



Colorado Covering Kids and Families

**CKF Coalition Meeting
Thursday, December 15, 2016**

Agenda Item	Discussion	Action/Follow-Up
<p>Connect for Health Colorado Updates – <i>Saphia Elfituri</i></p>	<p>Open Enrollment Update Metrics on the fourth open enrollment period can be accessed on Connect for Health Colorado’s website. Here are the open enrollment metrics from the Connect for Health Colorado Board Meeting from December 12, 2016. Highlights from CKF Coalition Meeting:</p> <ul style="list-style-type: none"> • As of December 6, there have been 50,207 enrollments, up from 43,161 at this time last year. • Between 2,200 and 2,900 individuals are enrolling per weekday this year compared with 1,200 to 2,600 per weekday last year at this time. • For the 2017 plan year, 79 percent of enrollees are returning consumers, 21 percent are new consumers. • Consumers are mostly enrolling in Bronze Plans (47 percent) and Silver Plans (47 percent). Four percent are enrolling in Gold Plans and one percent in Catastrophic Plans. • Sixty-eight percent of plans have financial assistance, 32 percent do not. <p>Q: What percentage of enrollments are brand new versus consumers changing plans or changing financial situation? A: Look for those metrics at the end of the open enrollment period.</p> <p>Connect for Health Colorado Election Updates Connect for Health Colorado has created a public-facing page for individuals who might have questions or are uncertain if they still need to purchase health insurance. Connect for Health Colorado will continue to update this page. Connect for Health Colorado also has an election impact page regarding the Affordable Care Act (ACA). The first page outlines the following:</p>	

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	<ul style="list-style-type: none"> • Consumers still need health insurance as it is still the law, • Health insurance is valuable for addressing accidents and health conditions, • Carriers cannot cancel plans mid-year because insurance plans are a contract between the insurance company and the insured, and • Successes of the ACA: Colorado has more than 93 percent of Coloradans enrolled in health coverage and the number of bankruptcies tied to medical debt has been cut in half since 2013. <p>Q: What will the premium increases be for health coverage plans in Colorado for 2017?</p> <p>A: For health coverage plans with Advanced Premium Tax Credits, consumers will note a 10 to 11 percent decrease on average. For those without tax credits, there will be an increase of about 20 percent.</p> <p>Here is information on premiums presented to the Connect for Health Colorado Board of Directors on October 10, 2016.</p> <p><i>House v. Burwell – Cost Sharing Reduction Lawsuit</i></p> <p>In November of 2014, the United States House of Representatives filed a lawsuit against the Obama Administration indicating that Cost Sharing Reduction (CSR) payments that are made to insurance carriers were unconstitutional because they were not appropriated on the budget. In May of 2016, a federal court ruled in favor of the House Republicans. The Obama Administration appealed. House Republicans have requested a delay in the proceedings which was approved by a federal court that will essentially turn over the lawsuit from the Obama Administration to the Trump Administration. The proceedings will be delayed until February 21, 2017. If CSRs go away as a result of the lawsuit, Connect for Health Colorado’s understanding is that insurance carriers will still be required to offer CSR plans to consumers through the 2017 plan year; however, the carriers would not get reimbursed for these expenses from the federal government. As far as Connect for Health Colorado knows, consumers could continue their CSR plans.</p>	

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	<p>Q: If the CSRs were removed, when would that change go into effect? A: It depends on the effective date of the ruling. It could take effect in 2017.</p>	
<p>Colorado Department of Health Care Policy and Financing Updates - Ana Bordallo, MAGI (Medicaid & CHP+) Policy Specialist and January Montaña, Pharmacy Specialist</p>	<p>Colorado Benefits Management System Updates Changes, updates, and enhancements will be made to the Colorado Benefits Management System (CBMS) and the Program Eligibility and Application Toolkit (PEAK) on December 18, 2016. Please see the CBMS/PEAK December 2016 Enhancements for Community Partners factsheet for more information, in addition to the highlights shared here.</p> <p><i>1095-B Enhancements</i> The Colorado Department of Health Care Policy and Financing (HCPF) is updating the 1095-B cover letter and adding the individual tax payer identification number field in PEAK and CBMS. The aim is to make it more clear that the letter contains information for only one individual and that recipients are not required to file taxes. Also, that if members do file taxes, they do not need this form to do so.</p> <p>Q: Is the Individual Taxpayer Identification Number (ITIN) used for eligibility for all programs? A: Having an ITIN does not impact eligibility for any programs. Some individuals who are not eligible for a social security number (SSN) have an ITIN that they use to file federal taxes. Read more about ITINs from the Internal Revenue Service (IRS) here. The IRS requires HCPF to solicit and report the ITIN for those individuals who have one as part of the 1095-B reporting requirement because it is a tax processing number used by the IRS for those not eligible for an SSN. Adding an ITIN field does not create a requirement for an individual to get an ITIN, but it does allow those who do not have an ITIN to report it and have it reflected on their 1095-B form.</p> <p>HCPF is scheduled to start mailing 1095-Bs out mid-January 2017, and they will be finished by February 1, 2017. They are asking assisters to remind applicants to update their mailing address in advance of that mailing.</p> <p><i>Buy-In Programs and Child Health Plan Plus (CHP+) Enhancements</i></p>	

