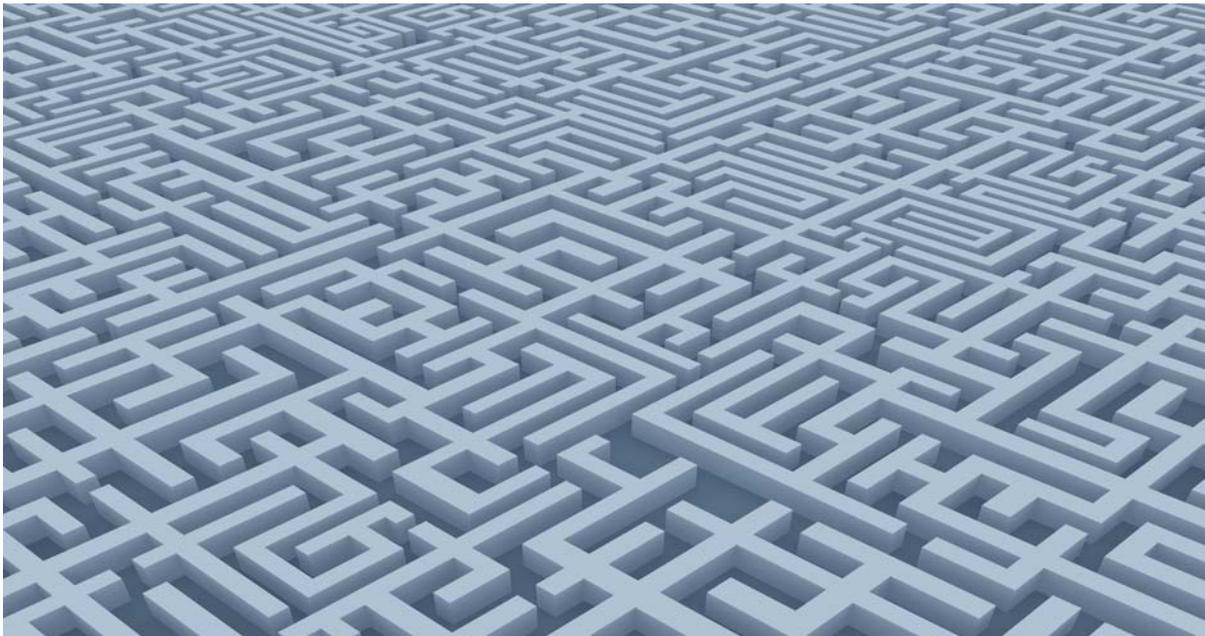




Colorado Covering Kids and Families

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

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ABOUT COLORADO COVERING KIDS AND FAMILIES (CKF)

CKF is a statewide coalition of 190 organizations and over 500 individuals with experience and expertise in outreach and enrollment for Medicaid and Child Health Plan *Plus* (CHP+). CKF's mission is to ensure that eligible children and families can enroll and remain enrolled in Medicaid and CHP+ by supporting and facilitating effective outreach, simplifying the enrollment and re-enrollment process, and improving coordination between the programs. For over six years, the CKF coalition has assessed the ongoing needs of state and local communities and informed policy recommendations on Medicaid and CHP+ outreach, enrollment and retention.

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	-1-
INTRODUCTION	-4-
COLORADO’S MEDICAID AND CHP+ PROGRAMS	-4-
THE ELIGIBILITY AND ENROLLMENT MAZE	-6-
THE FOUNDATION FOR SYSTEM REFORM	-14-
ELIMINATING ENROLLMENT BARRIERS: LEGISLATIVE, REGULATORY AND ADMINISTRATIVE OPTIONS	-16-
CONCLUSION	-26-
APPENDIX I: Data Sets for Medicaid and CHP+ Outreach, Eligibility, Maintenance, Enrollment and Renewal	-28-
APPENDIX II: Initiating the Recommendations: Action Steps to Reform Colorado’s Eligibility and Enrollment Maze	-29-
REFERENCES	-30-

EXECUTIVE SUMMARY

Colorado’s Medicaid and Child Health Plan *Plus* (CHP+) programs provide health care coverage to almost 390,000¹ children and their parents. Nonetheless, nearly 78,000 of Colorado’s estimated 153,000 uninsured children are eligible for but not enrolled in the programs.² Recognizing the importance of health insurance in the lives of children and families, decision-makers and stakeholders are working to make sure that Colorado’s eligible children can and do enroll in Medicaid and CHP+. In the past several years, Governor Ritter, the Department of Health Care Policy and Financing (the Department), legislators, health care providers, foundations and advocates have begun to close the gap between eligibility and enrollment. Recent accomplishments include: increased outreach funding, the provision of immediate, temporary coverage for children as they wend their way through the eligibility process via presumptive eligibility, and simplifications to the application process for families. The Department is also exploring options to overhaul Colorado’s current eligibility and enrollment process through eligibility modernization in conjunction with major modifications to Colorado’s Computerized Benefits Management System (CBMS), the system that determines eligibility for Medicaid and CHP+ and several other public benefits programs.

