Colorado, the number of members covered by Medicaid remained on track with the Department's previous forecast, **but the cost per member** was significantly higher than projected. This occurred because the acuity of the members who remained eligible after the PHE unwind was higher, leading to an increase in average utilization of services. This ultimately led to an over expenditure in the Medicaid and CHP+ service lines of over \$100 million General Fund in FY 2023-24.

Because Medicaid is an entitlement program, there is always the risk that expenditures will be higher than appropriations. The Department is currently forecasting expenditure for FY 2024-25 and FY 2025-26 and will take into account the higher per capita costs as part of that forecast.

What we are seeing in other states and payers

Other states and payers have seen similar increases in trends and expect increases in the coming years. On a recent call with other states' Medicaid offices, many states reported that the acuity of the members remaining on Medicaid was much higher than they expected and budgeted. This was leading to higher per capita costs and was listed as one of the leading drivers reported by states of upward budget pressures.

Several states have reported that they are running over budget due to Medicaid expenditures, including the following:

Improving health care equity, access and outcomes for the people we serve while
saving Coloradans money on health care and driving value for Colorado.

www.colorado.gov/hcpf



- New York’s Medicaid spending is running billions of dollars over budget¹
- Indiana had a \$1 billion shortfall in its Medicaid budget²
- Maryland approved \$148 million in budget reductions to address larger-than-expected demand for Medicaid and a state child care program³

According to a recent Mercer article,⁴ US employers expect a nearly 6% spike in health insurance costs in 2025 due to increased cost and higher utilization of medical services. Other major payers are also seeing high medical costs in 2024, including United Health and Aetna. The Centene Corporation, which is an intermediary for other state’s Medicaid managed care with more than 50% of their business in Medicaid, had higher-than-anticipated claims due to the acuity of membership that remains as redeterminations wrap up.

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¹ <https://www.empirecenter.org/publications/medicaid-spending-is-running-billions-over-budget/>

² <https://indianacapitalchronicle.com/2023/12/19/covering-1b-shortfall-in-medicaid-forecasting-means-dipping-into-reserves/>

³ <https://apnews.com/article/maryland-budget-cuts-governor-a75312265e0a02c9537c9da6609546d9>

⁴ <https://www.reuters.com/markets/us/us-employers-expect-nearly-6-spike-health-insurance-costs-2025-mercer-says-2024-09-12/>

