



# COLORADO COVERING KIDS AND FAMILIES MONTHLY COALITION MEETING - MINUTES

Thursday  
July 20, 2017  
9:00 - 10:30 a.m.

**Join in person:**  
Colorado Community  
Health Network  
600 Grant St., Suite 800  
Denver, CO 80203  
(Colorado & Denver  
Conference Rooms)

**Join by phone:**  
303-248-0285  
Code: 8615165  
Mute: \*6  
Unmute: \*7

**Join online:**  
[ReadyTalk.com/join](http://ReadyTalk.com/join)  
Code: 8615165

## Welcome and Introductions

### CICP Application Updates

Taryn Graf, Financing Specialist

*Colorado Department of Health Care Policy and Financing*

Background: The Colorado Indigent Care Program (CICP) is a discount program for Colorado residents who are at or below 250 percent of the federal poverty level (FPL). It has 68 providers, including 19 clinics and 49 hospitals. To meet program requirements, clients must have an FPL of 250 percent or less, be a Colorado resident, be lawfully present in the United State, and provide a social security number (SSN).

What has changed?

- May 2017
  - Clinics are now using the same federal income guidelines as federally qualified Community Health Centers' (CHCs') sliding fee scales to determine eligibility for CICP.
  - Hospitals can choose which liquid resources to include in client income determinations.
  - The copay scale must be no higher than what CICP dictates. It can even be less.
  - The ratings changed. In the past, letter ratings were given to clients (e.g., 'Z' for 'homeless'). The ratings have now been changed to display a numerical value of the client's FPL rate, but the percentage sign is not displayed to protect the client's privacy. This was done to make it easier for clients to move between providers with the new FPL ratings versus letter ratings.
- September 2016
  - The Department of Revenue expanded the list of what was acceptable to determine lawful presence. This allowed the Colorado Department of Health Care Policy and Financing (HCPF) to update their rule as well. For example, Colorado identification cards that have a star in the upper right-hand corner indicate that the Department of Revenue has already confirmed that individual is lawfully present, so providers do not have to check lawful presence documentation and clients do not have to provide lawful presence documentation. Also, CICP stopped counting non-liquid resources like vehicles and houses.
- There are two new CICP clinics.
  - Clinica Tepeyac in Denver.
  - Summit Community Care Clinic in Frisco. (They also have clinics in Leadville, Silverthorne, Dillon, and Breckenridge.)
- **Q:** How many individuals are covered by CICP right now?
- **A:** As of HCPF's annual report released in February, approximately 50,000 individuals were covered in 2015 to 2016. This is a large decrease from prior to the Affordable Care Act (ACA). Approximately 72 percent fewer individuals were on the program prior to 2014.

- Some clients do not want to get coverage through Connect for Health Colorado, and they prefer to maintain their CICIP discount. However, clients are encouraged to purchase private health insurance and use CICIP to help cover out-of-pocket costs. Clients are not required to have private insurance with CICIP. However, they do not allow clients who are eligible for Health First Colorado (Colorado's Medicaid Program) or Child Health Plan *Plus* (CHP+) to be on CICIP.
- **Q:** How does having CICIP along with private health insurance help to reduce clients' out-of-pocket costs?
- **A:** Copays for CICIP are often less than clients' private health insurance copays. The rule is that a CICIP provider will charge the client the lower of either the CICIP copay or the private health insurance copay. Regarding deductibles, if the client's deductible is \$5,000 for an entire year and they have an in-patient hospital stay, the hospital that accepts CICIP can only charge the patient the CICIP deductible; however, it appears to the client's private health insurance that the client has paid the full private insurance deductible for the year. The extra expense gets written off to CICIP.
- **Q:** Can clients only use their CICIP card at a CICIP facility?
- **A:** Yes. There are 68 this year. They lost one hospital, Yuma, and have gained two new clinics (see above). The only clinic that they lost was Sheridan Health Services, and that clinic is hoping to rejoin next year.
- **Q:** Is there a list of CICIP providers?
- **A:** Yes, on HCPF's website. Click [here](#) and look under 'Provider Directory.' There are 68 main provider facilities; however, most clinics and hospitals have satellite facilities as well equaling about 250 actual locations where CICIP is offered.