Although many of the barriers to Medicaid and CHP+ coverage are well known by policy-makers, government agencies and advocates, nowhere have barriers in each stage of the process—from outreach to eligibility determination to enrollment to renewal – been catalogued in one place. In this report, Covering Kids and Families fully examines the maze that represents the current state of Colorado’s Medicaid and CHP+ eligibility and enrollment process and synthesizes available information about the barriers applicants face. Based upon these enrollment barriers, the report then explores options for reform to the system and provides a series of recommendations based on a comprehensive review of administrative and policy options and best practices that can guide Colorado’s decision-makers as they work to simplify the path to Medicaid and CHP+ coverage.

THE ELIGIBILITY AND ENROLLMENT MAZE

While Colorado is moving in the right direction, the piecemeal development of the eligibility and enrollment system over time has created a complicated maze of barriers for Medicaid and CHP+ applicants to navigate. A confusing application form, burdensome documentation requirements, unnecessary paperwork and administrative processes that make both families and state and local agencies process the same paperwork over and over again conspire to keep eligible families from coverage and add inefficiency to Colorado’s public health coverage systems. There are four phases in Colorado’s Medicaid and CHP+ eligibility and enrollment process: outreach, eligibility determination, enrollment and renewal. Within each phase an application goes through multiple steps that offer multiple opportunities for the process to go awry. To identify the full scope of enrollment barriers, CKF synthesized recent reports on Colorado’s eligibility system and ongoing documentation of barriers identified by CKF coalition members and partners, including community based organizations that regularly work with applicants to get enrolled. Understanding Colorado’s enrollment barriers provides the foundation on which to develop and test strategies to increase enrollment.

THE FOUNDATION FOR ELIGIBILITY AND ENROLLMENT REFORM

The experiences of families and enrollment professionals illustrate the barriers in Colorado’s

current eligibility and enrollment system and reveal three key elements of system reform:

- ✓ Robust data collection and analysis that will allow Colorado to measure improvements and make course corrections should they be needed.
- ✓ Comprehensive enrollment assistance that is readily available to all Medicaid and CHP+ applicants who want or need it and adequate support for the sites that provide it.
- ✓ Improvements to Colorado’s eligibility process and the Computerized Benefits Management System (CBMS), the computer system that determines eligibility for Colorado’s public assistance programs, supported by policy changes that better coordinate the programs and improve access to health coverage.

Colorado is not alone in its predicament. Most states face similar challenges, and some have already taken innovative action to overcome common enrollment barriers. These best practices offer proven remedies for the same enrollment barriers that create a difficult maze for families to navigate and for the Department and counties to administer and manage. Additional solutions may be based upon federal Medicaid and SCHIP regulation, which provide states flexibility to create systems that best meet their needs. Thoughtfully incorporating successful outreach and best practices from other states, as well as careful policy and regulatory changes, could provide Colorado the tools to ease the complexities of the current eligibility system for families, enrollment professionals, providers, and the Department and ultimately increase Medicaid and CHP+ enrollment and access to care for Colorado’s children and families.

ELIMINATING ENROLLMENT BARRIERS: OPTIONS FOR SYSTEM REFORM

CKF reviewed federal law and regulation, Colorado law, regulation, policy and Medicaid and CHP+ State Plans, as well as best practices from other states, to identify options for improving the eligibility and enrollment process, facilitating eligibility modernization, fostering program coordination and improving enrollment assistance for Colorado’s Medicaid and CHP+ programs. In order to clearly demonstrate the specific opportunities for decision-makers and stakeholders, the policy options presented below are categorized by the action step required to initiate the policy change. For a summary chart of action steps see Appendix II – “Initiating the Recommendations: Action Steps to Reform Colorado’s Eligibility and Enrollment Maze.”

