



OFFICE OF THE STATE AUDITOR



September 30, 2021

KERRI L. HUNTER, CPA
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STATE AUDITOR

MEDICAID CLIENT CORRESPONDENCE PERFORMANCE AUDIT – STATUS REPORT

Members of the Legislative Audit Committee:

Attached is the status report from the Department of Health Care Policy and Financing (Department) on the implementation of recommendations contained in the Office of the State Auditor's (OSA) September 2020 *Medicaid Client Correspondence Performance Audit*.

OSA REVIEW OF DOCUMENTATION

As part of the status report process, we requested and received supporting documentation for each recommendation that the Department reported as having been implemented. Specifically, we reviewed the following documentation:

- Information from the Department's project management tracker developed to track and prioritize correspondence items for review and revision.
- Agendas and notes from weekly Member Experience Advisory Council (MEAC) meetings.
- Procedure updates to ensure the accuracy and completeness of eligibility site contact information in client correspondence issued from the Colorado Benefits Management System (CBMS).
- Training materials provided to caseworkers about best practices for entering user notes in CBMS that get pulled into client correspondence.

Based on our review, the supporting documentation substantiates the Department's reported implementation status.

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COLORADO
Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

September 2, 2021

Kerri L. Hunter, CPA
State Auditor
Colorado Office of the State Auditor
1525 Sherman St., 7th Floor
Denver, CO 80203

Dear Auditor Hunter:

In response to your request, we have prepared the attached status report on the implementation status of audit recommendations contained in the *Medicaid Client Correspondence Performance Audit*. The report provides a brief explanation of the actions taken by the Department of Health Care Policy and Financing to implement each recommendation.

If you have any questions about this status report and the Department of Health Care Policy and Financing's efforts to implement the audit recommendations, please contact Christine Bickers at 303-866-3259 or Christine.Bickers@state.co.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'KB', is written over a light blue horizontal line.

Kim Bimestefer
Executive Director



AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Medicaid Client Correspondence Performance Audit (September 2020)
AUDIT NUMBER	1936P
AGENCY	Department of Health Care Policy and Financing
DATE OF STATUS REPORT	9/2/2021

SECTION I: SUMMARY

REC. NUMBER	AGENCY'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
1a	Agree	July 2021	Implemented	November 2020
1b	Agree	July 2021	Implemented	November 2020
2a	Agree	July 2021	Not Implemented	December 2022
2b	Agree	July 2021	Implemented	February 2021

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 1A

The Department of Health Care Policy and Financing should continue to strengthen its ongoing Medicaid client correspondence improvement efforts by:

- a. Identifying the population of all templates that are used to generate Medicaid client correspondence and developing a system for the prioritization, review, and update of these templates.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	November 2020
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AGENCY UPDATE

In the Fall of 2020, we built a project management tracker for all items. We identified 143 templates going out of CBMS and developed processes for prioritization, review and revision. We reviewed all items and have identified which are obsolete, items not specific to the Medical Assistance program, items we are unable to change and items that duplicate other letters. We have narrowed down the inventory to 79 active items. We have reviewed all items for plain language and content. We have done first revision drafts for 75 items and have done member testing on 29 of these drafts.

RECOMMENDATION 1B

The Department of Health Care Policy and Financing should continue to strengthen its ongoing Medicaid client correspondence improvement efforts by:

- b. Expanding routine monitoring activities to include the systematic testing of correspondence actually sent to Medicaid clients, including establishing a frequency to ensure the identification of issues in a timely manner, and providing results back to the process improvement ownership team for evaluation, prioritization, and implementation of appropriate remedies.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	November 2020
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AGENCY UPDATE

In the Fall of 2020, we convened a special weekly Member Experience Advisory Council (MEAC) to review CBMS correspondence. This group has reviewed 29 of the revision drafts to date. The group has also reviewed letters currently being sent through CBMS. We gain valuable insights around language, format, branding and letter impact from these groups. Results of MEAC sessions are taken into consideration for the next draft and shared with appropriate collaborators in the revision process. We have set a tentative schedule for letter draft reviews through December 2021.

RECOMMENDATION 2A

The Department of Health Care Policy and Financing should use information about the sampled client notices reviewed as part of this audit to:

- a. Make necessary programming changes to the Colorado Benefits Management System (CBMS).

CURRENT IMPLEMENTATION STATUS	Not Implemented	CURRENT IMPLEMENTATION DATE	December 2022
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AGENCY UPDATE

We have verified the federal requirements for providing 95 days instead of 90 as a due date for members and have initiated a project for the system to apply this appropriately. This project is scheduled and on track for October 2021. The research for the system design on the number of noticing days provided to members was postponed and currently scheduled for no later than December 2022. These delays are a result of the prioritization and workload associated to the requirements for Medicaid for COVID. Directing resources to COVID Medicaid requirements has created a backlog in resources and system enhancements/updates for other priorities including audit recommendations.

RECOMMENDATION 2B

The Department of Health Care Policy and Financing should use information about the sampled client notices reviewed as part of this audit to:

b. Inform guidance and training for county caseworkers, as appropriate.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2021
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AGENCY UPDATE

A workgroup was established regarding user notes on correspondence and the system was updated to make the notes member friendly and minimize the need for workers to enter notes. A training document was sent out to all workers in January 2021 providing guidance best practices for entering user notes.

We partnered with our sister agencies Colorado Department of Human Services (CDHS), Governor’s Office of Information Technology (OIT), Deloitte (CBMS vendor) and our county partners between October 2020 through February 2021 to implement solutions to improve client correspondence and county caseworker input. In October 2020 a communication (Operational Memo OM20-094) was sent out to eligibility sites providing guidance to ensure contact information was updated for their respective county for correspondence. Each county that had missing contact information was individually contacted to make appropriate corrections. System logic was implemented in February 2021 to proactively identify if blank information (contact information or other information) are within correspondence and immediately fix it prior to sending to clients.