CKF Coalition Meeting
Thursday, August 18, 2016

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Connect for Health Colorado Updates – *Kate Harris, Connect for Health Colorado*	**Overview and results of consumer focus groups** Connect for Health Colorado worked with the research firm PerryUndem in July to conduct five statewide focus groups in four regions of the state. The focus groups asked what current enrollees like and what they want to improve, as well as some questions that the Connect for Health Colorado Board of Directors (BOD) is considering for their strategic planning process. A final report summarizing the findings is available here. The main points of the findings include: • Cost is still a barrier for many enrollees. • Consumers had different enrollment experiences; some had an easy process while others encountered barriers. • In general, enrollees are able to access care. • There are regional differences in the satisfaction people feel about the number of plan choices available. • Out-of-pocket costs limit the amount of care some people seek. Connect for Health Colorado staff and BOD will examine the report findings to determine what can be done to improve the consumer experience. **Information about Connect for Health Colorado becoming a MA site** This year, rather than contracting with an existing Medical Assistance (MA) site, Connect for Health Colorado has signed an agreement with the Colorado Department of Health Care Policy and Financing (HCPF) to be its own MA site. Case management should mirror what happened last year so assisters and clients should not experience changes.	

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	Q: Will the MA site be open to walk-ins? **A**: No, this site will not accept walk-ins. **Certified Application Counselor open application** The Certified Application Counselor (CAC) program is now accepting applications through September 18 for the coming year beginning October 1. The conflict of interest policy changed to align with Affordable Care Act policy regarding provider/carrier interactions. The policy and application are posted on the Connect for Health Colorado website here: http://connectforhealthco.com/get-started/resources-for-partners/application-counselors/. If you are thinking about applying, you can reach out to the Assistance Network team at cacprogram@connectforhealthco.com with questions. Applications will be reviewed in September. **Q**: Does Connect for Health Colorado plan to limit the number of CAC organizations for this year? **A**: Follow-up answer from Kate on 8/23: *The Assistance Network team plans to limit the number of CAC organizations to 40. The Assistance Network team provided the following explanation: 1. We want to be able to provide optimum support to the CAC designated organizations that we contract with, and 40 feels like highest number of organizations that we will be able to maintain at a quality level. We had a total of 38 CAC designated orgs last year- some of them are no longer continuing with us from last year, and we have had some new organizations express interest in becoming a CAC designated organization this year. However, we reserve the right to be flexible on the maximum number of organizations participating in the CAC program. 2. Each organization decides how many staff they will have certified as CACs – it just depends entirely on the organization. Currently, we have around 300 CACs located throughout CO.* **Assister training opportunities** The Connect for Health Colorado Assistance Network team along with the Colorado Program Eligibility and Application Kit (PEAK) Outreach Initiative	

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	have provided regional trainings for Health Coverage Guide program managers and lead assisters. The training portal for assisters and brokers will be down during August, and will open back up September 1. **Special Enrollment Period for people residing in half-way houses** People who live in half-way houses are now eligible for Health First Colorado (Colorado's Medicaid program) and to receive Advanced Premium Tax Credits (APTCs) and Cost Sharing Reductions when purchasing private health insurance through Connect for Health Colorado. As a result, Connect for Health Colorado opened a one-time Special Enrollment Period (SEP) that will be available to people who were residing in a Community Corrections facility as of July 29. This SEP will be available until September 27. People entering half-way homes from incarceration after July 29 will be eligible for the 60 day Permanent Move SEP, which starts from the date of the person's release from incarceration into the half-way home. **Election talking points for assisters** Because assisters are beginning to get questions from consumers about how the November election could impact health care reform, Connect for Health Colorado developed some talking points for assisters. The talking points focus on what is known now and the importance of enrolling in coverage for the 2017 plan year. **Q**: One of the points is "We have helped Coloradans save on average $294 per month on their health insurance premiums." What does that mean? **A**: That is the average amount of APTCs people received last year. **Q**: Are any coalition members starting to get questions about the election or concerns about politics? **A**: Yes, some have heard questions about the impact of the presidential election, particularly on undocumented clients.	
HCPF Updates – *Nina Schwartz, HCPF*	**Overview of client correspondence research project** Starting in spring 2016, HCPF, the Colorado Department of Human Services, the Governor's Office of Information Technology, and Connect for	