### **Other Updates from HCPF**

A Waiver 101 webinar will be offered twice in the next few weeks. The webinar will be the same on both dates listed below; pick the one that works best for your schedule. The webinar will contain introductory information on Home and Community-based Services that some individuals qualify for to get additional services. The intended audience is frontline eligibility staff.

- July 26 from 1:00 to 2:00 p.m. ([Register here.](#))
- August 3 from 10:00 to 11:00 a.m. ([Register here.](#))

### **Updates from Connect for Health Colorado**

Saphia Elfituri, Policy Associate  
*Connect for Health Colorado*

The Connect for Health Colorado staff and Board have been finalizing the organizational strategic plan. It was officially adopted at the [last board meeting](#) and will cover their work until 2020. The plan has four major goals:

- Advocate to improve access to coverage in rural areas in Colorado.
- Maximize the number of consumers and employers who shop and enroll through the health insurance marketplace, and apply for available financial assistance.
- Improve the ability of customers to attain and retain the right coverage for their needs.
- Ensure that Connect for Health Colorado is a healthy and thriving organization.

### **Marketplace Stabilization Rule**

- Background: In April of 2017, the U.S. Department of Health and Human Services released the Marketplace Stabilization Rule for the individual and small group markets. It included several changes to the individual market. The Colorado Division of Insurance (DOI) has been working on an emergency rule to address certain provisions in the Marketplace Stabilization Rule.
- The Marketplace Stabilization Rule changed the 12 week open enrollment period (November 1 through January 31) to a six week open enrollment period (November 1 through December 15). States with state-based marketplaces were allowed to adopt an extra special enrollment period (SEP) following the open enrollment period as a transitional period for this year. **Colorado's open enrollment period** is set to last from **November 1 through January 12** as a result; however, legally, the SEP will go from December 16 through January 12 of that time period. The SEP will function just like the regular portion of the open enrollment period. No extra verifications from consumers will be required.
- **Q:** Should assisters encourage individuals to apply for health coverage during the legal open enrollment period from November 1 through December 15?
- **A:** Connect for Health Colorado will highlight the December 15 deadline, but individuals can sign-up any time November 1 through January 12. If individuals enroll by December 15, their health coverage can be effective January 1. If individuals enroll by January 12, their coverage can start February 1.
- Due to the Market Stabilization rule, there are changes for SEP verifications. Connect for Health Colorado is waiting on the final regulation from the DOI to understand how this will move forward. Current messaging is that if an assister has a client who receives a request for verification from a carrier, that verification should be returned to the carrier. If a verification request comes from a county or Connect for Health Colorado for income or lawful presence documentation, these items should be provided to whomever has requested them.
- **Q:** Are carriers just requesting verification for SEPs, or are they also requesting verification for other things like lawful presence?
- **A:** If carriers are requesting verifications, it will be for SEPs. Other verifications will be requested by the entities that have always requested them to prove eligibility for qualified health plans, tax credits, etc.
- **Q:** Cigna has been requesting proof of loss of health coverage, including loss of Health First Colorado. This is confusing clients. What messaging should assisters share with clients?
- **A:** The messaging is for clients to provide requested verifications to carriers directly. Carriers are allowed to request verifications. Connect for Health Colorado cannot influence that. More messaging will be available from Connect for Health Colorado when the final regulation from the DOI is complete.
- CKF noted that since carriers will request verifications for SEPs more frequently now, it is likely good for assisters to let clients know this is a possibility, especially during SEP enrollments.
- Due to the Marketplace Stabilization Rule and the emergency regulation from the DOI, there is a change regarding actuarial values (AVs) which describe approximately how much the client will pay for coverage versus how much

the plan will pay. In the past, there was a variant allowance of -2 to +2 percent for the 60/70/80/90 percent AVs (also called the Bronze/Silver/Gold/Platinum plans). The draft rule allows for AVs to go -4 percent or +2 percent. It does maintain that on-exchange Silver plans have a -2 or +2 AV as in the past. The variation will be all the way up to -4 to +5 percent for certain other plans, including an expanded Bronze plan and high deductible plans that qualify for health savings accounts. The range for cost sharing reduction plans are -2 to +1 percent. In summary: individuals may see changes in terms of deductibles, copays, and co-insurance since carriers have more ability to adjust AVs for plans. They will now be able to offer lesser coverage for some plans.

- **Q:** Will the expanded Bronze plans be offered on the marketplace?
- **A:** Connect for Health Colorado does not know yet. Health coverage filings have just come in, and the DOI emergency rule is not finalized yet.

