







MEDICAL ASSISTANCE SITE OPTIONS UPDATE TO 4/15/15

April 28,2015

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



What If We Do Nothing?

If Connect for Health Colorado does not have a formalized function as a Medical Assistance Site:

- All customers who do not receive a Real Time Eligibility determination will be handled by one of 64 counties
- C4HCO will need to coordinate with multiple parties (counties, HCPF, MA Sites) to help customers
- Timeliness that effects coverage and carrier liability will be too challenging
- Lack of coordination and control impacts enrollment and sales
- C4HCO will not be able to complete Verifications
- Service center costs will remain high

Medical Assistance Site Responsibilities

| | OPTION 1- CURRENT STATE | | | | | OPTION 2- Medicaid Eligibility with Coordinated Referral Strategy | | | |
|--|---|--|--|-------------|---|---|--|--|-------------|
| | OPEN ENROLLMENT November - January | Enrollment Wrap Ups February - March | Life Change Event Enrollments April - October | TOTAL | | 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 | | 6,123 | 1,500 | 3,500 | 11,123 |
| Monthly Eligiblity Applications Processed Daily- 20 work days per month | 102 | 38 | 25 | N/A | | 102 | 38 | 25 | N/A |
| Number of FTE 1.0 hour per Application | 14.6 | 5.4 | 3.6 | N/A | | 14.6 | 5.4 | 3.6 | N/A |
| Subtotal Costs (2080/12=173 hours per month*FTE*# of Months*\$20.40 per hour) | \$154,352 | \$56,719 | \$37,813 | \$248,884 | | \$154,352 | \$56,719 | \$37,813 | \$248,884 |
| Verifications | 6,000 | 2,000 | 3.500 | 11.500 | + | 6.000 | 2.000 | 3,500 | 11.500 |
| Verifications to be Processed Daily- 20 work days per month | 100 | 50 | 25 | N/A | T | 100 | 50 | 25 | N/A |
| Number of Staff (15 minutes per verification16 verifications per day) | 6.3 | 3.1 | 1.6 | N/A | | 6.3 | 3.1 | 1.6 | N/A |
| Subtotal Costs (2080/12=173 hours per month*FTE*# of Months*\$20.40 per hour) | \$66,173 | \$33,086 | \$16,543 | \$115,802 | | \$66,173 | \$33,086 | \$16,543 | \$115,802 |
| Case Maintenance (50% of Total Cases- 11,367) - Spread over full year more evenly as this will not be high volume in open enrollment. 11,367/12= 947 per month | 2,841 | 1,894 | 6,629 | 11,364 | | 2,841 | 1,894 | 6,629 | 11,364 |
| Total Hours - (2 case maintenance per person / 45 min per case maintenance) | 4,262 | 2,841 | 9,944 | n/a | | 4,262 | 2,841 | 9,944 | n/a |
| Case Maintenance to be Processed Daily- 20 work days per month | 71 | 71 | 71 | n/a | | 71 | 71 | 71 | n/a |
| Subtotal FTE (assumes 25 minutes per - 16 per day per FTE) | 4.4 | 4.4 | 4.4 | n/a | | 4.4 | 4.4 | 4.4 | n/a |
| Subtotal Costs (2080/12=173 hours per month*FTE*# of Months*\$20.40 per hour) | | \$46,999 | \$46,999 | \$140,997 | | \$46,999 | \$46,999 | \$46,999 | \$140,997 |
| Medicaid Cases that Need further Review and Discussion (Cost not incurred by Connect for Health Colorado under Option of contracting with existing MA site) | | | | | | | | | |
| Current Medicaid Applications | 25,000 | 7,500 | 3,500 | 36,000 | | 15,000 | 3,000 | 3,500 | 21,500 |
| Current Medicaid to be Processed Daily | 417 | 188 | 25 | N/A | | 250 | 75 | 25 | N/A |
| subtotal FTE | | 26.8 | 3.6 | N/A | | 35.7 | 10.7 | 3.6 | N/A |
| Subtotal Costs (2080/12=173 hours per month*FTE*# of Months*\$20.40 per hour) | \$630,214 | \$283,596 | \$37,813 | \$951,624 | | \$378,129 | \$113,439 | \$37,813 | \$529,380 |
| TOTAL FTE | 80.4 | 35.3 | 8.7 | | | 44.2 | 8.7 | 8.7 | |
| TOTAL COSTS | | \$420,401 | \$139,168 | \$1,457,307 | | \$645,652 | \$250,243 | \$139,168 | \$1,035,063 |
| Subtotal without Medicaid Cases | +, | \$136,805 | \$101,355 | \$505,683 | # | | \$136,805 | \$101,355 | \$505,683 |
| Costs Not included. These Costs while to Distribute and Verification CTC only. They are additional agent associated with any are the strictly and the strictly are strictly and the strictly are strictly and the strictly are strictly and the stri | | | | | | | | | |

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
- MA Site can work/accept all general Medicaid cases
- One centralized MA site for all marketplace customers

Risks

- Still finalizing Connect for Health Colorado's access to read only 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; must have strategic referral processes

What We Need from the Board

- Support Option 2
- Understand current contract with HCPF ends 5/15
- Support Medicaid strategic referral initiatives
- Support cost allocation efforts

