



MEDICAL ASSISTANCE SITE – EARLY OPTIONS

Operations Committee – Early Review and Discussion

February 11, 2015

Background and Statement of Need

- As customers who seek financial assistance progress through the Eligibility Determination phase of their application, there are instances when a real time Medicaid denial can not be made and additional research and case work is required to complete their determination, using CBMS
- Additional core functions, such as Verifications require access to and in depth knowledge of CBMS
- Some subset of C4HCO customers, actually are deemed eligible for Medicaid during the eligibility, life change event and re-determination processes
- Currently, C4HCO's customers are being handled by a multitude of Medical Assistance Sites
- C4HCO wishes to provide more centralized and streamlined "MA" services to their customers, to increase satisfaction and decrease hand offs

Medical Assistance Site Responsibilities

- Utilize CBMS to determine eligibility for Medicaid and CHP+
- Process and authorize the eligibility determination within the processing timelines
- Submit monthly, quarterly, annual, and ad hoc reports to the Department
- Attend all CBMS and Departmental medical assistance trainings and mandatory meetings
- Respond to requests from the Department in a timely manner
- Accept and process all walk-in and mail-in applications in a timely manner
- Conduct internal quality improvement reviews on a monthly basis
- Respond to any audit or Medicaid Eligibility Quality Control (MEQC) request for case files
- Maintain copies of the active case files and non-active case files for three years
- Resolve any applicant/client issue in a timely manner
- Assist applicants/clients with voter registration as required by the National Voter Registration Act

MA Site Advantages and Disadvantages

	Advantages	Disadvantages	Issues Under Research
OPTION 1: Connect for Health Colorado becomes an Statewide Medical Assistance Site	<ul style="list-style-type: none"> • Ability to perform all work in CBMS related to our customers • Assignment in the PEAK inbox for customers entering through the C4 door. • Can grant CBMS read only access • Eliminates current concerns from SSA • Hire staff existing HCPF staff with CBMS experience • Able to closely monitor workload. 	<ul style="list-style-type: none"> • There are many unknowns making costs difficult to project. • Impact to the overall C4 organizational structure is difficult to project • The contract under HCPF could be cumbersome and require staff time that was not accounted for in staffing plans. • Have to hire CBMS experienced staff on an ongoing basis. • Additional audit and appeals demands. 	<ul style="list-style-type: none"> • Unknown if Reimbursement from HCPF will cover actual costs • What are the relationships between counties and MA sites and what position would counties take on this decision. • Can the State leverage federal matching funds for eligibility.
OPTION 2: Connect for Health Colorado contracts with an MA site, Colorado Access for example	<ul style="list-style-type: none"> • Resources dedicated to cases that currently are currently creating backlog • These MA sites have the experience, and some of the necessary equipment so start up could occur more quickly 	<ul style="list-style-type: none"> • Connect for Health Colorado does not have read only CBMS access. • Workload for subcontracting • Doesn't necessarily streamline as it still requires extensive collaboration with HCPF, Connect for Health and the MA site. • Unclear whether this addresses current challenges. 	<ul style="list-style-type: none"> • Unknown if Reimbursement from HCPF will cover actual costs • Where staff would be located • If staff not located at service center, does C4 lose read only CBMS access. • Can the State leverage federal matching funds for eligibility.
OPTION 3: Combination-Connect for Health Colorado becoming an MA Site and requiring that a limited number of Assistance Sites also become MA Sites.	<ul style="list-style-type: none"> • Resources dedicated to cases that are currently creating backlog • Four of our Assistance Sites are already MA sites • They have the experience, and some of the necessary equipment which limits start up impact. • Ability to perform all work in CBMS related to our customers 	<ul style="list-style-type: none"> • There are many unknowns making costs difficult to quantify. • Impact to the overall C4 organizational structure is difficult to completely project • The contract under HCPF could be cumbersome and require C4 staff time that was not accounted for in the C4 staffing. • Have to hire CBMS experienced staff on an ongoing basis. • Additional audit and appeals demands 	<ul style="list-style-type: none"> • Unknown if Reimbursement from HCPF will cover actual costs • What are the relationships between counties and MA sites and what position would counties take on this decision. • Can the State leverage federal matching funds for eligibility.

Operations Committee Discussion

- General discussion
- Impressions and guidance on next steps and feasibility