LEGISLATIVE OPTIONS

- ✓ Leverage technology to simplify the Medicaid and CHP+ application process
- ✓ Simplify Medicaid and CHP+ eligibility policies
 - Provide twelve-month continuous eligibility to Medicaid and CHP+ recipients
 - Increase the income eligibility for Medicaid applicants ages six to eighteen to 133% of the federal poverty level
 - Expand parent coverage to match the income limit for children

REGULATORY OPTIONS

- ✓ Simplify verification requirements
 - Give Medicaid applicants more time to submit proof of citizenship and identity
 - Develop systems for the administrative verification of citizenship and identity
- ✓ Align income deductions for Medicaid and CHP+

- ✓ Assure timely enrollment in CHP+ Managed Care Organization (MCO) of choice
- ✓ Provide presumptive eligibility coverage until final eligibility determination
- ✓ Simplify renewals

ADMINISTRATIVE OPTIONS

- ✓ Simplify verification requirements
 - Implement administrative verification of citizenship, identity and income
 - Assist applicants with the cost of acquiring necessary documentation
- ✓ Recruit, train, and support a statewide network of Community Based Organizations to provide comprehensive enrollment assistance to Medicaid and CHP+ applicants
- ✓ Leverage matching funds for enrollment assistance
- ✓ Educate CHP+ parents about benefits, resources, and accessing care

Significant steps taken over the past several years and a recent fundamental philosophical shift that makes enrolling eligible children a state priority reveal Colorado's commitment to reform. However, good intentions alone cannot fix the complicated and uncoordinated maze of barriers that lead frequently to enrollment dead ends. Together, decision-makers and stakeholders must maintain a commitment to reforming Colorado's broken system. The Governor, legislators, the Department, funders, eligibility sites and advocates must work together to ensure meaningful reform becomes a reality. The nation's current economic crisis makes system reform and an ongoing, concerted effort to facilitate the enrollment and retention of eligible Colorado children and families in health coverage more pressing than ever. Now, when so many families already are and so many more will be likely be in need, is the time.

INTRODUCTION

Health insurance makes a real difference in children's lives. When they have it, children are more likely to have a medical home, access to preventative care services, and get the care they need. Uninsured children, by comparison, are less likely to receive primary care or have access to vision, hearing, dental, and immunization services. Having health insurance improves social and emotional development, fosters school readiness and performance, and minimizes health disparities.³ A study published in *Pediatrics* (2005) found that Colorado children newly enrolled into Colorado's State Child Health Insurance Program (SCHIP), marketed as the Child Health Plan *Plus* (CHP+) experienced dramatic increases in access to all types of care and decreases in unmet medical need.⁴ In comparison, a report by the Robert Wood Johnson Foundation found that Colorado's uninsured children are eight times more likely than insured children to miss out on needed medical care.⁵

Despite the availability of Medicaid and CHP+, nearly 78,000 of Colorado's 153,000 uninsured children are eligible for but not enrolled in the programs⁶. Recognizing the importance of health insurance in the lives of children and families, a growing number of decision-makers and stakeholders are committed to ensuring that more children have health coverage and that eligible children can and do enroll in public health coverage programs. Working together in the past several years, Governor Ritter, the Department of Health Care Policy and Financing (the Department), legislators, health care providers, foundations, eligibility sites and advocates made progress in addressing the gap between eligibility and enrollment. Efforts resulted in doubling of outreach funding to \$2.7 million in State Fiscal Year 2008-2009, the provision of immediate, temporary coverage for children as they wind their way through the eligibility process via presumptive eligibility and simplifications to the application process for families. The Department is exploring eligibility modernization, an effort to overhaul Colorado's current eligibility and enrollment process, in conjunction with major changes to Colorado's Computerized Benefits Management System (CBMS), the system that determines eligibility for Medicaid and CHP+ in addition to several others of Colorado's public benefits programs.

While Colorado is moving in the right direction, a maze of barriers still stands between thousands of eligible children and families and the health care they need. A confusing application form, burdensome documentation requirements, unnecessary paperwork and administrative processes that make both families and state and local agencies process the same paperwork over and over again are among the barriers that conspire to keep Colorado families from coverage. These barriers create a complex system that confuses families, overwhelms enrollment professionals, and challenges the Department. Understanding Colorado's enrollment barriers provides the foundation from which to develop and test strategies to increase enrollment. Combined with a comprehensive review of administrative and policy options and best practices that simplify and streamline the Medicaid and CHP+ eligibility and enrollment process will help inform Colorado's decision-makers as they work to eliminate the maze and set Colorado children and families on the direct path to Medicaid and CHP+ coverage.

