



Colorado Covering Kids and Families

**Colorado's Progress Toward a
Simplified Medicaid and CHP+
Enrollment System:
2014 Update**



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ACKNOWLEDGEMENTS

This report benefited from the review and thoughtful comments of Aubrey Hill, Polly Anderson, Katie Pachan Jacobson, Stephanie Arenales, and Jennifer Miles. Funding for this project was provided by the Colorado Health Foundation, Rose Community Foundation, and Caring for Colorado Foundation.

ABOUT COVERING KIDS AND FAMILIES

The Colorado Covering Kids and Families (CKF) mission is to increase access to affordable health coverage and high quality health care by ensuring that Medicaid, Child Health Plan *Plus* (CHP+), and subsidized private insurance through Colorado's state-based marketplace consistently meet the needs of low-income Coloradans. With a diverse membership of outreach and enrollment professionals, community-based organizations, application assistance sites, and health care providers and advocates, CKF works to:

- Ensure that eligible children, pregnant women, parents and caretaker relatives, and adults without dependent children are enrolled in Medicaid, CHP+, and subsidized private insurance through Colorado's state-based marketplace by coordinating and improving outreach efforts;
- Identify the successes, challenges, and barriers low-income Coloradans face in enrolling in and retaining affordable health coverage and accessing health care services; and
- Propose solutions that simplify, streamline, and coordinate affordable health coverage programs by maintaining strong relationships with the Colorado Department of Health Care Policy and Financing, Colorado's state-based marketplace, and other relevant entities.

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Executive Summary

Since 2002, the Colorado Covering Kids and Families (CKF) project has focused on increasing health coverage enrollment for Colorado children and families. CKF works with a coalition of outreach and enrollment professionals, state agencies, and other advocacy groups to remove enrollment and reenrollment barriers that Coloradans encounter in accessing affordable health coverage, specifically Medicaid and Child Health Plan *Plus* (CHP+).


People with health coverage have better access to health care, are more likely to have a regular primary care provider, are more likely to seek preventive care, and experience reduced financial strain. Despite this, barriers throughout the Medicaid and CHP+ enrollment pathway often stand in the way of lower-income Coloradans accessing health insurance coverage, staying enrolled, and using benefits.

In three previous publications, beginning with *The Maze: The Barriers That Keep Colorado’s Eligible Children and Families Out of Medicaid and CHP+ and Recommendations to Create a Direct Path to Enrollment* in 2009, CKF documented the barriers Coloradans face, and proposed recommended solutions. The following 2014 update describes Colorado’s progress to mitigate some of the barriers children, families, and individuals experience as they apply for and enroll in Medicaid and CHP+.


Between July 2012 and October 2014, Colorado implemented the 11 state-based policies described below. They are evidence of the success that health policy makers and advocates have achieved in moving health coverage forward in Colorado.

This report intentionally focuses on policy changes that occurred in Colorado that are not directly tied to the Affordable Care Act in order to focus on the improvements Colorado has made on its own. CKF’s update in 2015 will take a deep dive into the changes implemented in Colorado as a result of the new health care law.

What does the logo mean?
 Throughout the report, policies related to recommendations from the original *Maze* report are indicated with a small CKF logo:



Four of the 11 policies that are described below were proposed in the original *Maze* publication from 2009. With these new policies in place, all of CKF’s 20 original recommendations are now either implemented, or in progress. The chart below provides a snapshot of the policies, in chronological order of implementation, that are profiled in greater depth in the full report.

Colorado Policy Change	Implementation Date	Description
Children’s Medicaid buy-in program for children with disabilities	July 2012	Through House Bill 09-1293 , families earning up to 300 percent of the Federal Poverty Level (FPL) can “buy-in” to Medicaid benefits for disabled children via a monthly premium.
Removal of Medicaid “stair step” for kids 	January 2013	Children between six and 18 with family incomes at or below 133 percent FPL gained Medicaid eligibility thanks to Senate Bill 11-008 .

Increase in Medicaid eligibility for pregnant women	January 2013	Senate Bill 11-250 increased the Medicaid eligibility threshold for pregnant women to 185 percent FPL allowing them to access dental benefits and lower cost sharing.
CHP+ expanded to dependents of state employees	January 2013	CHP+ became a health coverage option for dependents of state employees, making their dependents eligible for CHP+ benefits, lower enrollment fees, and fewer out-of-pocket costs.
Implementation of CHP+ health plan automatic enrollment 	January 2013	Health Maintenance Organization selection for new CHP+ enrollees is automated to streamline enrollment. CKF continues to recommend that further changes be made to protect family choice.
Removal of CHP+ three-month waiting period	May 2013	Senate Bill 13-008 amended CHP+ eligibility criteria for children and pregnant women by removing the three-month waiting period to enroll in CHP+ after having private health insurance.
Implementation of 12-month continuous eligibility for kids 	March 2014	House Bill 09-1293 allows children ages 0-18 to remain eligible and enrolled in one program (either Medicaid or CHP+) for 12 continuous months regardless of changes to family size or income.
Adult dental Medicaid benefit added	April 2014	Medicaid clients ages 21 and older gained access to limited dental benefits in April 2014. Full dental benefits, including restorative procedures and services requiring prior authorization, became available on July 1, 2014.
Extension of reasonable opportunity period to 90 Days 	May 2014	The state responded to federal guidance by defining and aligning the reasonable opportunity period for citizens and non-citizen applicants to 90 days.
CHP+ children's dental benefit expanded	July 2014	The state responded to federal guidance by expanding benefits to include periodontic care, orthodontic care, prosthodontic care, and an increased annual maximum per member from \$600 to \$1,000.
Coverage for certain legally present immigrants residing less than five years	Projected - Summer 2015	State financing through House Bill 14-1336 was appropriated to open Medicaid and CHP+ eligibility to immigrant children legally present less than five years, and CHP+ eligibility for immigrant pregnant women present less than five years. An estimated 5,600 vulnerable children and pregnant women will benefit when this provision is implemented in 2015.

