



Colorado Covering Kids and Families

CKF Quarterly Coalition Meeting
Wednesday, January 13, 2016

Attendees	CKF Staff and Guests Present
Laurel Petralia, Delta Dental	Kristen Pieper, CKF
Rachal Valasquez, Centura Health Links	Sitora Rashidova, CKF
Anna Brown-Cohen, Centura Health Links	Jess Rosenthal, CKF
De'nese McGee, Children's Hospital Colorado	Josh Montoya, HCPF
Emma Lamothe, Mile High Health Alliance	Crestina Martinez, HCPF
	Emily Johnson, CHI
On the phone:	
Charlotte M. Simmons, Tri County Health/Healthy Communities	
Ruby Loya, River Valley Family Health Center	
Eileen Hunt, Broomfield County	
Becky Richmond, Kit Carson County	
Veronica Martinez, Weld county health department	
Carol Korgan, Weld County Healthy Communities	
Jennifer Baeza, Peak Vista CHC	
Gloria Gonzales, Weld County Healthy Communities	
Pamela Doyle, Centura	
Michelle Hiigel, Prowers county public health	
Monica Cruz, Garfield County	
Whitney Kerr, Rocky Mountain Youth Clinics	
Sharon Medina, Healthy Communities	
Millie Dawson, Boulder county	
Mark Lieberman, Denver Health	

Agenda Item	Discussion	Action/Follow-Up
Meeting Recording	A recording of this meeting will be available until April 13, 2016.	
County Grant and Incentive Program Overview – <i>Josh Montoya and Crestina Martinez, Colorado Department of Health Care Policy and Financing</i>	<p>View slides from this presentation here.</p> <p>Role of the Counties Eligibility determination functions of the counties are written in state statute. Colorado has a state supervised, county administered system for Medical Assistance (MA) eligibility determinations. This system allows counties to tailor their programs based on local and political realities.</p> <p>County Incentive Program Budget request R6 – 2013 used some of the existing county administration funding to create an incentive program that encourages increased county eligibility processing performance and community collaboration. Prior to this, there was no binding document between the Colorado Department of Health Care Policy and Financing (HCPF) and counties for fulfilling eligibility functions.</p> <p>HCPF funding makes up for only nine percent of the human services funding and there is a need to be cognizant that counties have competing priorities in their work.</p> <p>Incentives for counties change every year, and changes are made in conjunction with the counties, and HCPF is open to suggestions for future incentives.</p> <p>Q: How does HCPF support counties that do not meet the timeliness standard? A: Although this has not been necessary, vendors may go to counties and help them become more efficient and operate better. Counties are able to track their data and monitor their performance. The incentive program is also used as way to find innovative ways to improve performance. For example, Northwest Colorado hired an individual who can temporarily fulfill functions of unfilled vacancies, so that the time it takes to hire and train someone does not impact performance of the county overall. Unfilled vacancies can have a significant impact on the performance of smaller counties because of their more limited resources. Counties have significantly improved performance while dealing with increased caseloads.</p>	

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	<p>Q: How can organizations express their interest in collaborating with their counties? A: Collaboration may look different in different communities and will depend on each county. Reaching out to the county and expressing interest in working together would be a good starting point.</p> <p>Q: Is there a way for MA sites and Certified Application Assistance Sites (CAAS) to participate in the incentive program? A: The budget request for the incentive program shifted funding already allocated to counties and is specific to counties. Opportunities for other eligibility entities may be available in the future, depending on funding.</p> <p>Q: In the same budget request, there was an item related to proposing MA site funding; can you provide an update on this? A: The Centers for Medicare & Medicaid Services (CMS) is still reviewing the MA site funding mechanism.</p> <p>Q: Will results of the incentive program be public? A: Yes. All of the information related to this program is available on HCPF’s county administration resources website.</p> <p>In addition, to stay up-to-date, sign up for County Connections, along with other HCPF publications, here.</p> <p>Q: Has annualized income been approved? A: HCPF is working on implementing annualized income for Modified Adjusted Gross Income Medicaid and Child Health Plan <i>Plus</i> (CHP+) eligibility determinations. This was included in the state budget approved in the last legislative session. This change will only be applicable to certain populations.</p>	<p>Update: CMS recently approved the MA site funding and HCPF shared more information at the January 22 Agency Partners Work Group meeting. Click here for the notes.</p>
<p>Eligible But Not Enrolled Data – <i>Emily Johnson,</i> <i>Colorado Health Institute</i></p>	<p>View slides from this presentation here.</p> <p>The 2015 eligible but not enrolled (EBNE) report from the Colorado Health Institute (CHI) analyzes residents who are uninsured even though they may be eligible for Medicaid, CHP+, or subsidized private insurance through Connect for Health Colorado. The report looks at Coloradans under the age of 65. The report is based on caseload reports from HCPF, metrics from Connect for Health Colorado, and the</p>	