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	<p>Changes are being made to ensure that members who applied for CHP+, but were denied after missing the deadline to pay their enrollment fee, are able to reapply. When someone on the ongoing case already had Health First Colorado (Colorado's Medicaid Program), the system was not recognizing the new application, and had been denying CHP+ eligibility for the previous reason of non-payment of enrollment fee. With this fix, the system will generate a new enrollment fee letter, and CHP+ can be added onto the on-going case. Payment enhancements are also being made to the buy-in and CHP+ programs.</p> <p><i>Client Correspondence Enhancements</i> The main client correspondence updates being made in this build are to timing and triggers for when notices are sent out. Also, changes were made to reduce the number of duplicate notices. Members will now get more detailed notices when changing from one medical assistance category to another and their benefits change. Also, members will get a notice when they qualify for Modified Adjusted Gross Income Medical Assistance while they are pending for a determination for Long Term Care services.</p> <p><i>Emergency Medical Services Updates</i> When someone applies for Emergency Medical Services, they are required to submit a doctor's statement with the application to be approved. Clients were applying through PEAK, and HCPF was not asking for the doctor's statement. The system will now pend and members will have 10 business days to provide the proof in order to be approved for Health First Colorado.</p> <p>Q: Do undocumented pregnant women need to provide a doctor's statement? A: No, this does not apply to pregnant women.</p> <p>Mail Order Prescriptions Health First Colorado members can now receive up to a 100 day supply of maintenance medications via mail with a valid prescription. The requirement for Health First Colorado members to apply and provide proof</p>	

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	<p>of physical hardship or that a third party insurance company required at-home delivery of medications has been lifted. All prescription requirements still apply, such as pain killers not being allowed to be sent through the mail. The pharmacy must be enrolled as a Health First Colorado provider. Health First Colorado does not do contracts with pharmacies, so the pharmacy only needs to run a claim with a valid prescription. HCPF is currently reaching out to local pharmacies to provide education on this (including Walgreens, Kroger, Safeway, and the local pharmacy lobby), and provider bulletins that will go out in the beginning of January.</p> <p>If there is a question on if a medication qualifies as a maintenance medication, the pharmacy can run a claim, and HCPF's system will recognize if the drug is a maintenance medication or not and will deny or approve accordingly. On March 1, 2017, when HCPF implements its new Medicaid Management Information System, the pharmacy unit is also implementing a new system. Pharmacists and prescribers can contact HCPF's call center and the representative can let them know if a drug is a maintenance medication. If members have questions about what is a maintenance medication, they should talk to their doctor or pharmacist. On HCPF's website, there are frequently asked questions (FAQs) for providers (here and here) and for members (here and here). They will be available in Spanish in a few weeks.</p> <p>Q: What are the cost implications of members being able to get three months' worth of their medication through the mail?</p> <p>A: Members will only have to pay one copay for a three month supply of their medications; however, some maintenance medications are also Schedule II controlled substances, and members may not be able to have a 90 day supply of these kinds of medications at one time. An example would be Attention Deficit Hyperactivity Disorder medication, which is a maintenance medication, but it can also be more addictive and is classified as a Schedule II substance. For that medication, members can get three prescriptions written, but can only get the medication one time per month.</p> <p>Written Update from HCPF</p>	