Introduction

The Colorado Covering Kids and Families (CKF) project has focused on increasing health coverage enrollment for Colorado children and families since 2002. Working with a coalition of outreach and enrollment (O&E) professionals, state agencies, and other advocacy groups, CKF aims to remove barriers that Coloradans encounter when enrolling in and renewing their affordable health coverage, specifically Medicaid and Child Health Plan *Plus* (CHP+).

CKF pursues this mission because Medicaid and CHP+ help low-income Coloradans afford health insurance coverage, stay healthier, and avoid additional financial stress related to health care costs. Research shows that insured children are more likely to have a regular health care provider, fewer unmet health care needs, and better access to dental care than children who are uninsured.¹ Adults who are insured are more likely to get needed care, including preventive care and services for major health conditions and chronic diseases.^{2,3,4} Having health insurance also provides a reduction in financial strain on low-income families from medical costs, and decreases adult mortality.^{5,6} Coverage for pregnant women also has long-term benefits for the health of children as they grow-up; individuals whose mothers gained eligibility for prenatal Medicaid coverage have lower rates of obesity and lower body mass indices as adults.⁷

Despite the proven importance of health coverage for low-income individuals, barriers throughout the Medicaid and CHP+ enrollment pathway often stand in the way of Coloradans' ability to get covered, stay covered, and use their benefits. CKF has documented these barriers and proposed solutions to overcome the barriers in three previous publications beginning in 2009 with *The Maze: The Barriers That Keep Colorado's Eligible Children and Families Out of Medicaid and CHP+ and Recommendations to Create a Direct Path to Enrollment*.⁸

Currently, the health care landscape is changing dramatically as a result of implementing federal requirements and state options in the Affordable Care Act (ACA). However, with most major provisions taking effect at the beginning of 2014, it is too early to fully assess the influence the ACA has had and will have on Colorado's evolving eligibility and enrollment processes. CKF plans to issue a *Maze* update in 2015 focused on the ACA's impact on Colorado.

As a result, the following report highlights the substantial progress that Colorado has made as a state on health care reform policies implemented since the last *Maze* update in June 2012. The 11 policy changes described in this report illustrate Colorado's progress toward a more streamlined health coverage system. Four of the 11 changes were original CKF recommendations, and with their implementation, all 20 of CKF's original recommendations are now completely implemented or in progress. (See: Appendix 1: November 2014 Status Snapshot of Original CKF Recommendations from 2009.)

By holding state-based health care reform changes out for accolades and scrutiny, CKF hopes to highlight the impressive state-initiated progress made toward a more streamlined application, eligibility, and enrollment process. And while we celebrate progress made, CKF continues to

Previous Maze Publications

2009	<i>The Maze: The Barriers That Keep Colorado's Eligible Children and Families Out of Medicaid and CHP+ and Recommendations to Create a Direct Path to Enrollment</i>
2010	<i>The Maze: One Year Later</i>
2012	<i>Colorado's Maze to Enrollment in Medicaid and CHP+: Progress Made and Opportunities for Improvement</i>

monitor how these changes impact access to coverage and care in Colorado. As a result, this report concludes with CKF's priorities for the next year.

Colorado Policy Changes to Medicaid and CHP+

Over the last two years, the state has adopted a wave of policy changes intended to help Coloradans gain more streamlined access to health coverage. Focused efforts by state legislators, health policy decision makers, advocates, community-based organizations (CBOs), and community members made these changes possible. Many of the policies successfully help Coloradans gain coverage, while others will require additional work to implement them as intended. The policy descriptions below are listed in chronological order of implementation, and those that were recommended in CKF's original *Maze* report are indicated with a small CKF logo.

Children's Medicaid buy-in program for children with disabilities

July 2012

Background

Moderate income families with children with disabilities who made too much money to qualify for Medicaid or CHP+ often struggled to find an affordable private health insurance plan that offered comprehensive benefits for disabled children. These families could also experience extensive and unaffordable out-of-pocket costs for services and therapies to help their children.

