Alliance State Forum

April 18, 2024

COLORADO
Department of Health Care
Policy & Financing

Agenda

- LTSS Stabilization Plan
- CMA Transitions
- Rates
- Questions

LTSS Stabilization

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Current Challenges

1. **Inappropriate terminations** during the LTSS renewal process caused by procedural reasons such as missing or delayed processing of Level of Care
2. Missing **PARs** resulting in providers being unable to get paid
3. **CCM system** known issues
4. **Partner capacity** issues including CMA & County Backlog
5. Internal capacity to manage **escalation & appeals**

Inappropriate Terminations
Strategy: Mitigate LTSS terminations while system issues are resolved

1. A system change in CBMS went into effect on 4/13 to prevent financial eligibility terminations for **missing Level of Care (LOC)** while LOC is processed by the CMAs

   a. When eligibility is being determined, CBMS will apply a 12 month extension to the current LOC end date and will not terminate eligibility with that extension

      i. This does not mean that members no longer needs to meet LOC criteria

   b. When a new LOC is submitted by the CMA in the CCM Tool, CBMS will update the case with the new LOC

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Inappropriate Terminations
Strategy: Mitigate LTSS terminations while system issues are resolved

2. Instituted 'pend' status for all LTSS members still working through eligibility to ensure they will not be inappropriately terminated.

3. Submitted business requirement to pause all LTSS Terminations for all reasons for an additional 60 days to allow time for the CCM system updates and for CMAs/Counties to work thru the backlog.

4. Working through operations to verify that members have resumed the correct coverage to include outreach to terminated members.

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Prior Authorization Requests & Provider Payments
Strategy: Ensure providers are able to receive payment for services rendered to LTSS members

1. When there is not a waiver benefit plan in claims payment system from the CCM tool HCPF is manually extending the member's current benefit plan (e.g., HCBS BI - Brain Injury Waiver) for up to one year from the last benefit plan to allow payment to providers to process.

   a. 6,368 benefit plans added since 4/8 [Missing benefit plans reduced from 8,330 to 1,409].

   b. Evaluating remaining 1,409 members eligible for HCBS, missing benefit plan, & have no historic benefit plan and no PAR so the iC is unable to create the benefit plan.

Prior Authorization Requests & Provider Payments
Strategy: Ensure providers are able to receive payment for services rendered to LTSS members

2. Implemented a system fix to allow providers to bill even if an active PAR is not in the system.

3. Working on requirements to implement a longer term solution that will automatically generate a PAR based on prior PAR in the iC system, until the CMA uploads a new PAR

Claims editing and claims reprocessing have resulted in additional HCBS provider payments of $10.4M since 4/12 [apx. 45% of the total paid now have an active PAR]

Provisional Provider Payments

132
Provider Recipients

$17m
Distributed Across 2 Periods

Care & Case Management (CCM) System
Strategy: Resolve priority CCM system issues

1. Working on a short term solution to retrigger unprocessed 100.2 LOC certifications from CCM to CBMS

2. Created a final data clean-up action plan
   a. Implementing key stabilization system and operational changes into production on a bi-weekly release schedule

3. Post streamlined eligibility known issues are being worked
   a. Error codes being investigated & additional communication is forthcoming

4. Working on regular, ongoing communication on CCM stabilization

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Case Management Agency & County Capacity
Strategy: Provide Case Management Agencies (CMAs) & Counties with resources to be able to address current challenges

Case Management Agencies:

1. Developing & implementing CMA backlog reduction plans
2. Initiated monthly quality performance data reviews with CMAs
3. Allowed for virtual Level of Care assessments that are delayed or untimely due to impacts caused by CCM
4. Stabilization funding for CMAs to minimize impacts of CCM workload increases- Funds for FY24 & FY25
5. Pursuing ARPA HCBS grants for phase 3 outgoing agencies

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Case Management Agency & County Capacity
Strategy: Provide Case Management Agencies (CMAs) & Counties with resources to be able to address current challenges

Counties:

1. Finishing onsite visits and finalizing details for county renewal backlog reduction plans for the five large counties.

   a. Target due date for plans is 4/30.

