



COLORADO COVERING KIDS AND FAMILIES MONTHLY COALITION MEETING NOTES

Friday, April 20, 2018
9:00-10:30a.m.

Double Up Food Bucks Presentation

Amy Nelms from LiveWell Colorado provided an overview of what the Double Up Food Bucks program is, and how it can help people with lower incomes in Colorado connect with fresh, healthy food. View her presentation slides [here](#).

- Double Up Food Bucks is a program run by LiveWell Colorado that allows shoppers enrolled with the Supplemental Nutrition Assistance Program (SNAP, previously food stamps) to get free fruits and vegetables at participating locations.
- People who use their SNAP benefits in these locations can get a dollar-for-dollar match for up to \$20 of their SNAP budget in participating locations with the Double Up Food Bucks voucher. This enables participants to get \$40 worth of groceries for \$20 of their SNAP benefits.
- People with SNAP benefits receive Double Up Food Bucks when they scan their Quest Card at check out in participating locations. They do not need to enroll in the Double Up Food Bucks program to access the voucher as long as they shop at a participating location. The food bucks expire annually, and the people using them can opt to see reminders of their expiration. There are currently 80 sites in 28 different counties. The locations include farmers markets, neighborhood grocery stores, and pop-up farm stands at schools. LiveWell is not currently able to deliver, but they expect to be able to deliver to SNAP recipients with limited mobility in Denver in the near future.
- If you live or work in a community that doesn't have this program, you can contact Amy at amynelms@livewellcolorado.org, and request to be on the wait list for 2019.
- LiveWell has Community Food Advocates in Denver, Montrose, Southwest Colorado, Garfield County, and the San Luis Valley who are open to presenting to groups. Additional resources are available on the Double Up Food Bucks [website](#) in English and Spanish.

CHP+ and Health First Colorado Updates

Nina Schwartz, Colorado Department of Health Care Policy and Financing (HCPF) Strategic Policy Manager provided the following updates:

- HCPF hosted a webinar on April 3 on upcoming changes to the Income Eligibility Verification System (IEVS) starting in June. At a high level, there are not any changes to policy or rules for when an IEVS letter is sent, but some new Reasonable Compatibility requirements have been added for sending letters to people who are enrolled in non-MAGI programs. Click [here](#) to listen to a recording of the webinar.
- Another update being made in CMBS in June is to implement last year's bill to improve Medicaid client correspondence ([SBI7-121](#)). The law requires HCPF to provide information electronically about household composition, assets, and income when it is used to make an

eligibility determination. Members will be able to access this information in PEAK beginning in June.

- HCPF published resources relevant to Accountable Care Collaborative (ACC) Phase II at www.colorado.gov/hcpf/accphase2. Visit the website to find webinars, frequently asked questions, and white papers. You can sign up for the ACC Phase II newsletter to receive regular updates. HCPF will be adding a webinar about member communications soon.
- PEAK is hosting two webinars next week that will explain the changes in the June CBMS/PEAK build. Visit peakoutreach.com for more information.

Connect for Health Colorado Updates

Saphia Elfituri, Connect for Health Colorado Policy Associate and Ian McMahon, Connect for Health Colorado Interagency Policy & Operations Manager provided the following updates:

Notice of Benefit and Payment Parameters

- Center for Medicaid Services (CMS) recently released the Notice of Benefit and Payment Parameters for 2019. The Notice of Benefit and Payment Parameters is an annual rule that sets the parameters for individual and small group markets for each benefit year.
- The rule made some minor changes to special enrollment periods, and qualifying life change events as they relate to the metal tier limitations. The rule also contained minor changes to income verification, and noticing requirements to consumers when they fail to reconcile discrepancies in their income. Most of these changes will not have a significant impact in Colorado.
- The individual mandate will not be in place in 2019, but the Notice of Benefit and Payment Parameters expanded exemptions for the individual mandate in 2018. The rule expanded exemptions to those who live in counties without a health coverage provider. This change will not impact Colorado because each county in the state has at least one health coverage provider. The rule also allows exemptions for people who can only access plans that cover abortion. Only a few of the plans available in Colorado cover abortion, so this exemption is unlikely to have a significant impact on Colorado.
- In order to be eligible for a catastrophic plan, a consumer has to be under 30 years old or have a hardship exemption. These hardship exemptions will continue when the individual mandate is no longer in effect. People who don't have access to affordable coverage can apply for an exemption, and then enroll in a catastrophic plan if they are over 30.
- The rule increased flexibility for small group health insurance markets, and included some minor changes to Essential Health Benefits. It is unclear what this will mean for Colorado at this point, and Connect for Health Colorado is waiting to hear from the Division of Insurance for more information.
- The rule increased the out of pocket maximum for consumers to \$7,900 for an individual, and \$15,800 for families.

Legislative Update

- The governor recently signed the Health Insurance Producer Fees and Fee Disclosure bill ([SB 18-136](#)) into law, and it will go into effect in August 2018. The law allows brokers to charge a fee to customers if they enroll them into health insurance plans that don't offer a commission. The law also includes noticing requirements that require brokers to let customers know ahead of time if they are one of the brokers that charges a commission. Connect for Health

Colorado is currently exploring ways to ensure transparency with its customers.

- This law will only apply to certain plans. Connect for Health Colorado is not sure about how many plans this will impact at this point.
- The State Innovation Waiver Reinsurance Program bill ([HB 18-1392](#)) was introduced and passed out of the first committee onto appropriations, this week. Reinsurance is essentially insurance for health insurance carriers to offset high cost claims. The bill would allow Colorado to apply for 1332 waiver to use some funds from the federal government to create a reinsurance program in Colorado. The bill was introduced under the assumption that federal funding would help Colorado lower its premiums, and therefore the amount that the federal government spends on Advanced Premium Tax Credits would lower as well. This is expected to help the federal government save money.

