



Colorado Covering Kids and Families

Coalition Meeting
Thursday, April 21, 2016

Agenda Item	Discussion	Action/Follow-Up
Meeting Recording	A recording of this meeting will be available until May 19, 2016.	
Annual Coalition Survey Results	CKF sends a survey to the project’s coalition members each year. CKF provided an overview of how last year’s survey results shaped the project’s work and the results of this year’s survey by discussing these documents: <ul style="list-style-type: none"> • How the Results of the 2015 Annual Survey Impacted CKF's Work • 2016 Annual Survey Analysis 	
Enrollment Discussion	<p>How Can the O&E Community in Colorado Increase Enrollment in APTCs and CSRs?</p> <p>In March, the Centers for Medicare & Medicaid Services (CMS) released a December 31, 2015 Effectuated Enrollment Snapshot which provides national and state-level data on effectuated coverage in Marketplaces, including Colorado (“effectuated” means individuals who paid their premiums and had an active policy at the end of December 2015).</p> <p>According to the report:</p> <ul style="list-style-type: none"> • Colorado has the third lowest percentage of enrollment with Advanced Premium Tax Credits (APTCs) of any state at 56.2 percent. The only states lower are Washington, D.C. at 8.9 percent, and Minnesota at 55 percent. The national average is 85 percent. • Colorado’s percentage of enrollments with Cost Sharing Reductions (CSRs) is also much lower than the national average with only 26.9 percent of enrollees getting CSRs compared to 56.4 percent nationally. • The average APTC per month in Colorado is lower at \$235 compared to the national average of \$272. • Colorado has a much higher enrollment in bronze plans (41 percent), and much lower enrollment in silver plans (47 percent) than the national average. Nationally, 20 percent are enrolled in a bronze plan, and 68 percent are enrolled in a silver plan. (As a reminder, enrollees need to be enrolled in a silver plan to get CSRs.) 	

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	<p>Based on the information provided in this enrollment snapshot, it seems like Colorado could be doing a much better job of enrolling people in plans with APTCs and CSRs. Why do you think that Colorado has a lower enrollment in APTCs and CSRs? What barriers do you see? What solutions do you see to increase enrollment?</p> <ul style="list-style-type: none"> • More education on the benefits of silver plans is needed. Clients are attracted to the low cost of bronze plans. • Marketplace enrollees could have higher incomes and may not qualify for APTCs and CSRs. • Colorado could simply have a higher percentage of non-APTC enrollments compared to other states. Connect for Health Colorado is analyzing eligible but not enrolled data and characteristics of current enrollees to better understand these trends. • Affordability continues to be an issue for many people throughout the state; plans are often unaffordable even with APTCs and CSRs. • People may have access to other coverage with less cost-sharing available to them (e.g. employer-sponsored coverage). • People often wait until the last minute to enroll and an updated CMS report (e.g. through the end of the third open enrollment period) could show higher enrollment numbers that reflect the surge in enrollments leading up to important deadlines. • People who were enrolled in Colorado HealthOP plans could be more likely to choose bronze plans because they are the most comparable in price to Colorado HealthOP plans that are no longer available. • Assisters understand CSRs well, but more applicant education is needed (e.g. improved help text, pop-up box during enrollment if choosing a bronze plan, etc.). Connect for Health Colorado's Board of Directors is also looking into this. • Perhaps Colorado's strong existing assister network prior to the Affordable Care Act was not able to adapt its approach to reach higher income eligible populations and more innovative approaches to outreach may be needed (e.g. see if there is research on the outreach strategies that work with higher income individuals). • There may have been a missed opportunity in connecting Colorado's existing assister network to Connect for Health Colorado's new network by ensuring a consistent level of education provided to all assisters in the state. This in turn would have led to more innovative best practices in reaching newly eligible populations. • When people lose Medicaid or Child Health Plan <i>Plus</i> (CHP+) coverage, their notice does not educate them about their special enrollment period (this is only 	

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	<p>communicated in the appeals section of the notice).</p> <ul style="list-style-type: none"> Additional data that may help inform this discussion is the number or percentage of individuals with financial assistance that received application assistance. <p>Colorado Children’s Medicaid and CHP+ Enrollment Report-2015 Quarter and Year in Review Read CKF’s report here.</p> <p><u>Quarter Four</u></p> <ul style="list-style-type: none"> Children’s enrollment in Medicaid and CHP+ increased by 5,291. There was an increase in CHP+ enrollments in December only. <p><u>Year in Review</u></p> <ul style="list-style-type: none"> 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). Every month in 2015, except for July, showed positive growth in children’s Medicaid caseload. 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. 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. The loss of CHP+ enrollment is occurring more rapidly in the lower income levels. Some potential impacts on Medicaid and CHP+ enrollment include: end of MAXIMUS contract in June, problems with online client correspondence in July, issues with continuous eligibility which were addressed in December, children incorrectly enrolled in the Medicaid Buy-in program which was fixed in December, and the open enrollment period. Looking forward, CKF will continue to focus on children’s CHP+ enrollment; monitor the new Medicaid Management Information System beginning in November; monitor systems updates; participate in conversations around the future of CHP+; and monitor the results of the 2016 election and ballot initiatives. 	