2. Two EAP contractors are providing support to some counties (ex. processing cases).

Processing of Appeals & Escalations

Strategy: Resolve internal capacity and process concerns to expedite the escalation and appeals process.

Disability determination delays/challenges getting medical records

1. UCHealth waived prepayment requirement- 200 records released

2. Streamlined payment between disability vendor & hospitals

3. ARG is meeting weekly with HCPF on the backlog

   ○ Work on hand decreased 10% last week; 90+ day requests decreased by 44%

4. Recent county challenges with delays in submitting applications to ARG and entering completed determination into CBMS

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Processing of Appeals & Escalations
Strategy: Resolve internal capacity and process concerns to expedite the escalation and appeals process.

Escalations:

1. Operationalizing a small HCPF Back Office Team to assist with entering completed determinations into CBMS and to support escalated LTSS case work

2. Preparing to add text to the escalation form automated responses informing submitters that PHI can't be shared with anyone who isn't an Authorized Representative and/or has a HCPF Third Party Release Form.

   o Spanish version of the form is in progress.

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Communication & Resources

[LTSS Stabilization Webpage](#)

[Quick Guide - Benefit Plan & Program Aid Code](#)

[Member Complaints Page - Escalation Form](#)

CMRD Transition Process

Member Transitions Updates

- Case Management Redesign (CMRD) creates one Case Management Agency (CMA) for each of the 20 Defined Service Areas (DSA) and bases member affiliation to a CMA on member's county of residence, regardless of disability/waiver.
- Member transitions are phased
  - Phase 1: November 1, 2023
  - Phase 2: March 1, 2024
  - Phase 3: July 1, 2024

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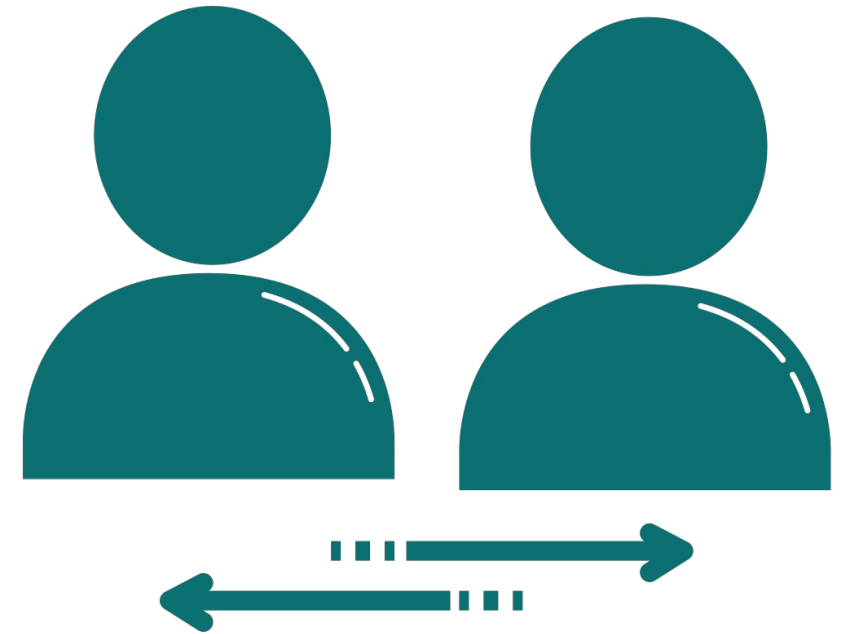
Member Transitions Updates

- All Private Case Management Agencies will transition their work to the Case Management Agencies serving the Defined Service Areas on July 1, 2024.

- On July 1, 2024, all members across the LTSS care continuum will be served by 15 agencies covering 20 Defined Service Areas.