COLORADO'S MEDICAID AND CHP+ PROGRAMS

Medicaid

The Medicaid program, created by the United States Congress in 1964, provides publicly financed medical assistance to the nation’s most vulnerable populations. Low-income children and families, pregnant women, the disabled, and the elderly receive health care services through Medicaid. Medicaid is a jointly funded state and federal partnership. Although states voluntarily choose to provide Medicaid, all 50 states participate. As an “entitlement” program, Medicaid is mandated to cover anyone who meets federally defined minimum eligibility requirements. In FY 2007-2008, Medicaid covered more than 409,000 children and adults in Colorado.⁷

Colorado has a state-supervised, county administered Medicaid system. The Department retains ultimate accountability for all public health insurance programs that the Department administers, to ensure eligibility determinations and enrollments are accurate, timely, and conducted in accordance with federal and state laws and rules. Following federal regulations and state statute, the Department is responsible for implementing program statutes and regulations promulgated by the Colorado General Assembly and the Medical Services Board and paying providers for services rendered to Medicaid recipients. Colorado’s 64 county departments of social/human services administer the program. Additionally, the Colorado General Assembly authorized the Department to designate the private service contractor that administers CHP+, Denver Health and Hospitals, and other Medical Assistance (MA) sites as the Department determines necessary to accept medical assistance applications to determine eligibility for applicants. To date, the Department authorized MA sites at Peak Vista Community Health Center and three demonstration projects located in Jefferson, Arapahoe, and Pueblo counties (through House Bill 2006-1270).

Table 1: Colorado’s Medicaid Programs

1931	Also known as Family Medicaid, provides health coverage to families receiving Temporary Assistance for Needy Families (TANF or cash welfare assistance)
Parents Plus	Coverage for parents below 60%FPL whose income exceeds the 1931 eligibility criteria
Baby Care/Kids Care	Coverage for children and pregnant women under a range of eligibility categories. <ul style="list-style-type: none"> • Children under 6 years of age are eligible up to 133% FPL*, children ages 6-19 years are eligible up to 100% FPL • Pregnant women and teens are eligible up to 133% FPL
Newborns	Babies born to women on Medicaid at the time of birth automatically receive Medicaid for the first year
Immigrants	Individuals who meet all eligibility criteria except for immigration status are eligible for emergency services including labor and delivery
Waiver Programs	A number of smaller programs for special populations, including Home and Community Based Services (HCBS) for those with developmental disabilities

**Federal Poverty Level starting April 1, 2009 is \$22,050 annually for a family of four. 133% of FPL is \$29,327 annually for a family of four.*

Children enrolled in Medicaid receive a federally mandated benefits package known as EPSDT, or Early and Periodic Screening, Diagnosis and Treatment. EPSDT is the most comprehensive benefits package of any insurance program, whether public or private. States are required to

provide appropriate treatment for issues that arise during the well-child screenings. EPSDT includes a statewide network of outreach coordinators who educate families about and assist families to access Medicaid benefits for their children. Adult Medicaid recipients receive a more limited benefits package than children that includes primary and preventive care services, inpatient and outpatient hospital services and prescription drugs. For pregnant women Medicaid provides prenatal care and labor and delivery services including 60-days of postpartum care. Medicaid services are largely delivered on a fee-for-service basis by providers contracted with the Department, although some particular populations and some counties are served by managed care organizations.

Child Health Plan *Plus* (CHP+)

The U.S. Congress created the State Children’s Health Insurance Program, or SCHIP, in 1997 to allow states to provide affordable public health insurance for children whose family income was too high to be eligible for Medicaid but not high enough to afford private health insurance. States options included Medicaid expansion programs, combined Medicaid/SCHIP programs, or separate SCHIP programs. SCHIP is a public-private partnership that is jointly funded by the state and federal governments and like Medicaid, all 50 states provide SCHIP coverage. Unlike Medicaid, SCHIP is not an “entitlement” program. States are provided a fixed allotment roughly based on the number of eligible children. Were a state to spend its entire federal allotment, it may choose to make up the difference with state funds or close access to the program.

Colorado implemented a stand-alone program, the Children’s Basic Health Plan marketed as the Child Health Plan *Plus*, or CHP+. Colorado’s CHP+ and the CHP+ Prenatal Care Program provide health insurance to eligible children and pregnant women who do not qualify for Medicaid and live at or below 205% of the FPL. The maximum income level (205% FPL) is \$45,203 annually for a family of four. In FY2007-08, Colorado’s CHP+ program covered approximately 59,300 children and pregnant women.⁸ CHP+ benefits are similar to those provided by commercial health insurance and are based on Colorado’s Standard and Basic benefits packages for small employers. While CHP+ benefits include a variety of important basic services, including preventive and acute medical care, prescription drug coverage, limited dental care and recently expanded mental health benefits, CHP+ does not provide the extensive benefits covered under Medicaid EPSDT.