Progress

Included in the Colorado Health Care Affordability Act, [House Bill 09-1293](#), the Medicaid Buy-In Program for Children with Disabilities became available on July 1, 2012. The program allows families earning up to 300 percent of the Federal Poverty Level (FPL) to "buy-in" to Medicaid benefits for disabled children via a monthly premium. The monthly premium is charged on a sliding scale based on the family's adjusted income, and cannot exceed \$120 per month. The program provides Medicaid benefits for children who are under age 19, and who have a qualifying disability. This program also helps families with children on the waitlist for certain Medicaid waiver programs (i.e. Children's Extensive Support or Children with Autism) to receive Medicaid benefits while awaiting waiver enrollment. Families can take advantage of this program as a "wrap-around" benefit to private coverage, which helps reduce the financial burden on families by minimizing cost sharing and co-payments.

Next Steps

Disability-focused groups in Colorado are monitoring the implementation of this program and CKF is kept apprised of enrollment issues should they arise. CKF will address any issues clients experience with eligibility and enrollment as needed.



Removal of Medicaid "stair step" for kids

January 2013

Background

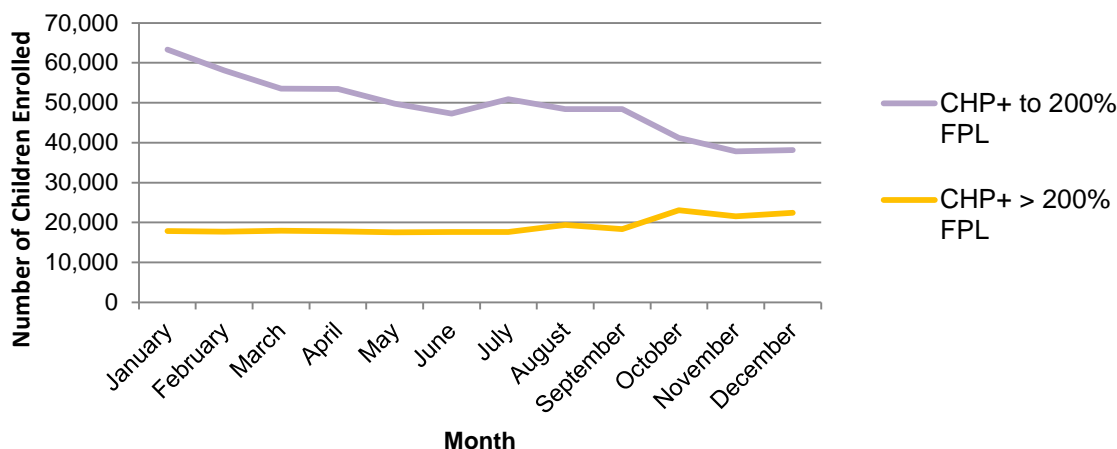
Prior to this policy change, the income thresholds to qualify for Medicaid varied depending on a child's age. For example, the income threshold to qualify for Medicaid for children under age six was 133 percent FPL, while children ages six to 18 had a lower income threshold of 100 percent FPL. This difference in eligibility levels was commonly referred to as the "Medicaid stair step." This caused siblings in some families to be eligible for different programs because older children

above 100 percent FPL would typically be eligible for CHP+. Families were often confused and experienced additional barriers, including separate enrollment processes, health plans, doctors, and cost sharing for each child. As a result, CKF recommended aligning Medicaid eligibility categories for children in the original *Maze* publication.

Progress

Children between six and 18 with family incomes at or below 133 percent FPL gained Medicaid eligibility on January 1, 2013, thanks to [Senate Bill 11-008](#). Children who gained Medicaid eligibility as a result of this change, and who had been enrolled in CHP+, moved to Medicaid enrollment at the time of their annual renewal date over the course of the year. This eligibility change applied immediately to new applicants.⁹ The impact on Medicaid and CHP+ caseload levels was apparent over the course of 2013. CHP+ caseload decreased substantially by 25 percent, or 20,655 cases, with the majority of the changes occurring at income levels that indicate movement to Medicaid. Meanwhile, children’s Medicaid caseload increased by 14 percent, with 51,514 new cases overall.¹⁰ (See: Figure 1.)

Figure 1: Number of Children Enrolled in CHP+ by FPL - 2013



Next Steps

Children who moved to Medicaid as a result of this reform did so under a state option available through the federal Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009. Medicaid and CHP+ are financed through a partnership of federal and state funding. Because removal of the stair step was an option available through CHIPRA, the state receives enhanced federal matching funds at the higher CHIP rate, rather than the lower Medicaid rate, for these children. However, at the date of publishing, CHIP federal funding is only guaranteed through September 30, 2015. If Congress fails to extend federal funding to support CHIP prior to September 2015, the state will be required to continue covering these children, but at the lower Medicaid matching rate. CKF is monitoring federal and state actions taken to extend CHIP financing to ensure coverage for this group is not at risk.

