



Colorado Covering Kids and Families

CKF Coalition Meeting
Thursday, October 20, 2016

Agenda Item	Discussion	Action/Follow-Up
<p>Building Better Health Debrief and Suggestions for Next Year</p>	<p>Coalition members discussed the highlights of the conference including:</p> <ul style="list-style-type: none"> • Keynote speaker, Dr. Gloria Wilder • Networking opportunities • Speed training • Sessions emphasizing the application <p>The sessions mentioned as most valuable include:</p> <ul style="list-style-type: none"> • Immigrant Eligibility • Engaging with Transient People • Income Deep Dive <p>The information meeting attendees would have liked more of include:</p> <ul style="list-style-type: none"> • More insurance information, especially in the resource expo • Information brokers have access to such as the Summary of Benefits and Coverage <ul style="list-style-type: none"> ○ Connect for Health Colorado has advised one of three pathways for attaining summaries of benefits and coverage (SBCs) prior to the beginning of the fourth open enrollment period: <p>To get SBCs when working with individual clients:</p> <ol style="list-style-type: none"> 1. Go to https://prd.connectforhealthco.com/individual 2. Click on “browse plans” 3. Complete the required fields and click “browse plans” 4. Results will show you the plan eligibility for the information entered 5. Under “plan details” click on the name of the plan 6. Scroll down to “plan documents” (very bottom)* You will not see plan documents if you are comparing plans 7. You will have all documents pertaining to that specific plan, 	<p>Contact Liz (ltansey@cchn.org) with any additional feedback or suggestions for future years.</p>

Agenda Item	Discussion	Action/Follow-Up
	<p>including SBCs To get SBCs for all plans prior to the fourth open enrollment period, brokers, Health Coverage Guides (HCGs), and Certified Application Counselors should reach out to carriers individually. If an assister is struggling with getting an SBC from a carrier, email the Assistance Network at assistancenetwork@c4hco.com, for assistance.</p> <p>Suggestions for next year include:</p> <ul style="list-style-type: none"> • Someone representing the Internal Revenue Service discussing reconciliations • Connect for Health Colorado enrollment demo and roleplaying interview/live scenario • Real hands-on training for new assisters <p>Presentations and resources from the conference are available here.</p>	
<p>Overview of New Integrated Support Model – Joetta Fischer, Governor’s Office of Information Technology</p>	<p>The Integrated Support Model will be a new phone support line staffed by the Governor’s Office of Information Technology (OIT) to answer Colorado Program Eligibility and Application Kit (PEAK) technical issues, including password resets, email address issues, and locating case information and correspondence. There will be 10 agents and one supervisor. Eligibility questions will not be able to be answered and will be referred to counties (the agents will not have access to the Colorado Benefits Management System [CBMS]). Warm transfers will be available to the Colorado Department of Health Care Policy and Financing (HCPF) and the Colorado Department of Human Services (CDHS). There will not be warm transfers to Connect for Health Colorado at this time. Integrated Support Model call center staff will be available Monday – Friday from 7:00 a.m. to 7:00 p.m. The CBMS.help@state.co.us support channel is also still available for community partners.</p> <p>Q. How will people get the phone number? A. There will be a soft launch with an option in the HCPF and CDHS phone tree that will route callers to the Integrated Support Model. After the soft launch the number will be on the PEAK website.</p>	<p>OIT is working on a handout and a frequently asked questions document. These resources will be shared with the CKF Coalition once they are publicly available.</p>

Agenda Item	Discussion	Action/Follow-Up
	<p>Q. Is there a timeline? A. Not at this time. There are issues with the existing infrastructure that need to be fixed before the 1-800 number is launched.</p> <p>Q. At some point will Integrated Support Model staff be able to transfer calls to Connect for Health Colorado? A. OIT is looking into the infrastructure configurations to see if this is possible.</p> <p>Q. Are there any counties that clients can be warm transferred to or will clients need to hang up and call the county? Q. There are some counties that participate in HCPF's phone system. Warm transfers will be available to those counties.</p> <p>Q. Is there a plan to get more counties using the phone system to have a warm transfer? A. OIT may look into this, but there is a cost associated.</p> <p>CDHS is not able to make changes to cases but does refer clients to counties if case changes are needed.</p>	
<p>Overview of the Renewal Process for Health First Colorado and CHP+ – Ana Bordallo, Colorado Department of Health Care Policy and Financing</p>	<p>Redeterminations are required for Modified Adjusted Gross Income (MAGI) programs every 12 months. Redetermination notices are sent to Health First Colorado (Colorado's Medicaid Program) and Child Health Plan <i>Plus</i> (CHP+) members 60 days prior to the renewal date. Members have 30 days to report current information. If there are no changes, members do not need to return the redetermination notice and CBMS will make a determination based on the information in CBMS.</p> <p>Q. There have been reports of some counties disenrolling members when redetermination notices are not returned. What should community-based organizations or members do when this occurs? A. Some clients may be automatically redetermined, but each redetermination is worked by an eligibility technician. The eligibility technician may realize something is missing when they work the case, which may not be as soon as the redetermination notice is due.</p>	