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	<p>Q: How does HCPF plan to address eligibility changes as a result of Amendment 70 which will raise the minimum wage in Colorado?</p> <p>A: HCPF does not anticipate any effects to its caseloads as a result of Amendment 70 (raising the minimum wage). The academic literature on the relationship between minimum wage and public assistance caseloads do not show any clear causal relationship. For example, an increase in the minimum wage may decrease public assistance caseload because of increased income; however, this may be offset by employers offering fewer hours to employees because of the increased cost of labor. Existing literature does not offer any conclusions that are widely agreed upon. HCPF will continue to evaluate the effects of Amendment 70 as part of its semi-annual budget forecasts, and will use the regular budget process to account for any increase or decrease as a result of the amendment.</p>	
<p>CKF Updates</p>	<p>Integrated Support Model The Colorado Office of Information Technology created a one-pager on the upcoming PEAK Technical Support Call Center. An FAQ is also being created which will answer questions that came up at a recent CKF Coalition Meeting on the Integrated Support Model. CKF will share the FAQ when it becomes available.</p> <p>Quarterly Enrollment Report CKF recently published a new quarterly analysis, Children’s Health First Colorado and CHP+ Enrollment Report – 2016 Quarter Three.</p> <p>For the third quarter of 2016, children’s Health First Colorado enrollments have increased by 2,240 and children’s CHP+ enrollments have increased by 2,434. Total enrollment in CHP+ is now back to October 2013 levels after being in a decline ever since that time.</p> <p>One member of the CKF Coalition shared she thought the enrollment numbers for these programs may be increasing due to the general level of education about insurance increasing among individuals. Additionally, she pointed out that many individuals received fines last year, so it made it more important for them to have health coverage this year.</p>	

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	<p>Budget/Legislative Update The Governor submitted his proposed budget to the Joint Budget Committee of the legislature on November 1. The budget is for State Fiscal Year 2017-2018, which will begin on July 1, 2017, and end on June 30, 2018. This is the first step in a lengthy budget process that will end in an approved state budget in April 2017.</p> <p>Due to spending requirements for certain programs and modest revenue growth, there is an anticipated gap of \$500 million in next year's budget. One of the ways that the Governor is proposing to address this gap is to reduce Hospital Provider Fee collections by \$195 million, which would result in a \$390 million reduction for hospitals and/or for the Medicaid and CHP+ expansions that are funded by the Hospital Provider Fee. CKF advocated for many of the Medicaid and CHP+ expansions that are funded by the Hospital Provider Fee and will be monitoring these conversations closely.</p> <p>Click here to see HCPF's budget request overview. The items CKF Coalition members may be interested in are HCPF's funding request to implement Phase II of the Accountable Care Collaborative, and their funding request to implement a new Medicaid Management Information System in March.</p> <p>The legislative session begins in early January and ends in early May. CKF will keep CKF Coalition members posted as bills of interest are introduced, including four that will be coming on client correspondence.</p> <p>Q: Are there any bills being introduced to get rid of the TABOR Amendment this legislative session? A: One solution to not having this large gap in the budget is to convert the Hospital Provider Fee into an enterprise so that funding that goes through it would not be counted as general fund revenue. There was a bill introduced during the last session, but it did not pass. There is interest in bringing in another bill this year, but it is also unlikely to pass.</p>	

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	<p>Q: Why wouldn't this kind of bill pass?</p> <p>A: Republicans in the state legislature want to control spending, and in the past they have not viewed the conversion of the Hospital Provider Fee to an enterprise favorably. Like last year, Republicans hold the majority in the state Senate and Democrats hold a majority in the state House, so it is unlikely that a Hospital Provider Fee bill would pass this year. Additionally, because Amendment 71 (requiring proposed amendments to be signed off on by voters in each of the state's 35 Senate districts) passed in November, it would be very hard to undo the TABOR Amendment.</p>	
<p>CKF Coalition Member Updates</p>	<p><i>Written Update from Kathy Crusan-Ford, Denver Department of Human Services</i></p> <p>Denver Human Services (DHS) offers a navigator training for community partners. The navigator training includes an overview of the programs DHS offers, including food assistance, basic eligibility for Health First Colorado and cash programs, energy assistance, child support, childcare assistance program, PEAK, and a brief overview of the ACA. The classes are open to more than city and county assisters, and can be attended by anyone in the state who is interested. Most of the information is applicable statewide, and they clarify where this is not the case. For more information and to register, please contact Kathy Crusan-Ford, Agency Trainer for SNAP Into Health, at Kathleen.Crusan-Ford@denvergov.org. The upcoming 2017 trainings will be held from 9:00 a.m. to 12:00 p.m. at 1200 Federal Blvd., Room 1019, in Denver on the following dates: January 27, February 24, March 24, April 28, May 26, June 23, July 28, August 25, September 22, October 27, November 17, and December 15.</p> <p>Q: Are all of these topics covered?</p> <p>A: Yes, there is a very general overview of all of these topics. This allows assisters to answer general questions on all of these programs. The class does not dive deeply into any program, but representatives from different programs come to the training and present the basic requirements of each program. The training is three hours long.</p>	
<p>Next Meeting</p>	<p>Thursday, January 19, 2016, from 9:00 to 11:00 a.m.</p>	