



Colorado Covering Kids and Families

CKF Coalition Meeting
Thursday, April 20, 2017

Agenda Item	Discussion	Action/Follow-Up
<p>Department of Health Care Policy and Financing (HCPF) Updates – <i>Nina Schwartz</i></p>	<p>New Resources Posted to HCPF’s Website</p> <ul style="list-style-type: none"> • Updated 2017 income guidelines: Health First Colorado (Colorado’s Medicaid Program) and Child Health Plan Plus (CHP+). The combination charts that list Health First Colorado, CHP+, along with Connect for Health Colorado programs or Buy-in Program for Working Adults with Disabilities and the Buy-in Program for Children with Disabilities will be available soon. • As discussed at last month’s meeting, HCPF developed a new income verification letter, as well as a new redetermination packet. Several new resources supporting these changes are now posted on the Eligibility partners page under FAQs & Training. • Look under “Income and Resources Eligibility” to find the Income and Eligibility Verification System (IEVS) Income Letter Desk Aid and other materials related to IEVS. • Look under “Redetermination of Eligibility” to find the updated RRR/Renewal Packet Desk Aid and Pending Verifications at Redetermination (RRR) Frequently Asked Questions (FAQ) document. The desk aid will be updated soon to include a more explicit timeline for when each step happens (as requested on the webinar by several CKF coalition members). The link will stay the same, so check this link again soon for the updated document. <p>Notice of Action Survey HCPF is still analyzing the results from the Notice of Action (NOA) survey which was sent at the beginning of April. Approximately 650 individuals completed the whole survey, and 860 completed part of the survey.</p>	

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	<p>Q: When will updates based on the results of the survey be incorporated into the NOA? A: September is the target implementation date, though that is subject to change.</p> <p>Q: What materials would be helpful when HCPF rolls out the new NOA? A: A desk aid, an FAQ, and a webinar are recommended.</p>	
<p>Connect for Health Colorado – <i>Saphia Elfituri</i></p>	<p>Open Enrollment Report The report is available by clicking here.</p> <p>Highlights</p> <ul style="list-style-type: none"> • 178,000 lives covered; this is up 12 percent from the third open enrollment period. • Ninety-two percent of customers who enrolled in a plan with the help of an assister received financial assistance. • The average health plan premium before tax credits was \$502 per month; the average net premium was \$133 for customers receiving financial assistance. The average premium was \$364 for those not receiving financial assistance. • \$369 was the average monthly tax credit. • \$318 million went back to Colorado residents in the form of tax credits. • County-specific data is included at the end of the report. <p>Legislative Update Colorado House Bill 17-1235 would create financial relief for certain individuals between 400 and 500 percent of the federal poverty level who pay more than 15 percent of their income for health coverage. These individuals must live in a county in one of the three most expensive rating areas: five, eight, or nine. HB 17-1235 has passed through the House and has been introduced in the Senate. It has been assigned to the State and Veterans Affairs Committee, though it has not had a hearing yet. The bill would still need to make it through that committee, the Appropriations Committee, the Senate floor, and then be signed by the governor to be enacted. Connect for Health Colorado is watching the bill and working</p>	

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	<p>internally to make systematic changes to accommodate this population if it passes.</p> <p><u>Update</u>: This bill was killed in a committee vote on Monday, April 24.</p> <p>Q: Does the State and Veterans Affairs Committee seem like the correct committee to look at HB 17-1235? A: The Health, Insurance and Environment Committee would be more appropriate. Sometimes assigning a bill to an alternative committee can indicate that it will not be moving forward. Connect for Health Colorado will continue to watch this bill.</p> <p>Final CMS Market Stabilization Rule Connect for Health Colorado is working through the rule and assessing impacts. There is some flexibility for state-based marketplaces.</p> <p>Q: Is there flexibility on the six-week open enrollment period? A: There is language stating that for the first year, state-based marketplaces may be able to open a special enrollment period after the regular open enrollment period to offset the shorter open enrollment period. Connect for Health Colorado is still evaluating what they can do as an organization.</p> <p>Q: How long will it take for Connect for Health Colorado and the Colorado Division of Insurance to determine the state impact of the rule? A: Connect for Health Colorado is not comfortable providing timelines, but should know more in the next few weeks.</p>	
<p>What We Learned from Colorado's Fourth Open Enrollment Period – <i>Allison Summerton</i></p>	<p>Please see Enroll America's slide presentation for further details.</p> <p>Highlights</p> <ul style="list-style-type: none"> • Background: A number of Health Coverage Guide and Certified Application Counselor organizations requested a debrief session be held after the fourth open enrollment period to share best practices. Enroll America collaborated with Connect for Health Colorado to deliver these debriefs and collect the shared best practices. 	