As in the Medicaid program, the Department is responsible for implementing program statutes and regulations promulgated by the Colorado General Assembly and the Medical Services Board within federal guidelines. The Department contracts with private vendors and managed care organizations (MCOs) to market the program, determine eligibility, manage enrollment and renewal, manage the State Managed Care Network (the Network), and provide health care services through managed care contracts.

THE ELIGIBILITY AND ENROLLMENT MAZE

That Colorado’s eligibility and enrollment system is broken is not news. Colorado’s current enrollment barriers are the product of over a decade’s worth of uncoordinated change to the laws, regulations, and administrative practices that determine how eligible kids and families secure the coverage they need. In recent years enrollment barriers from the perspectives of eligibility and enrollment workers and families have been well documented. Governor Ritter, Colorado

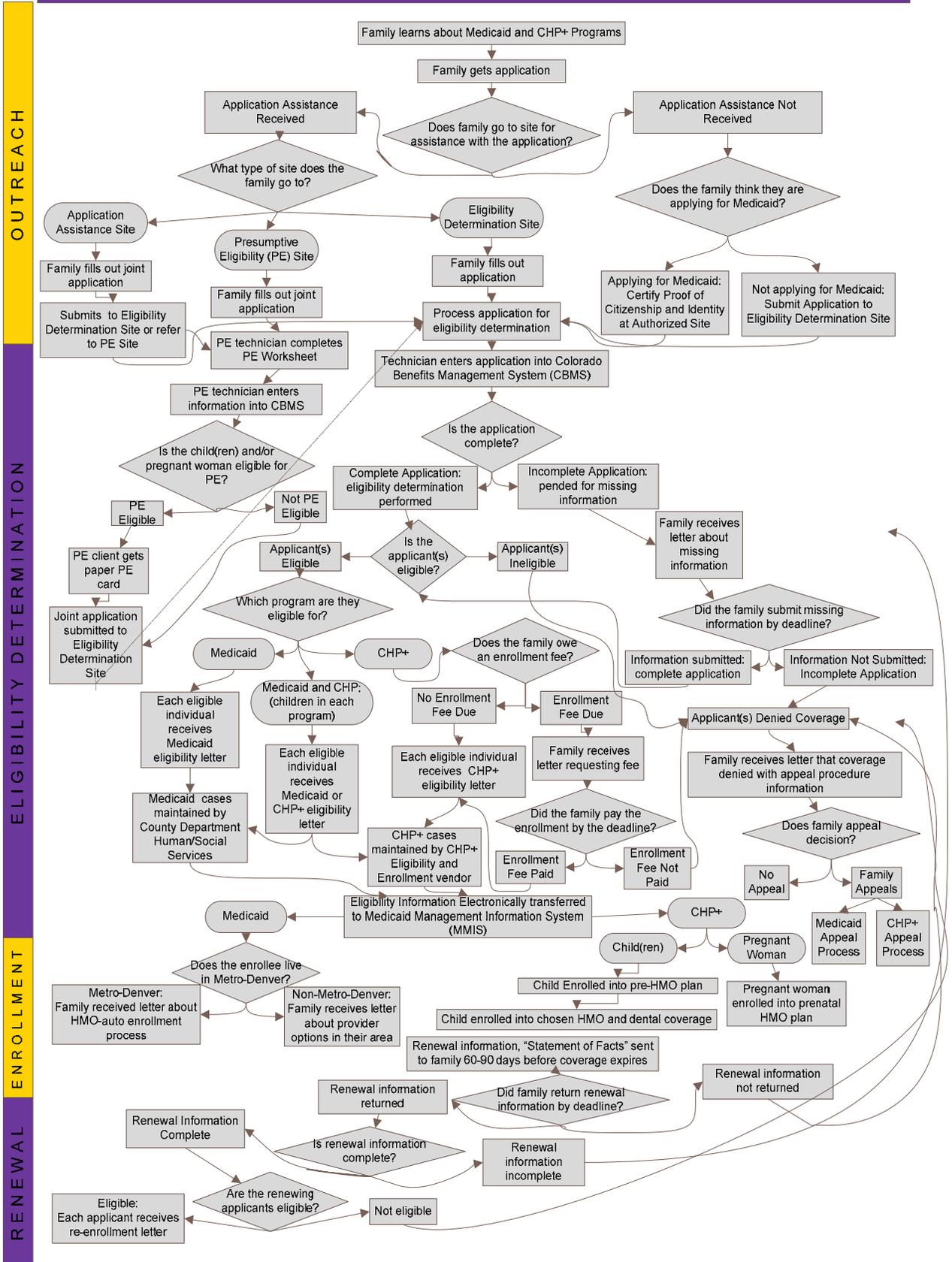
legislators, the Department, the Blue Ribbon Commission on Health Care Reform and the 2010 All Kids Covered Initiative have all acknowledged the existence of these barriers in Colorado's system and proposed a draft of mostly complimentary policy changes to fix them.^{9,10,11,12,13}