- [View which agencies are transitioning in each phase](#)

- [View the current list of agencies](#)

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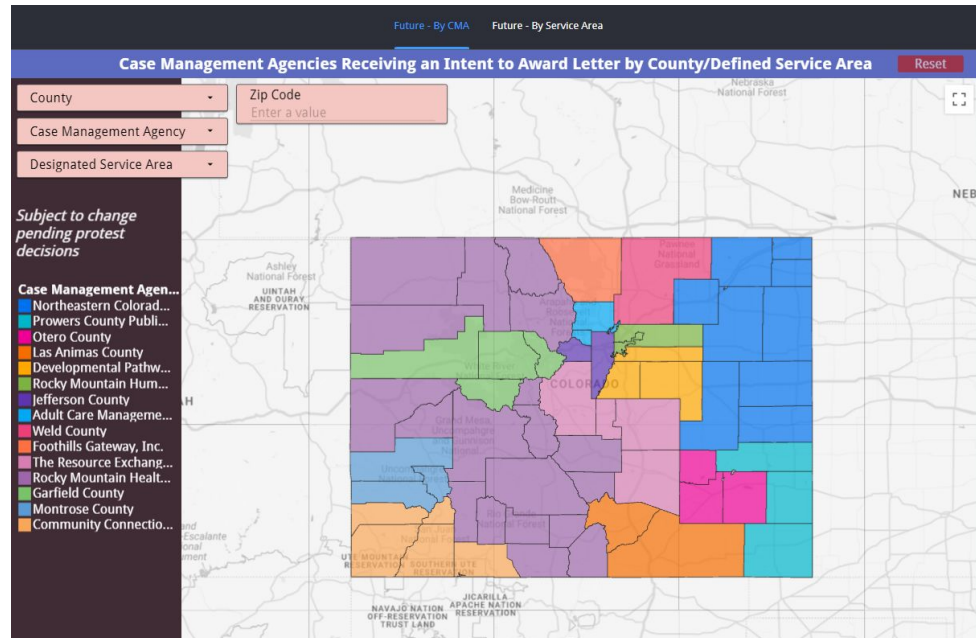
Defined Service Area (DSA) Transition agency Timeframes

Phase 1: August 1-October 31, 2023	Phase 2: November 1, 2023 – February 29, 2024	Phase 3: March 1-June 30, 2024

DSA 2- Prowers County Public Health

DSA 3- Otero County

DSA 5- Developmental Pathways (DP)

DSA 6- Rocky Mountain Human Services (RMHS)

DSA 11- The Resource Exchange (TRE)

DSA 13- Rocky Mountain Health Maintenance Organization, Inc (RMHP)

DSA 14- RMHP

DSA 17- RMHP

DSA 20- Community Connections, Inc. (CCI)

DSA 1- Northeastern Colorado Association of Local Governments (NECALG)

DSA 4- Las Animas County

DSA 9- Weld County

DSA 12- TRE

DSA 18- Rocky Mountain Health Maintenance Organization, Inc (RMHP)

DSA 19- Montrose County

DSA 10- Foothills Gateway, Inc.

DSA 7- Jefferson County

DSA 8- Adult Care Management, Inc.(ACMI)

DSA 15- Garfield County

DSA 16- Rocky Mountain Health Maintenance Organization, Inc (RMHP)
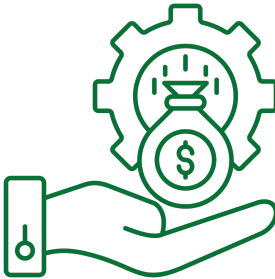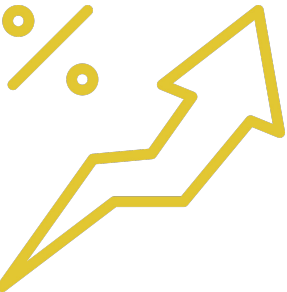
Rates Update

Rates

129 New DD Enrollment Resources

- HCPF is currently updating guidance on per capita allocations to reflect CMAs and number of enrollments for each Defined Service Area (DSA).
- This will also include capacity building funding for each enrollment.

Base Wage Increases

- $1.25/hr Statewide Base Wage Increase
- $1.00/hr Denver Base Wage Increase

2% Across The Board Increase

Complete Rate Sheet to Come Out in May/June

Questions

Discussion

Thank you!