Background

The income threshold for pregnant women’s Medicaid eligibility prior to 2013 was 133 percent FPL. Women between 134 and 250 percent FPL were eligible to enroll in the CHP+ Prenatal

Care program, where they experienced greater cost sharing and benefit limitations not found in Medicaid. The CHP+ Prenatal Care program also does not offer dental benefits, so these women did not have coverage for preventive oral health services that are clinically recommended for pregnant women.

Progress

After rules and systems changes were complete, [Senate Bill 11-250](#) was implemented on January 1, 2013, increasing the Medicaid eligibility threshold for pregnant women to 185 percent FPL. At that time, individuals who were already enrolled in the CHP+ Prenatal Care program with incomes up to 185 percent FPL became eligible for Medicaid and were automatically transferred to the program through a mass update in the Colorado Benefits Management System (CBMS).¹¹

Although ultimately successful, implementation of this change posed some challenges. Due to issues with CBMS, the state was not able to identify or notify the pregnant women who would be transferred from CHP+ to Medicaid in advance of the January 1, 2013, update. As a result, many pregnant women did not learn that they had been transferred from CHP+ to Medicaid until after the fact. Additionally, some providers do not accept both Medicaid and CHP+, so some women had to find a new doctor when their program eligibility changed. The state Medicaid agency, Colorado Department of Health Care Policy and Financing (HCPF), took steps to mitigate these issues; a letter was sent to all CHP+ Prenatal Care program members in November 2012 notifying them that they may be transitioned to Medicaid and that they should check with their current provider in advance to find out if they accept Medicaid or not. The letter also provided a hotline number for people who had questions or who needed help finding a new doctor or midwife.^{12,13}

Next Steps

Reports from the CKF coalition have indicated that eligibility expansion for Medicaid prenatal coverage has worked well for most women. However, because this option was made available to states through CHIPRA, the state also receives a higher CHIP federal match rate for providing coverage to this group of pregnant women. Like the children who gained Medicaid coverage with the removal of the “stair step,” if CHIP federal funding is not extended, the state would be required to continue covering this prenatal group with Medicaid, but at the lower Medicaid federal match rate. CKF is monitoring state and federal steps to ensure coverage for this subsection of pregnant women is not in jeopardy.

CHP+ expanded to dependents of state employees

January 2013

Background

Before 2013, Colorado state employees were not eligible to apply for CHP+ for their dependent children. This resulted in eligibility inequity between employees of the state and other Coloradans. CHP+ was not an available option for the children of state employees, so state employees had to rely on the state’s health insurance plan or potentially expensive private coverage options to ensure coverage for their children.

Progress

Beginning January 1, 2013, CHP+ became a health coverage option for dependents of state employees thanks to CHIPRA and clarifications in the ACA, which made this an option to states.¹⁴ At the time of implementation, dependents of state employees with household incomes

within the CHP+ threshold gained eligibility for the strong benefits package, potentially lower enrollment fees, and lower cost sharing provided by CHP+. However, when CHP+ was expanded to this group, the three-month waiting period was still in place. This meant that people wishing to enroll in CHP+ who were insured by state-sponsored or private insurance still had to be uninsured for three months prior to applying for CHP+. The three month CHP+ waiting period was removed for this group in May 2013. (See p. 9: [Removal of CHP+ three-month waiting period](#) *May 2013.*)

Next Steps

Although the impact of this specific policy change on CHP+ enrollment is hard to measure because other changes occurred within the CHP+ program during this time, qualitative reports from CKF coalition members indicate that this policy change has benefited dependents of state employees. CKF will continue to monitor the impact of this change.



Background

Assuring timely enrollment into a CHP+ Health Maintenance Organization (HMO) of choice was one of the 20 recommendations CKF made in the original *Maze* report. In 2011, the All Kids Covered (AKC) initiative, co-led by CKF, invited stakeholders to discuss issues with CHP+ enrollment. These meetings revealed serious concerns about customer service problems for CHP+ enrollees, billing and payment challenges for providers, and unintentional termination of coverage for some CHP+ enrolled children.¹⁵ These meetings culminated in a joint letter sent to HCPF's Executive Director and signed by the AKC leadership team, including CKF, and other stakeholder organizations. The letter asked HCPF to make changes to the enrollment process so that children could be enrolled more easily, families could be notified of their enrollment choices, and providers would be able to view their patient's enrollment status.

Progress

Starting in January 2013, Colorado began a new process to streamline the selection of an HMO for new CHP+ enrollees.¹⁶ The new process is designed to enroll a child into an HMO automatically, instead of requiring the family to select an HMO before the state system proceeds with enrollment. Specifically, after a family applies for CHP+ and a child is determined to qualify, their eligibility information is transferred from CBMS to the Medicaid Management Information System (MMIS). In a process that is also referred to as "passive enrollment," MMIS selects an HMO on behalf of the client. The client should then receive information about the HMO they were enrolled into, after which the client should have 90 days to call the state and change the HMO if they choose to.