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	<ul style="list-style-type: none"> • The presentation focused on in-reach, community partnerships, and continuous consumer engagement; however, coalition members can reach out to Allison for more information on other topics if interested: asummerton@enrollamerica.org. • A key piece of successful outreach is being known as the “go-to” organization in the community for any questions about health coverage, including for programs and how to use health coverage. Having a good referral system reduces the overall need for as much outreach. • In-reach develops from a shared mission and commitment from the entire organization. • Even if another department or organization cannot share their mailing list, they can use it to mail out your materials or make referrals to your organization. • Partnerships <ul style="list-style-type: none"> ○ Assisters who were surveyed before the debriefs found these most valuable: county health and human services, the county health department, healthy communities; health providers, Community Health Centers, hospitals, urgent care (reciprocal relationship to make sure that those who need help finding health insurance and those who need help finding care get what they need); and workforce and small business development centers. ○ It is Important for those who do Health First Colorado and CHP+ to partner with those who do Connect for Health Colorado work to make sure the client gets to the right place at the right time. ○ Tax assistance sites are organizations that few assisters have used but that Enroll America would like to encourage assisters to partner with. ○ Community coalitions help to ensure that the community gets the right coverage at the right time, and they are very helpful in communicating information out to clients quickly, such as in the event of a policy change. • Connect for Health Colorado and Enroll America developed a partnership evaluation tool together (see slide 7). It is a tool to assess where partnerships are at so organizations can decide if they would like 	

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	<p>to strengthen a partnership or develop a new partnership.</p> <ul style="list-style-type: none"> • Retain and Use Coverage <ul style="list-style-type: none"> ○ Tactics are needed to continuously engage clients after they sign-up to ensure changes in income and changes in eligibility are addressed and that clients stay covered. ○ Health insurance literacy information is available on CoveredHQ. ○ Use social media, including videos on websites, to remind clients to pay bills, pay attention to letters received in the mail, and that assistance is available to find a provider. • Creative Ideas <ul style="list-style-type: none"> ○ Put health coverage information on the organization’s phone answering system or in the waiting room, such as videos. ○ Have organization-wide goals to make sure anyone who walks in the door gets information on health coverage. ○ There was a summer beach party in Aurora at a local pool where assisters could have a conversation with parents while their kids were supervised by the life guards. Assisters also talked about health coverage and access to care. ○ Assisters in Silverthorne held a health insurance literacy summit a couple of weeks before open enrollment that allowed individuals to hear from different providers and carriers about health insurance plans coming up. ○ Another group stressed finding ways to build more health insurance literacy into the actual appointment to help consumers develop more competency and understanding of their plans and reduce the need for follow-up assistance and re-enrollment help the following year. • Message partners as well as clients. Partners need messaging, especially when there might be confusing messaging about efforts to repeal the Affordable Care Act. • In the next few weeks, Enroll America plans to release a new sample outreach workplan which includes a lot of creative ideas. 	

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	<p>Q: Were there other creative ideas shared at debriefs?</p> <p>A: In Telluride, an assister made arrangements with a local bar to participate in their trivia night and got gift cards from other local merchants to give out. Patrons were invited to take a survey about what they knew about health insurance. Forty-two individuals signed up for a mailing list. Questions on health insurance were also included in the trivia questions. Another assister did a Harry Potter-themed outreach night on Halloween to raise awareness about the upcoming open enrollment period.</p>	
<p>CKF Updates – <i>Stephanie Brooks</i></p>	<p>Staff Updates Kristen Pieper has moved on from CKF, and Stephanie Brooks is the new Senior Project Manager.</p> <p>Policy Updates <i>Federal Updates</i> Legislation:</p> <ul style="list-style-type: none"> • The American Health Care Act only lasted 18 days until the bill was pulled from the floor of the House of Representatives on March 24 before it could be voted on. • Congress is on recess, but conservatives and the White House are still talking about other potential options to bring back a bill to change the Affordable Care Act. They have not succeeded in developing a plan that could also be supported by moderates at this time. <p>Rules and Regulations:</p> <ul style="list-style-type: none"> • The finalized “Market Stabilization” rule was issued last week. The rule makes some substantial changes to the market, especially in states that use the Federally Facilitated Marketplace (FFM). States like Colorado, with a state-based marketplace, will have some flexibility in implementing some of the new rules. For states with FFMs, it does shorten the open enrollment period to six weeks instead of 12 (from November 1 through December 15), implements pre-enrollment verification for Special Enrollment Periods, changes some of the rules around what kind of Actuarial Value metal levels have to meet, and institutes a process for issuers to collect unpaid premiums before enrolling a client in next year’s plan. Again, these are provisions that 	

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	<p>could have some state flexibility, and Connect for Health Colorado and the Colorado Division of Insurance will be working those out in the next few weeks. CKF will keep the coalition updated.</p> <p><i>State Updates</i></p> <p>Legislation:</p> <ul style="list-style-type: none"> • Budget: <ul style="list-style-type: none"> ○ The Long Appropriations Bill (the “long bill”) or SB 17-254 passed through the Senate in the week of March 27, and through the House on April 10. Now the Senate is considering House amendments, and Senate Republicans and House Democrats are in a stalemate over approving the state’s budget. ○ HCPF provided a memo that outlines some possibilities of how the state could address the CHP+ program if federal funding is not continued; however they decided to monitor the issue for now and are not setting aside extra funds at the moment. ○ SB 17-3 which would repeal Connect for Health Colorado passed the first reading, and the second reading was delayed to April 24. ○ Several bills to improve client correspondence: <ul style="list-style-type: none"> ▪ HB17-1126: Appeals – Governor signed. ▪ HB17-1143: Audit of Health First Colorado communications – Governor signed. ▪ SB17-121 would require plain language in notices – passed out of the Senate, and is assigned to a committee in the House. 	
Next Meeting	Thursday, May 18, 2017, from 9:00 to 11:00 a.m.	