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	Health Colorado worked together to fund a research project to look into client correspondence letters, including the Notice of Action, the redetermination/renewal notice, the Income and Eligibility Verification System notice, and the Verification Checklist. The research started with a stakeholder survey with over 1,000 responses on what is confusing about the notices, and what is working. The survey results were provided to the Center for Health Literacy (Center) which implemented an initial round of edits on the four letters and then tested the revised letters with 62 clients. The Center used a screening tool to ensure that the clients interviewed provided a representative sample of the Medicaid program. Information gathered from the client interviews was then incorporated into a second draft of the letters. The group is now embarking on the next phase of the work, which is incorporating the policy and legal nuances into the letter templates. After this phase, another stakeholder engagement process will occur with eligibility partners. Over the next year as resources and priorities allow, the state will implement a number of changes to client correspondence. Starting as early as December 2016, changes to the system functionality which triggers certain notices will be updated. This update should reduce the likelihood of clients receiving duplicate letters or not receiving letters. Beginning as early as 2017 and as resources allow, some changes to the redetermination notice and the income letter will be implemented. Please see HCPF's Plain Language website for the most in depth information: https://www.colorado.gov/hcpf/plainlanguage. The website includes the final survey report and the final report from client interviews, as well as two webinars that go into detail on the plain language tools, how to write materials for consumers, and how to incorporate plain language into your communications.	

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	Update on Person- and Family-Centered Approach Grant There will be a meeting this fall for stakeholders. The invite will be pushed out to stakeholders in the next few months. **Access to care with growing Health First Colorado and CHP+ enrollment** The following written updates were provided on August 25: *As enrollment in Health First Colorado and CHP+ continues to increase is HCPF adding providers to address access to care issues?* • *Currently, only a limited number of providers can be required to accept Health First Colorado insurance, e.g. Federally Qualified Health Centers and other safety net clinics. We are doing everything we can to encourage new providers to participate, but providers must voluntarily enroll as network providers and undergo federally mandated screening processes before serving our Members.* • *You can help us reach out to interested providers by sharing this information: https://www.colorado.gov/pacific/hcpf/become-a-provider.* • *Information about the provider enrollment and revalidation process is available online at: https://www.colorado.gov/hcpf/provider-enrollment.* • *Information about implementation of the Colorado interChange is available here: https://www.colorado.gov/hcpf/provider-resources.* *What can assisters do if their clients can't find a provider?* • *When the Colorado interChange launches, the online Provider Directory will be a good resource for finding providers who accept Health First Colorado. Our directory is only as good as the information from our providers, however, so we can all help by encouraging providers to update their demographic and service information in the Provider Portal, when it's available.* • *The majority of Health First Colorado members are enrolled in the Accountable Care Collaborative (ACC) program. Regional Care*	

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	Collaborative Organizations (RCCOs) are available to help enrolled members find a primary care medical provider, as well as assist them to find specialty providers, when needed. Assisters can contact the RCCO in which the member is enrolled for assistance: https://www.colorado.gov/hcpf/regional-care-collaborative-organizations. • Healthy Communities – Family Health Coordinators are located across Colorado to help families obtain needed care. They can also help families locate providers and other supportive services. Family Health Coordinator contact information is available at: https://www.colorado.gov/pacific/hcpf/family-health-coordinator-list. • In some areas of Colorado, managed care organizations (e.g. Denver Health, Rocky Mountain Health Plans, Kaiser) have their own provider network. Assisters can contact the health plan for assistance in finding a network provider. **Denver Health Medicaid Choice passive enrollment update** The following written updates were provided on August 25: In May of 2015, the Department updated the system logic for the Denver Health passive enrollment process. Based on those changes, the following is how the system currently functions: • If a client is a Denver County resident, eligible for Health First Colorado (Colorado's Medicaid Program) and not enrolled in any other health plan, the Statewide Data Analytics Contractor will "passively enroll" the client into Denver Health Medicaid Choice (DHMC). • If the system picks a client up and enrolls him or her into DHMC, the client will receive a notification stating that he or she has been passively enrolled into DHMC. The client will then have 30 days to opt out of DHMC and enroll into another plan, if he or she chooses. • Clients with an address of a refugee center, who are in foster care or who are attributed to a non-DHMC provider, will not be passively enrolled into DHMC. The logic has been working correctly. As part of the DHMC eligibility	