CHP+ HMOs

- Colorado Access
- Colorado Choice Health Plans
- Denver Health Medical Plan
- Kaiser Permanente
- Rocky Mountain HMO

Unfortunately, when the state implemented this new enrollment process at the beginning of January 2013, an unintended error transferred approximately 40,000 children who were already enrolled in a CHP+ HMO to the State Managed Care Network (SMCN).¹⁷ Children should only be assigned to the SMCN if they live in a county without a CHP+ HMO, or if they are in the "pre-HMO" enrollment period prior to being assigned a HMO. After the children were mistakenly

transferred to the SMCN in January 2013, many families received an identification card from the SMCN in error. The SMCN communicated this error to clients via a letter indicating that they should disregard the SMCN identification card and that they were still enrolled in their prior HMO.¹⁸ From the time of this error, HCPF notified clients of the problem and worked with Colorado's CHP+ HMOs to correct the issue manually so that providers could see the HMO enrollment for their patients. HCPF also worked with the MMIS vendor, Xerox, on a systems fix, which was implemented in March 2013.

Next Steps

Although the March 2013 systems fix ensured that enrollees would not receive incorrect letters about being enrolled in the SMCN, problems with noticing still exist. Specifically, families do not receive a letter informing them of their HMO enrollment, and also do not receive information about choosing a different HMO if they would like to. These letters are being suppressed to ensure that clients do not receive a large number of other incorrect letters generated by MMIS. Families do receive some communications, including notification of eligibility for CHP+ from CBMS, notification of the pre-HMO period from the SMCN, and a welcome packet from their HMO, but information to improve client choice is not sent. CKF continues to monitor the state's progress in fixing the letter suppression issue and encourages the state to prioritize MMIS fixes on behalf of CHP+ families.

Additionally, the state of Colorado has selected a new vendor, HP, to implement a new MMIS based on HP's interChange Healthcare Platform. The new MMIS is scheduled to be active in 2016, and CKF will monitor this transition carefully to ensure that CHP+ enrollment issues are considered and addressed.

Removal of CHP+ three-month waiting period

May 2013

Background

Children or pregnant women had to wait three months after cancelling employer-sponsored insurance before they could be eligible for CHP+ if the employer paid more than 50 percent of the insurance premium. Going uninsured for three months put children and pregnant women in a precarious position if they wished to enroll in CHP+ because they had to risk being uninsured for several months. Families also had to face the stress of deciding if it would be better for their children to be uninsured for three months to qualify for CHP+, or continue paying for higher-cost coverage they may have been struggling to afford.

Progress

[Senate Bill 13-008](#) amended CHP+ eligibility criteria for children and pregnant women by removing the three-month waiting period to enroll in CHP+ after having private health insurance. After this bill was signed, HCPF lifted the waiting period for children of state employees first in May 2013, and after approval from the Centers for Medicare & Medicaid Services (CMS), made this change effective for all Coloradans on August 9, 2013.

Next Steps

Although the impact of this policy change on CHP+ enrollment is difficult to isolate due to other factors that impacted CHP+ enrollment during this time, eliminating the waiting period for CHP+ helps families enroll their children in the coverage for which they are eligible, and eases stress on families by helping them gain CHP+ coverage without risking being uninsured.



Background

Colorado previously had a policy that only supported continuous enrollment, meaning children could stay enrolled in public coverage for 12 continuous months, but that the coverage program could change. For example, if the family's income increased during the year, the child would stay enrolled in CHP+ until the child's annual renewal date, but if the family's income decreased below the threshold for CHP+ eligibility, the child would be moved to Medicaid. Likewise, if a child was enrolled in Medicaid and the family's income increased above the Medicaid income threshold during the year, the child would be moved to CHP+.

Although continuous enrollment kept children covered for 12 months, switching between programs caused confusion for families and increased administrative expense to the state, providers, and CHP+ HMOs. As a result, CKF recommended 12-month continuous eligibility in the original *Maze* as a policy solution.

Progress

Continuous eligibility allows children ages 0-18 to remain eligible and enrolled in one program (either Medicaid or CHP+) for a full 12 months regardless of changes to family size or income. Continuous eligibility was identified by CKF and other children's health advocates in 2006 as a viable solution to help children and their families receive uninterrupted health coverage and improve continuity of care over the course of a year.

Since 2006, CKF and other partner groups worked collaboratively to push for the state's implementation of this solution. The first victory was Governor Bill Ritter's signing of the Colorado Health Care Affordability Act in April 2009, which allowed for 12-month continuous eligibility for children on Medicaid. Due to the lack of funds and other issues, however, continuous eligibility was not implemented at that time. Advocates continued to work with HCPF to advance implementation of continuous eligibility. Finally, the rule-making process began in late 2013, with stakeholder feedback, systems changes, approval of a State Plan Amendment (SPA), and Medical Services Board (MSB) approval in January 2014.