Agenda Item	Discussion	Action/Follow-Up
	<p>Q. Is it an issue if one member on the case is self-employed or does not have a social security number (SSN), has no changes, and does not report changes, but CBMS cannot verify their information?</p> <p>A. If a SSN is not reported but the member reports earned income, it cannot be verified through electronic data sources. A report goes out to counties that identifies these individuals. Counties have to manually pend and send a verification checklist for this information. It is a future project to have CBMS automatically pend cases.</p> <p>Q. Is there an estimate of when the automatic pend for SSN will be built into CBMS?</p> <p>A. Possibly early 2017.</p> <p>If members need to report changes they can do so by mail, fax, online through PEAK, or by walking into the county.</p> <p>Redeterminations can also be done by ex parte. This is done when a redetermination is done for another program such as Food Assistance, Cash Assistance, and Colorado Works. If the member is eligible for Medical Assistance (MA) through the ex parte process the member will not receive a redetermination notice and will instead receive an eligibility notice.</p> <p>Reassessment refers to determining if someone is eligible in a guaranteed program such as eligible needy newborn, MAGI pregnant category, CHP+ prenatal, CHP+ newborns, and transitional Medicaid. Reassessments occur when there is a guaranteed program attached to the case and the guarantee period is over. Most programs have 12 months with the exception of pregnancies. Guarantees for pregnancies are 60 days after the end of the pregnancy. When a reassessment occurs, all household members are reassessed and a notice will be sent with a new redetermination date.</p> <p>Q. Does ex parte reset the redetermination date?</p>	

Agenda Item	Discussion	Action/Follow-Up
	<p>A. Yes.</p> <p>If there are household members enrolled in Connect for Health Colorado and Health First Colorado or CHP+, Connect for Health Colorado manages the redeterminations. Cases that are Health First Colorado and CHP+ only will be redetermined by the counties, Denver Health, or some MA sites.</p> <p>Q. Where is an example of the current redetermination notice? A. Here.</p> <p>Q. Is the new minimum essential coverage for dependent children policy reconciled at the end of the year through 1095 forms? A. No.</p> <p>Upcoming Stakeholder Meeting to Provide Feedback on Health First Colorado Dispute Resolution Process As part of the implementation of House Bill 16-1277, HCPF is convening a stakeholder meeting led by HCPF’s LEAN experts to solicit feedback from county and community partners on proposed guidelines for the dispute resolution process for Health First Colorado eligibility determinations. The meeting will be on November 9 from 9:30 to 11:30 a.m. In-person and webinar options for attendance are available, and the webinar will be recorded. Register here.</p> <p>Q. What is the county dispute resolution process? A. It is an option clients have when appealing a decision and it is less formal than the state hearing process. Currently each county has their own process.</p> <p>Upcoming EPSDT Training for Clients HCPF is creating a training for clients about Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). If you have clients who are interested in providing feedback, contact Becky McKinney (Becky.McKinney@state.co.us).</p>	

Agenda Item	Discussion	Action/Follow-Up
	<p>Q. Is there a workaround before the seven year refugee/asylee policy change is made in 2017?</p> <p>A. There was staff turnover in the position that was handling the policy change. Ana will research and share more information when it is available.</p>	
<p>Connect for Health Colorado Updates – <i>Kate Harris</i></p>	<p>Renewal Process for the 2017 Plan Year <u>Handout: Renewal and Re-determination Notices for Use by Carriers and Connect for Health Colorado</u></p> <p>The renewal process will look very similar to years past. For those eligible to auto-renew they can take no action and their information will be sent to the carrier. If someone would like to shop for a new plan they need to select a new plan by December 15, 2016. Consumers may opt-out for 2017 coverage. Those not eligible to auto-renew without Advanced Premium Tax Credits (APTCs) can shop for a plan or opt-out. Those not eligible to auto-renew with APTCs must go through the shared eligibility system (SES) and shop or opt-out. Those who have auto-renewed the past three years will need to go through the SES to obtain a new eligibility determination.</p> <p>Reasons consumers may not be able to auto renew include:</p> <ul style="list-style-type: none"> • Plan not being offered • Aging out of catastrophic plans or parents' plans • Aging into Medicare • Income information cannot be verified • Eligible for a special enrollment period after mid-October <p>More information about the renewal process can be found in the September Connect for Health Colorado Outreach and Communications Advisory Group meeting <u>notes</u>.</p> <p>Q. How many people are estimated to not be able to auto-renew due to plan disruptions in rating areas?</p> <p>A. The Division of Insurance estimates just over 26,000 consumers will not be eligible to auto-renew based on plan disruptions.</p> <p>Q. How many people fall in the bucket of auto-renewing for the past three</p>	