A comprehensive understanding of Medicaid and CHP+'s cumbersome eligibility and enrollment process is an essential first step to implementing policies and procedures that provide a comprehensive fix. At its heart lies CBMS, the state's computerized benefits system. CBMS is jointly administered by the Department and the Colorado Department of Human Services to determine eligibility for multiple programs, such as Medicaid, CHP+, Food Assistance and TANF. There have been numerous problems associated with CBMS since its implementation in 2004. While the Department continues working to ameliorate CBMS functionality issues, many of the same concerns such as processing delays, confusing client correspondence and data transfer delays persist. Additionally, Medicaid and CHP+ cases can be adversely affected by their interaction within CBMS with other programs. CBMS improvements and interim procedures leave county eligibility staff racing to keep up with system changes.

Information captured by state systems such as CBMS, offer the most concrete evidence as to which eligibility and enrollment practices precipitate enrollment dead ends. Unfortunately, limited availability of Medicaid and CHP+ eligibility and enrollment data is an ongoing problem. In the absence of reliable data, policy recommendations must be informed by anecdotal information. Barriers identified by community-based outreach staff, eligibility determination workers and families offer a window into Colorado's eligibility and enrollment maze.

There are four phases in Colorado's Medicaid and CHP+ eligibility and enrollment process: outreach, eligibility determination, enrollment and renewal. Within each phase an application goes through multiple steps that offer multiple opportunities for the process to go awry. To identify the ongoing barriers to enrollment, CKF synthesized recent reports on Colorado's eligibility system and ongoing documentation of barriers identified by CKF coalition members and partners. The Colorado Coalition for the Medically Underserved Kids Blitz project documented barriers through the experiences of community-based outreach staff.¹⁴ A 2007 County Workload Study highlighted system problems experienced by county eligibility determination sites.¹⁵ Additionally, for over six years, Colorado's CKF coalition has worked to identify barriers to enrollment. Ongoing communication between CKF staff and front-line workers across Colorado at Community Health Centers, local clinics, schools and local health departments during monthly meetings, annual surveys, ongoing technical assistance and periodic family focus groups has provided documented experiences with the system.¹⁶ The experiences of CKF coalition members and published reports clearly identify the twist and turns on the eligibility and enrollment process that keep eligible children and families from accessing coverage. The chart on the following page provides a visual representation of Colorado's complicated eligibility and enrollment process and the text that follows describes each phase and identifies common barriers within them.

MAP OF COLORADO'S MEDICAID AND CHP+ ELIGIBILITY AND ENROLLMENT PROCESS



PHASE 1: OUTREACH

Outreach is an essential component to a successful application. Outreach includes activities that inform families about the programs, screen for potential eligibility, facilitate enrollment and reenrollment through application assistance and help families access services.

Families learn about Medicaid and CHP+ in a variety of ways including through state-funded CHP+ marketing and outreach, human services agencies, providers, schools, childcare programs and other families. Information is shared through brochures, public service announcements, health fairs, websites and word of mouth.

BARRIERS:

- Despite Colorado's investment in Medicaid and CHP+ outreach, families remain unaware of the programs.
- Despite awareness of the programs, families are not aware they might be eligible.
- "Medicaid" carries a stigma due to the program's historical link to welfare programs. The program name deters families from applying.
- Lack of health care providers in communities discourages families from applying. Enrolling into the programs does not mean families will have access to services.
- Non-citizen parents are reluctant to apply on behalf of their citizen children.

Case example: A mother living in southwest Colorado suffered complications with the birth of her second child. At the time she was uninsured and had not heard about CHP+. Although recovered, it will take quite a while for her to pay-off her \$20,000 medical bill. Had she known she qualified for CHP+, her prenatal care and delivery expenses would have been covered.

Colorado's joint application allows families to apply for Medicaid and CHP+ simultaneously and can be downloaded online and is available in English and Spanish. Hard copies of the application can be mailed to the family or distributed in person at various local organizations. Colorado's Single Purpose Application (SPA) allows individuals to apply for multiple public benefit programs including Medicaid, CHP+, and Food Assistance. The SPA is available only in English although a Spanish version is expected soon. The SPA is used by county departments of human/social services and can be obtained at county offices or online.