On March 2, 2014, HCPF implemented continuous eligibility for kids covered by Medicaid and CHP+. Children should now stay enrolled in either Medicaid or CHP+ until their next annual renewal date regardless of changes to family size or income. However, families do have the option to request to be moved from CHP+ to Medicaid, or vice versa, if their family circumstances change.

Next Steps

CKF is monitoring enrollment data and taking qualitative feedback from CBOs on how this rule is working. Over the next year, CKF will assess its success, and any barriers that may still be in place.

Background

Prior to April 2014, Colorado Medicaid only provided emergency dental benefits for adults with Medicaid. As a result, Medicaid beneficiaries were often unable to afford preventive oral health services, or have non-emergency oral health concerns addressed.

Progress

The adult dental benefit for Medicaid clients 21 years of age and older began on April 1, 2014. At that time, the benefits were limited to preventive, diagnostic, and minor restorative services, as well as treatment planning, with a \$1,000 cap through June 30, 2014. The full benefit became available on July 1, 2014, and includes more complex restorative procedures and services that require prior authorization. As a result of an addition to the state of Colorado's Fiscal Year (FY) 2014-15 budget, full dentures are also available through the benefit and do not count against the \$1,000 cap. DentaQuest is the Administrative Services Organization selected to administer the adult and children's Medicaid dental benefits as of July 1, 2014.

Next Steps

The Colorado Community Health Network (CCHN), the lead agency for the CKF project, is closely monitoring the implementation of the adult dental benefit, and the impact it has on the overall health of individuals and families. Although it is too soon to assess the impact of this new benefit, it is expected that the benefit will have an overall positive impact on the physical, mental, and financial health of families, and may contribute to increased dental visits for children as well.



Background

Applicants for public insurance programs such as Medicaid or CHP+ must be a U.S. citizen or be legally present in the U.S. for at least five years to qualify for coverage. Identity, citizenship, and legal presence can often be verified through electronic sources at the time of application and states are now required to rely on electronic sources first. However, if an electronic source is not able to verify this information in real time, the applicant can receive temporary coverage while the applicant is given a "reasonable opportunity period" to provide paper verification. In Colorado, the reasonable opportunity period varied from 15 to 30 days for citizens and 70 days for non-citizens. Not only were these timeframes out of compliance with federal guidance, applicants found it difficult to request replacement copies of identification cards in time to avoid termination of benefits. This barrier to enrollment was identified in the original *Maze*, and CKF recommended extending the reasonable opportunity period.

Progress

The state responded to federal guidance by updating CBMS to allow a 90-day reasonable opportunity period for all applicants in May 2014. Following the update to CBMS, the state also pursued a rule change, which was approved by the MSB in August 2014.¹⁹

Next Steps

CKF will monitor the implementation of this rule, and will continue to assess the functionality of the electronic interfaces used to verify identity, citizenship, and legal presence.

Background

Prior to this benefit expansion, the dental benefit available under CHP+ was not in compliance with federal law; it lacked periodontic care, orthodontic care, prosthodontic care, and services for *all* medically necessary oral health care. As a result, Colorado children with CHP+ coverage were not receiving the dental benefits that should have been available to them based on federal requirements outlined in CHIPRA, and the state was at risk of losing federal matching funds.

Progress

The state implemented changes to the CHP+ dental benefit in July 2014 by adding periodontic care, orthodontic care, and prosthodontic care to the benefit. The state also increased the program's annual maximum per member charge from \$600 to \$1,000 to ensure adequate access to oral health care for children with CHP+. Diagnostic and preventive services are provided without a co-pay, further ensuring that families are able to prevent oral health problems and avoid urgent or emergency care. Delta Dental continues to administer the dental benefit for children with CHP+.

Next Steps

Extending the CHP+ dental benefit helps children with CHP+ access useful benefits and achieve good oral health. CCHN is monitoring the implementation of this new benefit.

Background

Legal immigrants who have resided in the U.S. for less than five years have been barred from eligibility for Medicaid or CHP+ since the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996.²⁰ However, in 2009, CHIPRA included the Immigrant Children's Health Improvement Act (ICHIA), which allows states to expand eligibility for legal immigrant children and pregnant women.²¹ After CHIPRA was passed federally, the Colorado legislature acted to take advantage of the ICHIA provision by passing [House Bill 09-1353](#) in May 2009.

The bill allows documented immigrant children and pregnant women with less than five years of residency in the U.S. to be eligible for Medicaid and CHP+. However, the bill was passed with the stipulation that it not be implemented until funding became available. Beginning in 2009, financing was allocated only for legal immigrant pregnant women present less than five years to be eligible for Medicaid, but funding was not made available for their CHP+ eligibility, or for legal immigrant children present less than five years to be eligible for CHP+ or Medicaid.

Progress

Through the state of Colorado's FY14-15 appropriations bill, [House Bill 14-1336](#), state financing was appropriated to HCPF to open Medicaid and CHP+ eligibility for legally present immigrant children who have been in the U.S. less than five years, and CHP+ eligibility for legally present immigrant pregnant women who have been in the U.S. less than five years. An estimated 5,600 vulnerable children and pregnant women who reside in Colorado legally will gain Medicaid or CHP+ coverage when this provision is implemented. Although the bill states that eligibility for these groups will be financed beginning July 1, 2014, systems and rule changes to implement this coverage are not anticipated until summer 2015.

