CKF Coalition Meeting
September 15, 2016

Agenda Item	Discussion	Action/Follow-Up
Colorado Department of Health Care Policy and Financing Updates – *Nina Schwartz*	**New 60-Day Timeline for Eligibility Appeals** The Colorado Department of Health Care Policy and Financing (HCPF) implemented House Bill 16-1277 on September 1, 2016. Health First Colorado (Colorado's Medicaid Program) applicants and members now have 60 days, as opposed to 30 days, after the eligibility determination date on the Notice of Action (NOA) to file an eligibility appeal with the Office of Administrative Courts. The eligibility NOA language will be updated to reflect the 60-day timeline for appeals starting in early 2017 based on current Colorado Benefits Management System (CBMS) build schedules. See the HCPF agency letter for additional information about this change. Members and applicants also have the county dispute resolution process as an additional and/or alternative option to the appeals process through the Office of Administrative Courts. This change is specific to Health First Colorado. Child Health Plan *Plus* members and applicants will continue to have 30 days to appeal and this distinction will continue to be reflected in the NOAs. **Results of PEAK Audit** The Colorado Office of the State Auditor released audit results of the application and eligibility verification process for Health First Colorado through the Colorado Program Eligibility and Application Kit (PEAK) in response to a legislative request. The key objectives of the audit were to determine: 1. Whether HCPF has effective controls over the eligibility determinations that are issued through PEAK to ensure that determinations are accurate and timely. 2. Whether HCPF has effective controls to identify Health First Colorado recipients who are ineligible and to disenroll them from the program in a	

Agenda Item	Discussion	Action/Follow-Up
	timely manner. 3. The extent to which Health First Colorado payments for health care services are made on behalf of ineligible individuals. The audit was completed in July and covered individuals who applied for Health First Colorado through PEAK between October 2013 and December 2015. Overall it was found that HCPF and PEAK have adequate procedures and internal controls for ensuring Health First Colorado eligibility determinations and redeterminations are accurate and timely. The audit recommended that HCPF improve its data and monitoring related to Health First Colorado to ensure the state disenrolls recipients from the program in a timely manner after the member is verified to no longer be eligible for benefits. HCPF identified a series of next steps that will be implemented over the course of the next year (e.g. updating the Medicaid Eligibility Quality Improvement Plan, updating the county manual around disenrollment, and using data to refine and update the guidance around disenrollment). Details on additional measures HCPF plans on taking are available in the audit document. **Q**: What does "timely manner" mean? **A**: HCPF policy and guidance that it has received from the Centers for Medicare and Medicaid Services (CMS) allow for ineligible recipients to receive Health First Colorado benefits up to 41 days, and sometimes longer if the recipient disputes the ineligibility determination. See page 24 of the audit results for more information. **Results of IEVS Audit** The Income and Eligibility Verification System (IEVS) is used to verify income that is self-reported on the application through electronic databases. When self-reported income and income verified through IEVS is not reasonably compatible, a letter is sent to the member to take necessary steps to explain the discrepancy. The letters are sent on a quarterly basis. CBMS was updated in June 2016 to disenroll individuals who are over income, did not respond to the IEVS letter, and inappropriately remained enrolled in coverage. This action was implemented based on findings from a CMS audit. Individuals who are not taking the necessary action outlined in an IEVS letter will be disenrolled accordingly in the future.	

Agenda Item	Discussion	Action/Follow-Up
	Q: How many people were impacted by the June 2016 update to CBMS? **A**: Approximately 20,000, but the estimate is still being clarified. **Q**: Is it possible to share the IEVS audit document as well? **A**: This finding was part of a larger CMS audit, which is not publicly available. **Q**: Because IEVS data is a quarter behind, some members' income may be outdated by the time it is electronically verified. This may cause some members to appear over income when they are not and incorrectly lose coverage. **A**: That is correct. However, clients have 90 days to provide a reasonable explanation as to why their income is not compatible with IEVS. A proof of income is not always necessary to reconcile the differences. **Q**: Does it mean that if a member does not respond to an IEVS letter they will be disenrolled from coverage? **A**: Not necessarily. It can depend on the amount and type of income. **Webinar on New Policy for Certain Parents and Caretaker Relatives with Dependent Children** Beginning October 1, 2016, HCPF is implementing a federal requirement that certain parents or caretaker relatives living with a dependent child under the age of 19 are required to enroll the child in qualifying health coverage in order for the parent/caretaker relative to be eligible for Health First Colorado. HCPF and the PEAK Outreach Initiative are hosting a training on **September 22, 2016**, from 1:00 to 2:00 p.m. Register here.	
Connect for Health Colorado Updates – *Saphia Elfituri*	**Outreach to EBNE Clients** Connect for Health Colorado was able to cross reference its enrollment data with data provided by the Colorado Health Institute (CHI) based on the American Community Survey to learn where eligible but not enrolled (EBNE) Coloradans are located. CHI provided county-level data and Enroll America was able to further break down the EBNE data by zip codes. Connect for Health Colorado Assistance Sites were asked to identify zip codes they plan to target for outreach and enrollment efforts, which were then cross-referenced with the EBNE data. The Assistance Network worked to make sure that Assistance Sites did not duplicate	

