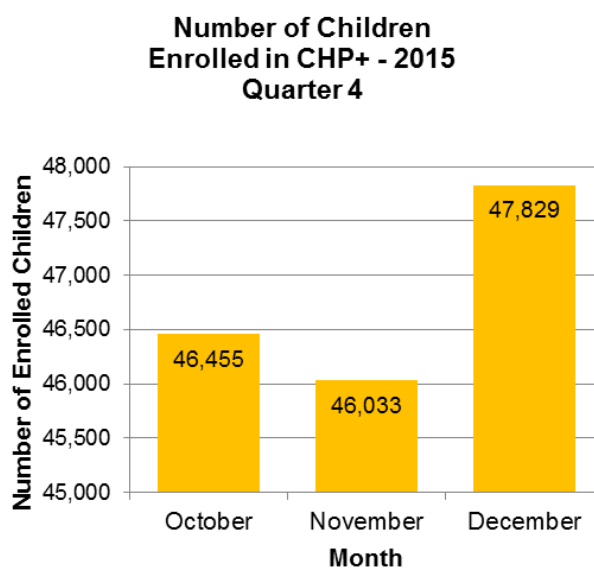
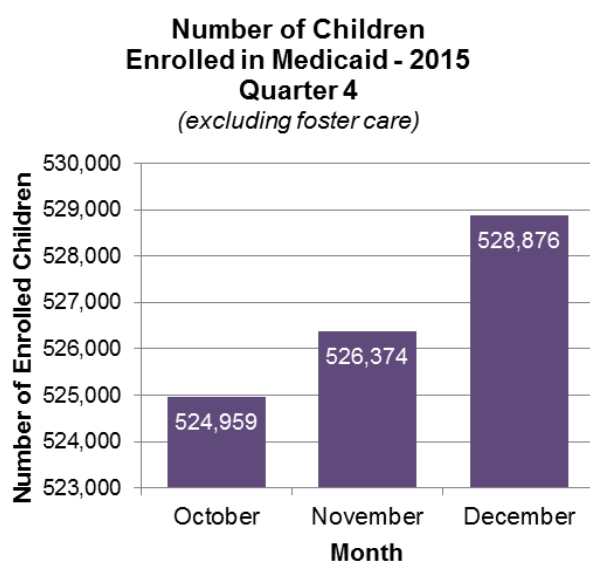


Colorado Children's Medicaid and CHP+ Enrollment Report – 2015 Quarter Four and Year in Review

Colorado Covering Kids and Families' (CKF) quarterly enrollment reports illustrate children's enrollment changes in Colorado's Medicaid and Child Health Plan Plus (CHP+) programs and identify corresponding legislation, rule changes, and other factors that may have contributed to an increase or decrease in enrollment. The enrollment data used for this report comes from the Colorado Department of Health Care Policy and Financing's (HCPF) [Premiums, Expenditures and Caseload Reports](#). Previous quarterly enrollment reports can be found on the CKF website at ckf.cchn.org/quarterly-enrollment-reports.

2015 Quarter Four Enrollment

In the fourth quarter of 2015, **children's enrollment in Medicaid and CHP+ increased by 5,291**, or 0.9 percent. Between October and December the caseload for children's Medicaid increased by 3,917 (a 0.7 percent increase) and CHP+ caseload increased by 1,374 (a 3.0 percent increase). Although CHP+ enrollment increased overall, the increase is due to December's **1,796 enrollments**, rather than an upward trend over the whole quarter.



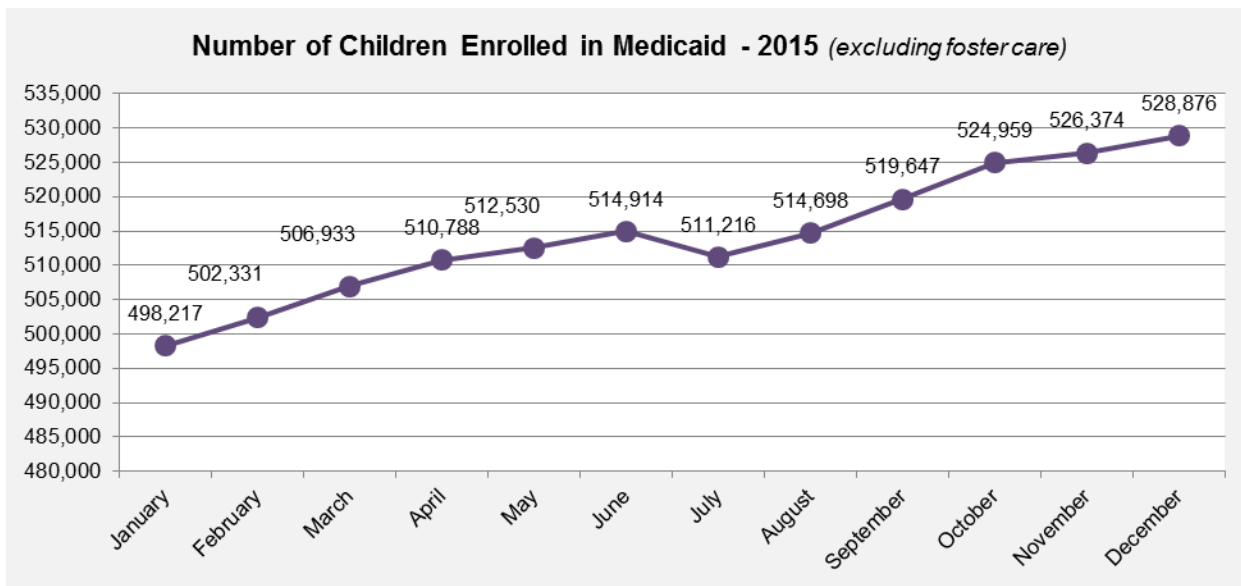
Children's Medicaid and CHP+ Enrollment in 2015