BARRIERS:

- The online version contains recent revisions not included in the hard copy version. Outdated hard copy applications often contain confusing and/or provide inaccurate directions to families. Use of an outdated version may result in an incomplete application.
- Lack of a Spanish-language SPA.

Although the joint application allows families to apply for both Medicaid and CHP+, some questions on the application only apply to one program since eligibility criteria for each program is different. For example, Medicaid applicants must provide proof of citizenship and identity and may request retroactive coverage while CHP+ applicants are required to select a managed care organization.

BARRIERS:

- Due to the confusing differences in program rules, assistance sites require unnecessary information from families. Potential applicants are deterred from applying when unnecessary steps or information are required.
- Citizenship and identity verification is difficult to obtain. In Colorado, a copy of a birth certificate costs \$17.75. For a family with three children, this quickly adds up to over \$53.
- Over-burdened assistance sites demonstrate poor customer service. For example, families have been told not to bring their children since they can be disruptive however, low-income families may have no other choice if they are not able to pay for childcare.
- The joint application provides limited information on where and how a family can submit the completed application. Families may not apply because they are unaware of their options.
- The joint application instructions are confusing.
- Written materials about the programs, including the joint application, contain confusing language and are written at an inappropriately high literacy level. Families may be unclear about the programs and how to apply.

Three types of sites are a part of the eligibility and enrollment process.

Application Assistance sites (sometimes called Community Based Organizations or CBOs) help families complete the application for CHP+ and Medicaid. Application assistance sites cannot determine eligibility and do not have access to CBMS. Some application assistance sites are also “Certified application assistance sites” meaning that they are authorized to verify copies of original citizenship and identity verification for Medicaid. Most application sites are not paid for the efforts to enroll families.

Presumptive Eligibility (PE) sites have the authority to determine and grant temporary Medicaid or CHP+ coverage that allows children and pregnant women to receive services while their full application is processed. After families fill out the joint application, PE sites use CBMS to determine temporary eligibility and immediately print a PE card for children and pregnant women. PE sites do not have the authority to determine full eligibility for Medicaid and CHP+. After completing the PE process, PE sites must submit completed applications to the appropriate eligibility determination site where the application is processed for Medicaid and CHP+ eligibility. Most sites are also certified to verify copies of original citizenship and identity verification for Medicaid. PE sites are not paid for PE applications.

Eligibility Determination sites have the authority to determine eligibility for Medicaid and CHP+ using CBMS. All 64 Colorado county human/social service departments and 6 Medical Assistance (MA) sites are eligibility determination sites. MA sites are authorized by the Department and include the CHP+ Eligibility and Enrollment vendor (Affiliated Computer Services, Inc.), Denver Health, three school-based enrollment demonstration sites (located in Jefferson, Aurora, and Pueblo counties) through HB06-1270 and Peak Vista Community Health Center.

BARRIERS:

- Application assistance sites offer different levels of application assistance. Some sites

distribute the application to families while other sites assist families through eligibility determination and renewal. The list of sites does not inform families about the level of assistance provided at each site.

- Application assistance sites do not receive adequate training on frequently changing program rules. This results in inaccurate advice to families.
- Application assistance is limited in certain areas of the state. Some areas of the state lack both an application assistance and PE site. Additionally, many sites do not have enough resources to assist every client requesting help.

Fast fact: Douglas County, where only 27% of CHP+ eligible children are enrolled, has neither Application Assistance nor PE Sites.

PHASE 2: ELIGIBILITY DETERMINATION

All eligibility determination sites are required to use CBMS to determine eligibility for both Medicaid and CHP+ within 45 days. The internal application processing protocol (i.e. logging application, screening application for completeness) varies from site to site. Some MA sites, like the CHP+ vendor, follow state-monitored performance criteria such as “touching” all applications within 14 days of receipt. Most eligibility determination sites are not subject to such performance measures.

CBMS is a rules-driven computer system: eligibility technicians enter information from the application into the system and CBMS determines the eligibility for each of the programs for which the applicant applied. While most functions are automated, there are numerous points when a technician may have to “work-around” the system to ensure an accurate determination.