New Eligibility System

- Connect for Health Colorado has done most of the backend work for their New Eligibility System, and they are now shifting focus to what the shopping process will look like for consumers.
- Connect for Health Colorado is working with a User Interface/User Experience expert to improve the user experience. The expert helped Connect for Health Colorado engage a focus group that consisted of three assisters and three consumers. The focus group walked through the application and shared their feedback. Focus group participants expressed concerns about the navigational elements of the interface and redundant questions. Connect for Health Colorado is using this feedback to optimize the page flow and condense the amount of information presented.
- Connect for Health Colorado will be holding another focus group within the next couple months geared toward the same audience. If you have ideas for the new system, Connect for Health Colorado encourages you to share them with by sending them to NESinput@c4cho.com.

Q: How will clients will move between the two systems, especially people who are Medicaid or CHP+ eligible, what will notices look like, and what changes will be made to PEAK?

A: PEAK is not going to change for the most part. There will be some language changes on the front end of the application. We are finalizing some of those requirements now, after multiple design sessions with HCPF and OIT. Most of the PEAK and CBMS backend user functionality will stay relatively the same, with some small changes about notifying customers about how their data is going to Connect for Health Colorado. Real time eligibility in PEAK will not be impacted. The process of sharing data from PEAK to Connect for Health Colorado will remain the same, however from a user perspective, once they get to Connect for Health, they'll see what data was transferred from PEAK and they would have a few more things to check before submitting the information for eligibility and moving into shopping. Most of this should happen in a single user session. Now we are working on the user interface to help people make next steps.

If they come through Connect for Health Colorado, there will be new language and an assessment tool that a lot of exchanges are using, which asks simple information about household composition and income. If it looks like someone may be better served by going through the PEAK application, they'll be given the opportunity to go to PEAK. Anyone completing the application through Connect for Health who is not determined eligible for Advanced Premium Tax Credits (APTC), or is a mixed-

eligibility family, will be routed through the Connect for Health Colorado Medical Assistance site. Right now there is not capability to move information in the automatic interface from Connect for Health Colorado to CBMS. Connect for Health Colorado will maintain case management for mixed-eligibility households. All of the customer services and help pathways will still be available.

Q: If someone is APTC eligible, will they receive that determination in PEAK?

A: No, they will have a preliminary eligibility indicator coming over from CBMS, but it won't be the eligibility determination. The Connect for Health Colorado rules engine will be the source for eligibility for APTC, cost sharing reductions, and qualified health plans.

Q: Will you publish some user flow maps to help us understand the client journey?

A: Yes, we will once we have our business requirements finalized with OIT and finish some things internally. It will look very similar to the flows we released during the first open enrollment.

CKF Updates

Liz Tansey, CKF Outreach and Enrollment Coordinator, provided the following updates:

Building Better Health - Agenda Feedback Group Dates

- Please save the date for this year's Building Better Health conference, which is being held on October 15 – 16, 2018, at the Hyatt Regency Aurora-Denver Conference Center.
- Liz developed a draft agenda using the 2017 conference evaluation and other feedback gathered since the 2017 conference. In order to get feedback on the draft agenda, Liz is holding five group calls for assisters and community-based organizations between May 7 and May 31, and two group calls for brokers on May 17 and 21. During these calls you will have the opportunity to review the draft agenda, provide feedback on individual sessions, prioritize which sessions will be offered at the conference, and influence the information and resources shared in each session.
- Each call is limited to 10 participants. Please register for one call that works best for you. (Please do not register for more than one call.) By May 1, you will receive a copy of the draft session topic list and a list of questions to consider as you review the session topics. If you have a conference topic in mind that isn't included on the draft agenda, please be prepared to share your thoughts during the call.
- Calls for assisters and community-based organizations:
 - Monday, May 7 from 10:00 – 12:00 ([Register here](#))
 - Friday, May 11 from 10:00 – 12:00 ([Register here](#))
 - Wednesday, May 16 from 1:00 – 3:00 ([Register here](#))
 - Wednesday, May 23 from 1:00 – 3:00 ([Register here](#))
 - Thursday, May 31 from 1:00 – 3:00 ([Register here](#))
- Calls for brokers:
 - Thursday, May 17 from 10:00 – 11:00 ([Register here](#))
 - Monday, May 21 from 10:00 – 11:00 ([Register here](#))
- If you have any questions, please contact Liz directly (ltansey@cchn.org).

PATH

- PATH is a health insurance literacy curriculum designed for high-school aged adolescents and can be taught in high school, extra-curricular, and after school program settings.
- CKF and a Steering Committee have been working with the curriculum since 2015. In 2017,

CKF received funding from the Colorado Health Foundation to update the curriculum and share it across the state. During the fall 2017 semester Snowy Peaks High School in Summit County piloted the curriculum in health class. Based on student feedback and recommendations, the curriculum is now available statewide.

- The curriculum is 12 weeks long with weekly lessons lasting at least one hour. It is easy to adapt. While the information included can build on previous weeks, instructors can select the activities most relevant to the students rather than using the full curriculum.
- If your organization has a program for high-school aged students, or you have a partner organization you think would be interested in teaching the curriculum please let us know.
- Liz Tansey will record a webinar about this curriculum.
- You can access the curriculum, [here](#).
- If you would like to know more, please contact Liz at ltansey@cchn.org.

Next meeting: Friday May 18, 2018