Next Steps

To ensure implementation of this eligibility expansion, HCPF is planning stakeholder involvement, a rulemaking process through the MSB, and submission of a SPA to CMS to modify Colorado's Medicaid state plan.²² CBMS must also be updated to factor in this eligibility change. At the time of publication, HCPF has stated that implementation is planned by summer 2015. Along with other stakeholder groups, CKF has asked HCPF to move more swiftly to implement the ICHIA provision, and is continuing to follow this issue closely.

Looking Forward

CKF is pleased with the progress and proud of its contributions to efforts Colorado has made to simplify enrollment processes, expand eligibility to underserved groups, and improve benefits of Medicaid and CHP+. These improvements have helped ensure that more Coloradans can enroll in high quality, affordable health coverage with meaningful benefits. These changes would not have happened without the hard work of state policy decision makers, health advocates, CBOs, and dedicated Coloradans working together.

Despite these successes, Coloradans still encounter barriers as they seek health coverage, and CKF will continue to work toward a better health coverage system. CKF's priorities for the upcoming year include:

- 1. Analyze and prioritize federal policy options available to states that Colorado has not yet implemented, and advocate to implement the options that will simplify and streamline health coverage programs.** While Connect for Health Colorado, the state's health insurance marketplace, offers new affordable insurance options to Coloradans, it also adds new layers of complexity to an already complicated system.

Eligibility for Medicaid, CHP+, and tax credits to help pay for marketplace insurance are all based on family size and income. This means that if a family experiences even a small change in income (e.g. the loss or gain of a few hours of work, a small hourly wage increase, or a holiday bonus) their eligibility may change from public to private coverage or vice versa. It is still unclear to what extent family income changes will impact health coverage and health care access for Coloradans, however early estimates from national studies anticipate that 31 to 50 percent of adult enrollees could experience a change in eligibility between a private marketplace plan and public coverage in any given year.^{23,24}

There are several options available to states to reduce the impact of churn; primary among these are state options for 12-month continuous eligibility for adults, and aligning Medicaid and CHP+'s monthly income period with the marketplace's annual income period. CKF has identified these as high impact policy solutions that would be valuable to Colorado. CKF will also work to identify and present other solutions to reduce the impact of churn on Coloradans.

- 2. Support robust, ongoing training for O&E professionals across the state that includes up-to-date information on Medicaid, CHP+, and marketplace policy changes, systems improvements, eligibility, the application, and renewal processes.** Community-based O&E professionals require coordinated trainings that provide information about all affordable insurance programs, including Medicaid, CHP+, and tax credit eligibility for marketplace plans. They also need to learn about policy

changes that impact health insurance affordability programs, the application process, and systems improvements.

Colorado has a wide network of community-based O&E professionals, including those from HCPF Certified Application Assistance Sites and Presumptive Eligibility sites, and Connect for Health Colorado Certified Application Counselors and Health Coverage Guides. These O&E professionals are part of the communities that they serve, and they understand and celebrate cultural diversity. Many are fluent in the languages spoken by their clients, making them better able to offer clients assistance in culturally competent forms. Community-based assistors are often the most trusted sources of information about health coverage in their respective communities, and the only contact many Coloradans will have with a health coverage expert.

As a result, it is imperative that HCPF and Connect for Health Colorado offer CBOs specific, coordinated, and ongoing training to ensure the information they share with community members is accurate and useful. In addition to helping Coloradans apply for coverage, well-trained O&E professionals can also help Coloradans navigate the health care system, identify systems problems, ease the impacts of churn, and contribute to improving the coverage experience for all Coloradans.

3. **Monitor Medicaid, CHP+, and Connect for Health Colorado operations, including eligibility, the application, and enrollment and renewal processes, to ensure policies and systems do not present unnecessary barriers for Coloradans enrolling in health coverage.** New coverage options made available as a result of the ACA have created new ways for Coloradans to access affordable health coverage. CKF will continue to work with the CKF coalition and other partner organizations to understand how Coloradans are faring under the new law. Over the next year, CKF will monitor a number of operational processes to better understand the experience of consumers, uncover barriers to coverage, and identify solutions. Some of these processes include the new shared eligibility system and coordinated communications between Connect for Health Colorado and HCPF, case transfers, case management, and renewal processes.
4. **Evaluate the successes, challenges, and barriers Coloradans face in accessing health care services post-health care reform implementation.** CKF's mission is based on the idea that people with health coverage are better able to access high-quality health care services. In past years, CKF has focused primarily on the first steps of health coverage enrollment: successfully applying for coverage and receiving an eligibility determination. Enrollment in a Medicaid health plan or CHP+ HMO is the next important step to getting high quality health care. As a result, CKF will collect and assess information from coalition members about their clients' experiences in accessing health services.