Between January and December 2015, Medicaid enrollment increased by a total of 30,661 children, while CHP+ enrollment decreased by 4,128 children. Combined, **children's enrollment in both programs increased by a total of 26,533**. At the end of December, there were **576,705 children enrolled in Medicaid and CHP+**.

Medicaid Enrollment

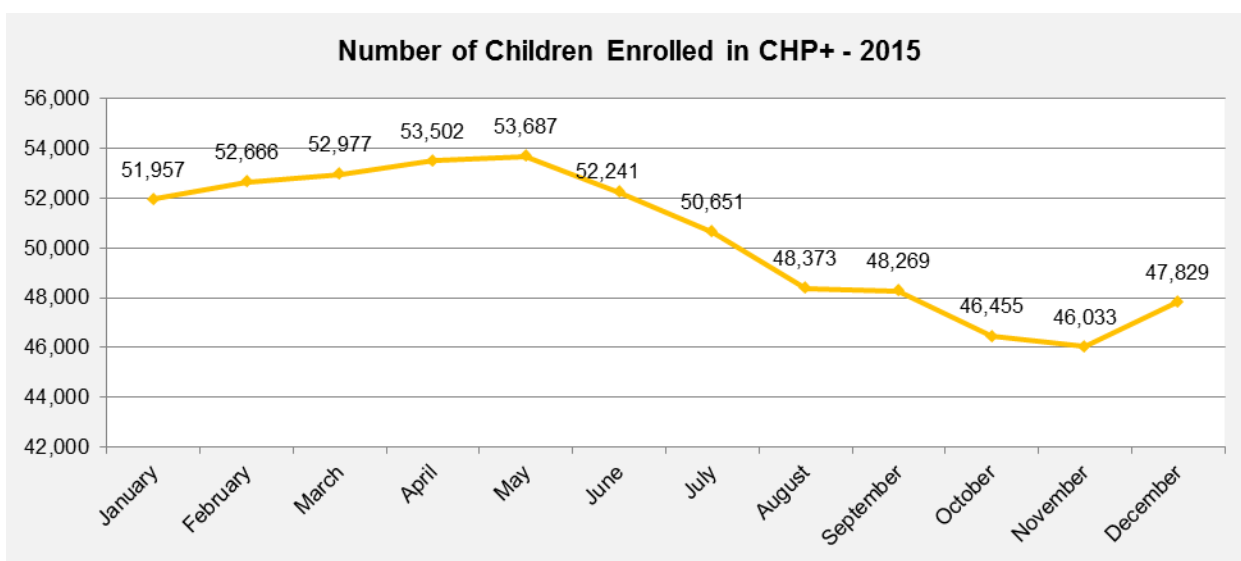
Over the year, children's Medicaid enrollment grew by **6.2 percent**. This growth rate was significantly smaller than the children's Medicaid growth rates in 2014 (15.2 percent) and 2013 (14.1 percent). This may indicate that more eligible children were enrolled in Medicaid as a result of heavy outreach tied to the Affordable Care Act at the end of 2013 and in 2014.

Every month in 2015, except for July, showed positive growth in children’s Medicaid caseload. In July, enrollment decreased by 3,698 marking the first decrease in children’s Medicaid enrollment since October 2013. Notably, other Medicaid eligibility categories (e.g. Modified Adjusted Gross Income Medicaid adult) did not have similar decreases in enrollment in July; the one-time decrease in Medicaid enrollment in July is child-specific.



CHP+ Enrollment

In December 2015 there were **4,128 fewer children enrolled in CHP+** than in January 2015, a loss of **7.9 percent**. This was the third consecutive year that CHP+ enrollment decreased over the course of the year; in 2014, CHP+ enrollment decreased by 12.7 percent and in 2013, enrollment decreased by 25 percent (however the majority of this decrease was a result of the children moving to Medicaid because of Medicaid eligibility expanding).



Although CHP+ enrollment had an upward trend from January through May (growing by 1,730) the trend between May and November showed a loss of 7,654 CHP+ enrollments. Only in December did enrollment again begin to rise with 1,786 new enrollees.