Connect for Health Colorado's Quick Cost and Plan Finder tool that helps outline potential health care costs for specific issues is being upgraded to include prescription components. Individuals will be able to see exact prescription costs for particular drugs. Connect for Health Colorado will host feedback gathering demonstrations for assisters, brokers, and consumer stakeholder groups. They will be announced in the Assistance Network News and through other channels.

### General Updates

Stephanie Brooks, Senior Project Manager  
*Covering Kids and Families*

### Reminder: PEAK Security Update

- ▼ Informational site: [copeak.state.co.us](https://copeak.state.co.us)
- ▼ [Flyer](#)
- The Program Eligibility and Application Kit (PEAK) is built on a Salesforce platform. The platform needs to be updated to be in compliance with federal standards and to prevent hacking. Old browsers paired with old operating system may not be able to access PEAK after the update. This may require PEAK users to perform software updates. Users should still be able to access PEAK as long as they have the most recent version of the Chrome browser and any operating system.
  - **UPDATE as of 7/24:** *The Governor's Office of Information Technology (OIT) announced that the PEAK security update planned for July 22 will be delayed until August 5.*
- OIT has created a [website](#) where users can test their browser and see if the browser is compatible with the Salesforce upgrade. If a user accesses PEAK via the [colorado.gov/PEAK](https://colorado.gov/PEAK) URL, they are directed to this page if the user does not have a compliant browser or operating system. For those users who access PEAK via the <https://coloradopeak.secure.force.com/> URL, they will not be redirected to the helpful website and will get a standard error page that may be confusing to users.
- OIT is working to get information about the upgrade out as much as possible prior to the upgrade implementation. There is a [flyer](#) with more information. Assisters are encouraged to have the flyers in their office so that users have information on how to test their browsers at home.

### Federal Policy Update

- CKF is monitoring federal legislation that could impact the ACA including proposals to repeal and replace, or simply repeal the ACA, although it is unclear if there are enough Senate votes to pass any current proposals.

- Also at the federal level, federal funding to support the Children’s Health Insurance Program (CHIP), implemented as CHP+ in Colorado, needs to be extended by September 30.

### **Coalition Member Updates and Information Sharing**

*What is going well for you? What is causing your work to go slowly? Have you experienced any recent successes or barriers?*

- Kathy Crusan-Ford of Denver Human Services shared several updates:
  - Kathy sought organizational and community leadership approval and created a document stating the Denver City and County perspective on the current immigration climate. The document also includes information on [resources](#) from the Denver Immigrant and Refugee Commission. Click [here](#) for a Frequently Asked Questions document on immigrant and refugee assistance. Denver Health also provided a [statement](#).
  - Denver County’s farm stand opened on July 17 at the Denver Botanic Gardens. This will be available at Denver County’s Richard T. Castro Center on Mondays, at the Wellington E. Webb Building on Wednesdays, the Montbello Office on Fridays, and Union Station on Saturdays. They will have food demonstrations from Cooking Matters next Monday, July 24, at their produce stand. There farm stands are not just for Denver residents, and individuals do not have to be Supplemental Nutrition Assistance Program (SNAP) recipients to participate; however, SNAP recipients can participate in the Double Up Food Bucks program which allows those who receive SNAP to purchase two-for-one produce. Denver County also have a partnership with Veterans to Farmers to man the farm stands.
  - Denver County is still hosting navigator trainings about basic eligibility requirements for many programs. The July session is full, and August is filling up fast. At these sessions she is also addressing what is happening with health care and other topics of interest. There are now two trainers doing these sessions.
- Coalition members discussed barriers to applying for CICP for patients with Deferred Action for Childhood Arrivals (DACA) status.
- Jill Mathews, Colorado Department of Education (CDE), shared that CDE received grant money this month for boots-on-the-ground for drug use and abuse prevention. The money is being distributed to school districts who applied through a request for proposal process. Starting this fall this money will allow 105 additional social workers, nurses, and councilors to be hired to work on prevention and referrals in kindergarden through twelfth grade. Marijuana tax money is also being used for capital improvements to schools.
- Stephanie McCaulley from Clear Creek County Public Health shared that they opened a primary care clinic on July 17 so their community has a provder again. There are two doctors from Centura Health.

**Next meeting: August 17, 2017**