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	<p>Is there a correlation between low CHP+ enrollment and low APTC/CSR enrollment?</p> <ul style="list-style-type: none"> • Families with CHP+-eligible children could be choosing to enroll their children in a private plan and forgo financial assistance so that the family can be covered under one plan. • Failure to pay the enrollment fee could be contributing to children losing or never enrolling in CHP+. However, it is unclear if current caseload data includes clients who paid their enrollment fee or not. • There could be an increase in the availability of employer-sponsored coverage. 	
<p>Outreach and Enrollment Updates</p>	<p>Maintaining Seamless Coverage The Colorado Program Eligibility and Application Kit (PEAK) Outreach Initiative created the Maintaining Seamless Health Coverage handout for the 2015 Building Better Health conference. The handout provides a client-friendly overview of transitioning coverage between Medicaid and the marketplace. The handout will be updated in July to reflect changes to annualized income for certain Modified Adjusted Gross Income (MAGI) Medicaid and CHP+ eligibility determinations.</p> <p>Q: Has this resource been shared with the broker community? A: Not specifically, but it was shared at the Building Better Health conference, which was attended by many brokers.</p> <p>Q: Will the handout be available in Spanish? A: The PEAK Outreach Initiative will look into this.</p> <p>April CBMS/PEAK Build For every major Colorado Benefits Management System (CBMS) and PEAK build, the CBMS Communications Integrated Project Team, of which CKF is a member, creates a document that outlines the projects community partners need to know about:</p> <ul style="list-style-type: none"> • CBMS/PEAK April 2016 Enhancements for Community Partners <p>CBOs as Authorized Representatives Beginning on March 20, 2016, an applicant/client now has the ability to choose either an authorized organization or an authorized representative for their case through PEAK. When the client adds the authorized organization, they must enter the name of the organization and the name of an individual who will act as an agent of the organization for that case. Both the agent and the organization accept the full legal responsibilities listed for</p>	

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	<p>being an authorized representative. At this time, there may be only one agent per case for the authorized organization. The Colorado Department of Health Care Policy and Financing (HCPF) plans on creating a written resource on authorized representatives and organizations and CKF will share it once it becomes available.</p> <p>New Medicaid and CHP+ FPLs Effective April 1, 2016</p> <ul style="list-style-type: none"> • MAGI Medicaid • CHP+ • Health Insurance Affordability Programs • MAGI Medicaid, CHP+, and Medicaid Buy-In Programs 	
<p>CKF Updates</p>	<p>Overview of Potential Building Better Health Sessions</p> <p>CKF is on the planning committee for the 2016 Building Better Health conference currently scheduled to take place Oct. 13-14, 2016, in Denver. CKF is gathering feedback on potential sessions for the conference.</p> <p>Meeting attendees suggested additional sessions on:</p> <ul style="list-style-type: none"> • High deductible plans • Plan comparison best practices and tools • Renewals • Helping customers make financial decisions and priorities • Private health insurance 101 • The Community Health Worker model, outreach, and best practices from other states • Motivational interviewing • LGBTQ outreach • Young invincibles/college students • Regional Care Collaborative Organizations • How to choose a provider <p>To provide additional feedback on the proposed sessions, contact Liz Tansey at ltansey@cchn.org.</p> <p>CKF is Now on Social Media! Follow us on twitter and Facebook!</p>	

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Coalition Member Updates	<p>Q: When will outreach materials go out to clients regarding the name change for Colorado's Medicaid program?</p> <p>A: Colorado Medicaid is scheduled to be renamed to Health First Colorado on May 1, 2016. However, Medicaid cards with the new logo are already being issued to clients. Note that old Medicaid cards are still valid and can be used by clients. The change is not dependent on funding. HCPF plans on sharing more information and outreach materials with community partners and Medicaid members soon. CKF will share more information with coalition members as it becomes available.</p> <p>The Colorado Consumer Health Initiative is hosting a legislative wrap-up on May 17. CKF will also provide a legislative session debrief during the May 19 coalition Meeting.</p>	
Next Meeting	Thursday, May 19, 2016, from 9:00 to 11:00 a.m.	