



MEDICAL ASSISTANCE SITE OPTIONS

April 2015

Background and Statement of Need

- **Top Reasons to be an MA Site:**
- As customers proceed through the Eligibility Determination phase and if they do NOT receive a RTE, C4-Brokers and HCGs have no way to intervene without CBMS access.
- Verifications require access to and in depth knowledge of CBMS.
- Simultaneous Enrollment can be more tightly controlled with end to end intervention ability.
- Currently, C4HCO's customers are being handled by a multitude of Medical Assistance Sites. We need to own the customer experience.

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.
- 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.
- General Counsel has reviewed the MA site contract and has no concerns.

Medical Assistance Site Responsibilities

	OPEN ENROLLMENT November - January	Enrollment Wrap Ups February - March	Life Change Event Enrollments April - October	TOTAL
Monthly Eligibility Applications (Assumes Expedited Pathway)	6,123	1,500	3,500	11,123
Monthly Eligibility Applications Processed Daily- 20 work days per month	102	38	25	
Number of Staff- 1.0 hour per Application	14.6	5.4	3.6	
Subtotal Costs	\$154,352	\$56,719	\$37,813	\$248,884
Verifications	6,000	2,000	3,500	11,500
Verifications to be Processed Daily- 20 work days per month	100	50	25	
Number of Staff	6.3	3.1	1.6	
Subtotal Costs	\$66,173	\$33,086	\$16,543	\$115,802
Medicaid Cases that Need further Review and Discussion				
Current Medicaid Applications (Based on Call Center Volume)	30,000	7,500	3,500	41,000
Current Medicaid to be Processed Daily	500	188	25	
subtotal FTE	71.4	26.8	3.6	
Subtotal Costs	\$756,257	\$283,596	\$37,813	\$1,077,666
TOTAL FTE	92.26	35.27	8.71	
TOTAL COSTS	\$822,430	\$316,683	\$54,356	\$1,193,468
Under Diversion of Some of the Current Medicaid Cases (Reduction of C4 Costs and FTE)				
Medicaid Applications	15,000	3,000	3,500	21,500
Medicaid to be Processed Daily	250	75	25	
subtotal FTE	35.7	10.7	3.6	
Subtotal Costs	\$378,129	\$113,439	\$37,813	\$529,380
Costs Not included: These Costs reflect Eligibility and Verifications FTE only. There are additional costs associated with supervision, audit and appeals that have not been included. There are also indirect costs to Connect for Health in the areas of Finance, Human Resources, Information Technology and Administrative Support. Additional Leased Space and Operating Costs may also need to be factored in.				

Option 1: MA Site Benefits and Risks

OPTION 1: Connect for Health Colorado becomes a Statewide MA site

Benefits

- Gain oversight of cases and expand ability to closely monitor workload.
- Assignment in the PEAK inbox for marketplace customers.
- Funding through HCPF and marketplace revenue could offset cost of staff.
- Could hire current HCPF contractors as and they will have access to additional tools as Connect for Health Employees.
- Continued and expanded access to CBMS to perform all work related to our customers and ability to grant read only access.

Risks

- Projections based on volumes and productivity – changes will impact projected costs.
- Impact to the organizational structure at Connect for Health Colorado is difficult to project including HR, finance, audit and appeals as well as other direct costs such as leased space and infrastructure costs.
- Recruiting and retaining necessary FTE.

Option 2: MA Site Benefits and Risks

OPTION 2: Connect for Health Colorado contracts with an MA site

Benefits

- Contractor will have the ability to perform all work in CBMS related to our marketplace customers.
- Existing MA sites have knowledge and experience shortening the start up time.
- One centralized MA site for all marketplace customers.

Risks

- Whether Connect for Health Colorado may retain read only access in CBMS if MA site responsibilities are contracted out.
- Requires extensive collaboration between all parties (MA site, Connect for Health Colorado, HCPF).
- Projected Volume of Cases changing causing costs to rise.

What We Need from the Board

- Weigh in on Option
- Understand current contract with HCPF ends 5/15
- Support Medicaid deflection initiatives
- Support cost allocation effort