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	<p>American Community Survey.</p> <p>An algorithm was developed to better predict whether someone is undocumented based on characteristics associated with those who are undocumented.</p> <p>EBNE rates were highest for CHP+ and Advanced Premium Tax Credits (APTCs). This could be due to the newness of APTCs and costs associated with APTCs and CHP+ (i.e. monthly premiums and enrollment fees). The average cost of a bronze plan in Colorado was \$127, while a CHI survey found that most people do not want to pay more than \$99 per month for health insurance.</p> <p>CHP+ data does not include eligible adults because of the small sample size and the difficulty of identifying pregnant women.</p> <p>Adults have the highest EBNE rate; enrolled kids are driving the low EBNE rate for Medicaid. The EBNE rate for children was 11 percent prior to the Affordable Care Act, and is now at five percent. This is evidence of the “welcome mat” effect, when parents who are enrolling are getting their kids enrolled, too. The “welcome mat” is not seen in CHP+ and this could be because non-pregnant adults are not eligible for CHP+.</p> <p>EBNE individuals are more likely to be young adults, Hispanic, and have a high school diploma; similar to disparities that exist in insurance status.</p> <p>Q: When calculating the EBNE number for CHP+, did CHI take the removal of the “stair-step” into consideration (i.e. in January 2013, children between six and 18 with household incomes at or below 133 percent of the Federal Poverty Level moved from CHP+ to Medicaid)? A: Yes.</p> <p>Three out of four remaining uninsured kids could be eligible for one of the programs, but there could be a reverse “welcome mat” for mixed immigration status households.</p> <p>Although eligibility for programs was expanded, the growth in enrollment surpassed</p>	

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	the EBNE rate for Medicaid and CHP+.	
CKF Updates	<p>Feedback on Draft Training Curriculum Since the implementation of health care reform, CKF has been consistently hearing about the need for comprehensive training on all health insurance affordability programs for all assisters. CKF has been working with HCPF and Connect for Health Colorado to integrate existing training resources from both agencies into one comprehensive, uniform, baseline training curriculum to be made available to all assisters including Health Coverage Guides, Certified Application Counselors, brokers, MA sites, CAAS, Presumptive Eligibility sites, Denver Health’s Contracted Medical Assistance Program, county eligibility technicians, and customer service center representatives.</p> <p>CKF created the first draft of the curriculum outline and would like to gather feedback from coalition members. CKF has also convened an assister work group to work more closely on the project.</p> <p>NOA Desk Aid and Webinar A recording of HCPF’s Notice of Action (NOA) webinar is now available. The webinar walks through the recently released NOA Desk Aid to help assisters better understand how to read the NOA and explain it effectively to clients.</p>	<p>To get involved with CKF’s integrated training work and to provide feedback on the draft curriculum, contact Sitora Rashidova at sitora@cchn.org.</p>
Coalition Member Updates	<p>CHP+ Dental Outreach Materials Now Available Delta Dental of Colorado administers CHP+ dental benefits. Children covered under CHP+ have \$1,000 of allowable benefits per calendar year (Jan. 1 – Dec. 31). There are no out-of-pocket costs or copayments for dental exams, cleanings, or sealants, but they do count against the annual benefit maximum. Unfortunately, many parents are not aware of the CHP+ benefits, and as a result, many benefits go unused each year. Delta Dental created a new flyer, as well as a comprehensive oral health and wellness library, to help educate parents about the CHP+ dental benefits.</p>	
Next Meeting	Wednesday, April 13, 2016, from 9:00 to 10:30 a.m.	