Agenda Item	Discussion	Action/Follow-Up
	<p>years? Does that number exist by county? A. Kate will follow up. If the consumer is tied to a HCG, the HCG will be notified.</p> <p>Q. When will HCGs be notified? A. Likely soon, but not certain of date.</p> <p>Q. Does APTC automatically increase if there are no changes in income but premiums are higher in 2017? A. Yes. The renewal notice will indicate the exact APTC amount.</p> <p>Preparing for the Fourth Open Enrollment Period The Quick Cost and Plan Finder Tool is now live. View training slide here.</p> <p>According to the Wakely Group, on average plan prices are going up 24 percent, however, the statewide average for consumers is a monthly decrease of 11 percent due to APTCs. See more here.</p> <p>C4HCOstore.com is open for program managers of Assistance Sites and Certified Application Counselors. One document, "Using your Health Insurance," is a document designed for consumers to fold up and keep in their wallet. It includes space to write in consumer information. Documents are available to order or print.</p> <p>Q. A CKF coalition member reported experiencing issues with consumers in rural areas not receiving their bills and insurance cards from their carriers because the carriers are only receiving the clients' home addresses, not PO Boxes, from Connect for Health Colorado. Is this a data transfer and/or technology/systems issue? A. This was an issue last year. As part of system enhancements, carriers should be receiving both home addresses and PO Boxes.</p> <p>Q. At the last Connect for Health Colorado Board of Directors meeting a technology project to allow assistors to self-serve and reduce calls to the service center was mentioned. Can you provide more background?</p>	

Agenda Item	Discussion	Action/Follow-Up
<p>Presentation on CKF's New Maze Report</p>	<p>A. There are no additional details at the time but details will be shared when they are available.</p> <p>CKF staff gave an overview of the <i>Colorado's Health Insurance Affordability Programs: Goals to Prioritize and Options to Consider to Create a More Direct Pathway to Health Coverage</i> report. See the full report, executive summary, graphic, chart of goals and options, and fact sheets.</p> <p>Q. What kind of feedback have you received from other organizations such as HCPF and Connect for Health Colorado? A. We have not received formal feedback yet but hope to meet with HCPF and Connect for Health Colorado soon to discuss the report and prioritize some of the options included.</p>	<p>If you're interested in sharing the new report through your communications channels, please contact CKF staff for a sample blurb.</p>
<p>CKF Updates</p>	<p>At Building Better Health, HCPF presented a frequently asked questions document on the new policy change that went into effect on October 1, 2016, for parents/caretaker relatives with Adult MAGI Medicaid.</p> <p>The Children's Health First Colorado and CHP+ Enrollment Report – 2016 Quarter Two is now available. In quarter two (April – June) the caseload for Health First Colorado did not go up substantially, but CHP+ had an almost five percent increase in enrollment. There may be an increase in CHP+ due to the removal of the five-year bar for children and pregnant women, but there would need to be a data request to confirm.</p> <p>Q. Is there a report available about adult enrollment? A. Historically, CKF has looked at children's enrollment but will consider compiling information about adults as well.</p> <p>CBMS/PEAK October 2016 Enhancements documents for Community Partners and County Users are now available.</p> <p>The transition to the new Medicaid Management Information System, Colorado interChange, was supposed to go live in November 2016, but is being delayed until March 2017.</p>	

Agenda Item	Discussion	Action/Follow-Up
	<p>HCPF issued a frequently asked questions document about the annualized income policy change which includes several scenarios.</p>	
<p>CKF Coalition Member Updates</p>	<p>Information about Amendment 69 Some assisters are getting questions about the ColoradoCare/Amendment 69 ballot measure which will be on the November ballot. The constitutional amendment would implement a universal coverage program for all Coloradans. Several non-partisan and unbiased resources are available to educate yourself about the measure including a ColoradoCare Legal Analysis commissioned by the Colorado Health Foundation, and the Colorado Health Institute's ColoradoCare: An Independent Analysis.</p> <p>Denver Human Services Updates Denver Human Services (DHS) shared their contact information for different programs, including the customer call center email address and a critical risk email address for clients needing assistance within 48 hours. These contacts are specific to Denver County.</p> <p>DHS also shared their SNAP Into Health resource folders, which include:</p> <ul style="list-style-type: none"> • Folder Flyers • Project Homeless Connect Flyer • GIVE Resource Folders Flyer • Behavioral Health Navigator Flyer • Farm Stand Flyer • Cooking Matters Flyer • Program Overviews Quick Guide • Financial Empowerment Center Tear Sheet • Financial Empowerment Center Tear Sheet (Spanish) <p>Q. Why are carriers not offering platinum level plans? A. Carriers choose which type of plans to offer. This could be related to low enrollment in platinum plans in previous years.</p>	
<p>Next Meeting</p>	<p>Thursday, November 17, 2016, from 9:00 to 11:00 a.m.</p>	