The four priorities above will guide CKF's work over the next year as Colorado continues to be a leader in health care reform. Colorado is unique when it comes to the coverage options available to residents as a result of the ACA; Medicaid was expanded to low-income adults, and the state relies on a state-based marketplace rather than on healthcare.gov. The electronic systems that determine eligibility continue to evolve, and a November 2014 update will allow consumers to get eligibility determinations for Medicaid, CHP+, and marketplace insurance affordability programs in one sitting.

These and other system enhancements hold the potential to streamline consumers' experience in applying for health coverage. Along the way, CKF will monitor these changes and assess the Colorado consumer's unique experience in accessing coverage. Through regular meetings with the CKF coalition, in depth interviews, focus groups, and surveys, CKF will also collect data on the impact of the ACA on the enrollment pathway. Next year, CKF will issue a comprehensive report illustrating the new route to health insurance post-ACA, along with a new set of recommendations for continued improvement.

CKF remains optimistic that with the hard work of state policy makers, state staff, advocates, CKF coalition members, and consumers, Colorado health insurance enrollment process will transition from a maze to a clearly-marked path.

Appendix 1: November 2014 Status Snapshot of Original CKF Recommendations from 2009

CKF Recommendation	Status as of November 2014
Simplify Application by Leveraging Technology	
Authorize electronic signatures	Implemented: Electronic signatures are allowed through the online Program Eligibility and Application Kit (PEAK) application.
Fund eligibility modernization	In progress: The online PEAK application offers numerous improvements for clients, including the ability to apply and renew online, upload documents, and access account information online.
Simplify Medicaid and CHP+ Eligibility Policies	
Provide 12-month continuous eligibility for Medicaid and Child Health Plan <i>Plus</i> (CHP+)	Implemented: House Bill 09-1293 authorized the Department of Health Care Policy and Financing (HCPF) to implement 12-month continuous eligibility for children with Medicaid, and this practice was implemented March 1, 2014.
Remove stair step in Medicaid eligibility	Implemented: Senate Bill 11-008 authorized the state to align children's Medicaid eligibility (i.e. remove the stair step), and implemented the change on January 1, 2013.
Expand parent coverage to 133 percent Federal Poverty Level (FPL)	Implemented: The Affordable Care Act (ACA) provided funding for, and Colorado chose to implement, expanded eligibility for adults to 133 percent FPL on January 1, 2014.
Simplify Verification Requirements	
Expand reasonable opportunity period for providing proof of citizenship and identity for Medicaid applicants.	Implemented: In April 2014, HCPF implemented an extension of the reasonable opportunity period to 90 days. The change was approved by the Centers for Medicare & Medicaid Services in May 2014 and the Medical Services Board in August 2014.
Administrative verification of citizenship and identity	Implemented: Citizenship and identity are verified for most applicants through interfaces with the Colorado Benefits Management System.
Add affidavit for children under 16 for identity to joint application	Implemented: An affidavit for children with no other acceptable identity documents is available, and identity can often be verified electronically.
Fund out of state birth certificate purchases	In progress: This issue was not directly resolved; however, identity can often be verified electronically, removing this barrier for many applicants.
Align Income Deductions for Medicaid and CHP+	
Align income deductions for Medicaid and CHP+	Implemented: The ACA aligned income deductions for all Medicaid and CHP+ programs using Modified Adjusted Gross Income methodology to a standard disregard of 5 percent FPL.
Assure Timely Enrollment in CHP+ HMO of Choice	
Assure timely enrollment in CHP+ HMO of choice	In progress: CHP+ clients are passively enrolled into a Health Maintenance Organization (HMO), however notifications to clients about the steps they can take to change HMOs are currently being suppressed.

Provide PE Coverage Until Final Eligibility Determination	
Provide PE coverage until final eligibility determination	Implemented: Presumptive Eligibility (PE) coverage is provided for at least 45 days while eligibility for full health care benefits is determined.
Simplify Renewals	
Allow phone and/or online renewals	Implemented: Clients can now renew through the online PEAK website, or by phone.
Fund Enrollment Assistance	
Fund PE determination	In progress: Funding for eligibility determinations, including PE, was included in the Fiscal Year (FY) 2014-15 budget.
Provide training and technical assistance to PE and AA sites	In progress: Certifications for Certified Application Assistance Sites (CAAS) and PE sites require a short training component and biannual refresher trainings, however in-person training on an annual basis is inconsistently provided.
Ensure adequate number and distribution of sites	In progress: HCPF lists 312 CAAS and 119 PE sites on their website.
Leverage federal matching funds for enrollment assistance	In progress: Funding was included in the FY14-15 state budget to incentivize counties to improve application processing, fund Medical Assistance sites, and establish coordinated payment methodologies for all Medicaid application processing sites.
Educate Parents About Benefits, Resources and Accessing Care	
Educate parents about benefits, resources and accessing care	In progress: Healthy Communities continues to operate, and work closely with the Accountable Care Collaborative.

End Notes

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