Agenda Item	Discussion	Action/Follow-Up
	efforts in the same zip code areas and adequate coverage was given to all zip codes, and especially those with high EBNE. This project was discussed in more detail at the September 12 Connect for Health Colorado Board of Directors meeting. Connect for Health Colorado is planning paid digital media tactics starting in October through the end of open enrollment with heavy pushes before key deadlines targeting areas with high EBNE. Connect for Health Colorado is also receiving information from Deloitte on individuals who applied for coverage and were approved for Advanced Premium Tax Credits/Cost Sharing Reductions but did not enroll. Connect for Health Colorado is establishing a process and a timeline on how to reach out to these individuals. CKF coalition members may be able to provide additional capacity to Connect for Health Colorado in reaching out to these populations. **Transition to FDSH to Verify Income** Beginning in October, Connect for Health Colorado will be using the Federal Data Services Hub (FDSH) to verify income information. The income verification process will continue to stay the same; if it is not possible to verify a customer's income, they will be sent a verification checklist to verify their income information. A 'yes' or 'no' question will be added to the application asking the applicant to give Connect for Health Colorado permission to access their income and tax information through electronic databases. If the applicant does not give permission, the verification checklist will be automatically triggered. **Q**: What about interaction with other verification systems like IEVS? **A**: The FDSH is specific to Connect for Health Colorado and should be separate from IEVS, which is not changing or being impacted.	
CKF Updates	**Questions about CBOs as Authorized Representatives** Effective March 20, 2016, a client 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 being an authorized representative (same responsibilities as an individual who is an authorized representative). There can only be one agent	

Agenda Item	Discussion	Action/Follow-Up
	per case for the authorized organization.	
	HCPF plans on creating a frequently asked questions document regarding authorized organizations and representatives. HCPF would like to incorporate questions from community-based organizations (CBOs) in the document.	Send questions to Kristen Pieper at kristen@cchn.org.
	Those working as Certified Application Counselors (CACs) and Health Coverage Guides should be aware that they cannot be authorized representatives because acting on behalf of a client constitutes a conflict of interest.	
	Learn About Upcoming Updates to PEAK and CBMS Several updates to CBMS and PEAK were implemented on September 18, 2016, to improve the overall eligibility partner and consumer experience. For more information, see the CBMS/PEAK September 2016 Enhancements for community partners and county users.	
	BBH Registration Now Open Registration is now open for the Colorado Health Foundation's Building Better Health (BBH) conference, which takes place on **October 13-14, 2016**. Register for the conference here. New this year, the Colorado Health Foundation is offering three pre-event webinars about popular topics to be discussed at this year's BBH conference: • ACA 101: Everything you wanted to know but were afraid to ask! (webinar recording) • Where Eligibility Starts: Modified Adjusted Gross Income (MAGI) **September 26, 2016**, from 2:30 to 3:30 p.m. • Communications 101: Building Communications into Your Outreach **October 3, 2016**, from 2:30 to 3:30 p.m.	
CKF Coalition Member Updates	• Salud Family Health Centers expressed concern about how the transition to the new Medicaid Management Information System, Colorado interChange, is affecting their billing and eligibility verification practices. The new system is scheduled to launch in November 2016 but Salud is already experiencing some issues with verification of Health First Colorado eligibility. • Connect for Health Colorado mentioned that CAC designated organization	CKF will connect Salud to the Colorado Community Health Network, and will see if HCPF can provide an update on the transition to Colorado

Agenda Item	Discussion	Action/Follow-Up
	applications are due on September 15, 2016. • On October 25, 2016, the Metro Community Provider Network (MCPN) is having a community fair focused on women's and men's health at their location in Wheat Ridge. MCPN is inviting partner agencies to set up a table/tent at the event with family friendly resources, activities, and swag. • CKF's new *Maze* report is scheduled for release on September 27.	interChange at an upcoming coalition meeting. To participate in MCPN's event, contact Laura Larson at laura.larson@mcpn.org by September 23.
Next Meeting	Thursday, October 20, 2016, from 9:00 to 11:00 a.m.	