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	criteria, clients are not eligible if they were attributed to a non-Denver Health provider in the previous month's attribution. *If a RCCO has a member who has selected a primary care medical provider in the ACC, but who has been enrolled into DHMC through the passive enrollment process, the member can contact Health First Colorado Enrollment at 303-839-2120 to change his or her health plan.*	
Outreach and Enrollment Work Plan Check-in – *Ezra Watland, Enroll America*	**Managing Your Data Driven Program** See the presentation slides here. This presentation is intended to build on the outreach and enrollment (O&E) work plan webinar Enroll America provided last month in partnership with CKF. The webinar is recorded and available here. You can also reference the work plan template here. Enroll America is encouraging organizations to start developing outreach plans because funders are starting to require work plans moving forward, and because having a work plan makes your organization more efficient. Last month's webinar talks about: • Having a good plan and goals based on the S.M.A.R.T. framework (**S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound). • Work plan template example, which includes activities, timeframe, metrics, and staff responsible. • Process of the planning cycle: 1) Define question, 2) Find your data, 3) Analyze your data, 4) Make a plan, 5) Evaluate your plan. **Implementing your plan and tracking your efforts** Coalition members shared several metrics they currently track: • Number of minutes spent with families on the full application process, as well as case management. • Number of pledge cards received during outreach events. • Number of calls made to set up enrollment appointments when interested. **Implementing reports, data, and evaluation** Enroll America suggests organizations utilize some of the following metrics	Please contact Ezra (EWatland@enrollamerica.org) with questions.

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	to measure each aspect of O&E work: *Outreach* • Percent of commit cards collected (and have a goal). ○ Example of commit cards: English, Spanish. • Percent uninsured (in zip code, community, facility). • Percent new contacts with email address and phone number (having both increases successful outreach which ends in enrollment). *Follow-up* • Percent calls made to individuals who haven't come in for appointments yet. (Goal of 3-4 follow-ups with people is the sweet spot.) • Percent contacted effectively (this helps you identify if you are not connecting with people, which would prompt you to try calling at different times of day, leave a different message, etc.) • Percent appointments made. *Appointment* • Percent appointments held. (Organizations want a low no-show rate, lower than 20 percent ideally.) • Percent applications completed. • Percent of people successfully enrolled into plans. Enroll America has a reporting form that organizations can use, or that they can use as a model for their own tracking systems. Weekly reporting is encouraged so that trends can be identified, and adjustments can be made during the open enrollment period.	
Customer and Community Partner and User Experience Integrated Project Teams Overview –	The state recently restructured the governance of Colorado's eligibility and enrollment systems, including the Colorado Benefits Management System and PEAK. As part of this process, two new integrated project teams (IPTs) were created to help inform the strategic direction of the state's eligibility and	

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Kristen Pieper, CKF	enrollment systems: the Customer and Community Partner (CCP) IPT and User Experience IPT. The IPTs began meeting in March 2016. Please read the handout, [New Governance Structure for Colorado's Eligibility and Enrollment Systems](#), for specifics. Five workgroups were established as part of the CCP IPT. The workgroup membership includes members of the CCP IPT, as well as other subject matter experts. If there is a workgroup topic that interests you, please reach out to Kristen (Kristen@cchn.org). CKF is the voting member that represents assisters and clients, and brings the coalition's concerns to these meetings. CKF is also represented on all five of the workgroups. If you have suggestions for improvements, or issues to share, please contact CKF staff so that we can bring them to this new avenue of advocacy.	
CKF Updates	**Check-in on Add-a-Baby process** Last year some changes were made to improve the Add-a-Baby process to add a newborn to a Medicaid or Child Health Plan *Plus* case. CKF asked coalition members if anyone is still experiencing issues. CKF also asked if anyone has seen problems with redeterminations for newborns after the first 12 months of guaranteed coverage. Coalition members did not share any issues with either process at the meeting. Please contact CKF staff if you have helped clients and experienced problems with adding a baby or renewing newborn coverage. **CKF vs. All Kids Covered** CKF is on the leadership team for the All Kids Covered (AKC) Coalition. CKF and AKC are often confused. To help ease some of the confusion, CKF developed a [side-by-side comparison](#) of the coalitions. In general, CKF works with O&E organizations that work directly with clients, has a broader target population (including adults without dependent children), and works on more regulatory policy. AKC works with a wider variety of organizations with a focus on health and coverage for children and pregnant women, and tends to work on larger scope policy projects that	

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	may involve legislation. **Information about Amendment 69** Some assisters are starting to get questions about the ColoradoCare/Amendment 69 ballot measure which will be on the November ballot. The constitutional amendment would implement a universal coverage program for all Coloradans. Several non-partisan and unbiased resources are available to educate yourself about the measure including a ColoradoCare Legal Analysis commissioned by the Colorado Health Foundation, and the Colorado Health Institute's ColoradoCare: An Independent Analysis.	
CKF Coalition Member Updates	No member updates were provided.	
Next Meeting	Thursday, September 15, 2016, from 9:00 to 11:00 a.m.	