HCPF reports enrollment data for CHP+ within two income ranges; those between 139 and 205 percent of the Federal Poverty Level (FPL) and those above 205 percent FPL to 260 percent FPL. **The loss of CHP+ enrollment is occurring more rapidly in the lower income levels** which experienced a drop of 9.0 percent, while the higher CHP+ income levels dropped by only 5.5 percent.

Potential Impacts on Children's Medicaid and CHP+ Enrollment in 2015

Although it is difficult to identify causal relationships between events and changes in Medicaid and CHP+ caseload, some things that may have impacted children's enrollment in 2015 include:

- **End of MAXIMUS Contract:** In May and June 2015, the Eligibility and Enrollment Medical Assistance Program contract duties, which had been performed by the vendor MAXIMUS, were transferred to county departments of human/social services and Denver Health's new office of Medical Assistance Program Services. It is possible that in transferring duties, some tasks began to be performed differently possibly contributing to the dip in children's Medicaid enrollment in July, and/or the decline in CHP+ enrollment beginning in June.
- **Problem with Online Client Correspondence in July:** The online Colorado Program Eligibility and Application Kit Mail Center was not available to clients between July 9 and July 28, and clients were unable to view client correspondence requesting eligibility verifications during this time. It is possible that some clients were terminated incorrectly, and this was captured in the caseload report for July, although impacted clients should have had their enrollment reinstated in the next month.
- **Improving Economy:** The drop in CHP+ enrollment could be indicative of Colorado's recovering economy from the economic downturn several years ago. As families earn more money, fewer may be eligible for CHP+.
- **Continuous Eligibility:** The higher decline of CHP+ enrollment in the lower-income ranges for CHP+ may indicate children on the cusp of Medicaid were not successfully able to stay enrolled in CHP+ despite safeguards like 12-month continuous eligibility, a policy that is meant to ensure 12 months of coverage in one program. Changes to continuous eligibility were implemented in CBMS at the end of October and December. According to stakeholders, the changes made in December may have fixed problems with the functionality of continuous eligibility.
- **Children Incorrectly Enrolled into Medicaid Buy-In Program:** As a result of a change to CBMS in June, some CHP+-eligible children were being incorrectly enrolled into the Medicaid Buy-In Program for Children with Disabilities. This was resolved in December when clients impacted by the issue were identified and redetermined as part of a system update, resulting in higher CHP+ enrollment that month.
- **Open Enrollment Period:** The open enrollment period for private health insurance began on November 1. Although Medicaid and CHP+ do not have open enrollment periods, the increase in CHP+ enrollment in December may be tied to families seeking health coverage at the end of the year.

Looking Forward

- **Continued focus on children's CHP+ enrollment.** The [Colorado Health Institute's 2015 Colorado Health Access Survey](#) (CHAS) reports that the percentage of children who were eligible for CHP+ but not enrolled grew to 34 percent in 2014. CBMS enhancements implemented in December 2015 were intended to fix some problems related to continuous eligibility for CHP+. If this systems change was effective, CKF anticipates that CHP+ enrollment may stay level or grow in 2016 since there seems to be a sizeable number of children eligible for CHP+ but not enrolled.
- **New Medicaid Management Information System.** Colorado is planning to implement a new Medicaid Management Information System (MMIS), HP interChange, in November 2016. Because CHP+ enrollment is currently handled in MMIS, CKF will monitor the vendor and systems transfer, and work to ensure that CHP+ enrollment is not hampered.
- **Children's Medicaid enrollment expected to slow.** According to the CHAS, the percentage of all Colorado children who are uninsured is just 2.5 percent, and the percentage of children who are eligible for Medicaid but not enrolled is at an all-time low of 5.0 percent. With so few children remaining eligible for Medicaid but uninsured, CKF anticipates that growth in children's Medicaid enrollment will continue to slow.
- **Eligibility system updates on the horizon.** In June 2016, changes to CBMS are anticipated that will provide more specification about the immigration statuses of lawfully present children and pregnant women who are eligible for Medicaid and CHP+ without the five-year waiting period. Other changes are planned to implement a new income methodology for some Medicaid and CHP+ applicants with income from self-employment, commission-based employment, and/or seasonal employment. Although these changes should expand eligibility to even more children, CKF does not expect that the increases in eligibility will result in large enough increases to be noticeable within the caseload reports. However, CKF will monitor the implementation of these systems changes for unintended consequences on enrollment.
- **Future of CHP+.** HCPF has begun discussions with stakeholders to determine the state's best path toward ensuring that children and pregnant women enrolled in CHP+ will not experience a loss of coverage if federal funding for the Children's Health Insurance Program is not authorized beyond September 2017. CKF will continue to be an active participant in these discussions.
- **2016 election and ballot initiatives.** The results of the 2016 elections will decide a new president and may change the players in Congress and the Colorado General Assembly who determine funding and program structure for Medicaid and CHP+. Proposed state ballot initiatives may also impact the state's Medicaid and CHP+ programs. CKF will monitor these outcomes to protect the advances Colorado has made on children's health coverage.

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