SHORT TERM, HIGH IMPACT OPTION

Prioritize improvements to client correspondence to increase readability, clarity, accuracy, and timeliness.

Colorado Covering Kids and Families' (CKF) report, *Colorado's Health Insurance Affordability Programs: Goals to Prioritize and Options to Consider to Create a More Direct Pathway to Health Coverage*, is the first to document and examine the eligibility and enrollment process in health insurance affordability programs since the implementation of the Affordable Care Act (ACA). Health insurance affordability programs include Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+), and Advanced Premium Tax Credits and Cost Sharing Reductions to purchase a qualified health plan through the state's health insurance marketplace, Connect for Health Colorado.

In the report, CKF recommends nine goals for the state to prioritize to simplify, streamline, and coordinate the eligibility and enrollment process for health insurance affordability programs. Under each goal, various legislative, regulatory, and administrative options to reach the goal are provided for decision makers to consider. To complement the report, CKF produced fact sheets highlighting six of the options presented in the report that can be adopted in the short-term to have an immediate positive impact toward achieving the recommended goals. To access the other fact sheets, go to **http://ckf.cchn.org/publications/the-maze/**

Client correspondence is one of the most frequently and consistently cited barriers to enrollment in health insurance affordability programs. Clients and assisters stress that notices generated by the Colorado Benefits Management System (CBMS), the system that determines eligibility for health insurance affordability programs, are often incorrect and difficult to understand. Most assisters have many examples where clients receive a notice that states that they are eligible for a health insurance affordability program, only to be contradicted by a later notice that states that they are ineligible. Sometimes the conflicting eligibility information can be found on a single notice, where a client is simultaneously denied and approved for a program. In addition, there have been several instances where incorrect notices were automatically generated and sent to a large number of clients.[1]

> **"The wording is awful and they send out so many. I had one guy who came in with a shoebox full of envelopes. He'd just stopped opening them."**
>
> – Assister

Given that notices must communicate complex information while adhering to legal and federal requirements, it is not surprising that they can be confusing and hard to understand. However, under the ACA, all notices must be clearly written and accessible to individuals with disabilities and limited English proficiency, and eligibility information for health insurance affordability programs must be combined in a single notice whenever possible.[2] Colorado can continue to improve client correspondence by prioritizing the following:

- Train assisters on the most common client correspondence generated by CBMS, Connect for Health Colorado, and health insurance carriers and how to handle situations where notices are contradictory or incorrect.
- Translate the most common client correspondence into more languages in addition to English and Spanish. Readability and accessibility of the information shared in translated languages should also be considered. Include taglines that specify how the client can get assistance in their language for correspondence that are not translated.[3]
- Confirm that client correspondence is clear, written in plain language, and plainly outlines next steps and actions required by the client, as well as consequences of inaction. These steps can reduce calls to call centers from assisters and eligibility technicians.[4] For clients losing coverage, specific instructions on how to maintain, reenroll, or transition health coverage should be included in the

notice. For example, information about special enrollment periods is currently buried at the end of an eligibility notice, unlikely to be read by the client.

- Align notices across entities where possible, including the Colorado Department of Health Care Policy and Financing (HCPF), Connect for Health Colorado, Colorado Department of Human Services (CDHS), and health insurance carriers, with consistent content and messaging, and predictable and reliable timelines.
- Ensure that policy changes are accurately reflected in notices. Currently, notices state that clients must be U.S. citizens in order to be eligible for "Medical Assistance." Given that many non-citizens who are lawfully present immigrants are eligible for subsidized private insurance through the marketplace, lawfully present immigrant children and pregnant women are eligible for Health First Colorado and CHP+, and adults who have been lawfully present for five years or longer are eligible for Health First Colorado, notices do not accurately reflect eligibility policy.
- Implement an auditing and verification process to check that notices are correct, timely, and sent to the intended recipient. Clients often lose health coverage and the opportunity to reenroll or enroll in a new program because they did not receive a notice in time.
- Track data on notices that generate the most questions by clients, and notices clients find the most confusing to prioritize for improvement.

Opportunities Underway to Improve Client Correspondence

In February 2016, HCPF, CDHS, the Governor's Office of Information Technology, and Connect for Health Colorado began an extensive project to improve the language and design of eligibility-related correspondence generated by CBMS. Throughout this project, the state gathered sample notices from other states, solicited client and stakeholder feedback on current notices (an online survey generated more than 1,000 responses from stakeholders across the state), and revamped and tested new notices based on the feedback provided. In addition, there are a number of county departments of human and social services and community-based organizations, as well as Connect for Health Colorado's Service Center, that participated in a related project in July 2016 to collect data to demonstrate how client correspondence impacts eligibility technician, assister, and call center workloads.

Although this project is currently focused on improving four notices, the best practices developed from this work can be used to inform improvements to other notices in the future. The timeline for implementation of the new notices has not been established and is dependent on funding, which is not currently available for this project. Similar efforts have been undertaken in other states like Massachusetts, where 175 notices were improved through support in designing accessible notices and field-testing them, which was regarded as highly valuable.[5]

In addition, Rep. Dianne Primavera, House District 33, highlighted a long list of problems with client correspondence in her May 2016 op-ed to the *Colorado Statesman.* To address the issue, an interim legislative committee is meeting between the 2016 and 2017 legislative sessions to study client notifications and client correspondence sent by HCPF.[6]

For more information on CKF's recommendation to improve client correspondence, please reference goal four (p. 35) in the full report, which can be found at **http://ckf.cchn.org/publications/the-maze/**.

[1] For examples of such instances of incorrect notices being sent see June, August, and September 2015 CKF Coalition Updates: http://ckf.cchn.org/publications/monthly-coalition-update/

[2] Badouin, K., Weiss, A., and Hensley-Quinn, M. (2014, February). Paving the way to simpler: Experience from maximizing enrollment states in streamlining eligibility and enrollment. *National Academy for State Health Policy & Robert Wood Johnson Foundation.* Retrieved from http://www.maxenroll.org/files/maxenroll/resources/paving.way.to.simpler.pdf

[3] Saly, E. (2013, March). Language access checklist for marketplace implementation: A series of briefs from Families USA on implementing health insurance exchanges. *Families USA & National Health Law Program.* Retrieved from http://familiesusa.org/sites/default/files/product_documents/Language-Access-Checklist.pdf.

[4] Brooks, T., & Kendall, J. (2012, July). Consumer assistance in the digital age: New tools to help people enroll in Medicaid, CHIP and exchanges. *Robert Wood Johnson Foundation.* Retrieved from http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf400219

[5] Ibid.

[6] Primavera, D. (2016, May 4). Confronting a real, live bureaucratic nightmare. *The Colorado Statesman.* Retrieved from http://www.coloradostatesman.com/primavera-confronting-real-live-bureaucratic-nightmare