BARRIERS:

- Eligibility technicians have large caseloads. Technicians have difficulty keeping up with eligibility determinations and case management. Technicians’ jobs are stressful and have a high turn-over rate.
- Lost or misplaced applications at the eligibility determination site.
- Data entry errors at eligibility determination sites.
- Eligibility determination sites may not honor the date a family applied at an application assistance site, resulting in enrollment delays.
- Eligibility determination is not completed within the required 45 days.
- CBMS makes an incorrect eligibility determination most likely due to an error made by the eligibility technician.
- Eligibility determination sites follow different processing standards. An application processed at one site may be held to a different standard than an application processed at another site.
- Eligibility technicians receive insufficient training on CBMS procedures and program policies.
- Lack of PE sites in certain areas of the state.
- PE expires before final eligibility determination is complete.

Case example: A Pueblo family applied for CHP+ for their children after the father's employer could no longer afford to provide coverage. The family was incorrectly denied because the eligibility determination site misapplied the CHP+ rule regarding recent access to employer-sponsored coverage.

After numerous attempts to call CHP+ and appeal the case, the mother turned to a local application assistance site for help. Numerous phone calls eventually resulted in a reversal of the denial and the children are finally covered by CHP+.

During the eligibility and enrollment process applicants receive "Notice of Action" letters or "NOAs." NOAs are written communications regarding Medicaid and CHP+ applications. Most notices are sent to applicants because:

- The application is missing required information and/or verification or
- The applicant has been determined either eligible or ineligible for Medicaid/CHP+.

Most notices are generated automatically by CBMS although eligibility technicians have the ability to suppress a notice from being sent and to manually send a letter. When sending letters, CBMS acknowledges each program (Medicaid and CHP+) individually and at times, each individual applicant.

BARRIERS:

- CBMS sends conflicting notices about eligibility determination status to families. Families receive a letter about Medicaid eligibility one day and a letter about Medicaid ineligibility the next day.
- Redetermination packets are sent to the family too late, even though CBMS is supposed to send the packet 60-90 days prior to redetermination. Families do not have the opportunity to return the information in the required timeframe.
- CBMS sends individual eligibility status letters for Medicaid and CHP+. Families receive multiple letters making it difficult to determine which letter contains the final eligibility determination.
- CBMS sends letters to each individual on a family application making it difficult for families to understand the final eligibility decisions for each family member.

If an applicant is denied Medicaid or CHP+ coverage they are entitled to an appeal. Information about the appeals process is printed on the back of all eligibility determination notices. Since the appeal processes for Medicaid and CHP+ are different, each letter contains the appeal information for the appropriate program. Medicaid appeals are processed through an Administrative Law Judge. CHP+ appeals are heard by the CHP+ Grievance Committee. Medicaid and CHP+ each have a process by which appeals can be resolved by the eligibility determination site rather than completing a formal appeal hearing.

BARRIERS:

- An appeal is required to correct an eligibility technician's data entry error.
- Medicaid and CHP+ appeals processes are different. Families with children in each program must follow two different appeal processes.
- Communication regarding a family's ability to appeal for untimely eligibility determination (over 45 days) is insufficient. Both families and outreach workers are

largely unaware of this appeal right.

PHASE 3: ENROLLMENT

Once found eligible for either Medicaid or CHP+, the enrollee's information is electronically transferred to the state's Medicaid Management Information System (MMIS). Data transfers take between 48-72 hours so eligibility information is not immediately accessible by providers through the MMIS system.

Notification of enrollment into the programs is different for Medicaid and CHP+. For Medicaid, the state contracted enrollment broker sends a letter to the new enrollee about how to access to care. Families that live in a county with a Medicaid managed care organization receive information on their choices*. Families living outside a managed care county receive a letter about the Primary Care Physician Program and regular Medicaid fee-for-service.

For CHP+, pregnant women and children have different enrollment and notification processes. Pregnant women are enrolled in the CHP+ State Managed Care Network and remain in this network until their coverage ends. Children in the CHP+ program have a "pre-enrollment period" when they are temporarily enrolled in the CHP+ State Managed Care Network until they are finally enrolled into their Managed Care Organization (MCO) of choice. The length of time a child stays in the pre-enrollment period ranges from 9-40 days depending on the day of the month s/he was found eligible. The child is enrolled into the CHP+ dental coverage program only once s/he is enrolled into their chosen MCO.

BARRIERS:

- CHP+ pre-enrollment period is complicated and confusing. The process creates additional steps for families and program administrators.
- Electronic data transfers between CBMS and MMIS are unreliable. CBMS may show eligibility information that contradicts the information the provider sees in MMIS. Additionally, CHP+ children "get stuck" in the pre-MCO period and never get enrolled into their MCO of choice. This also delays or prevents enrollment into dental coverage.
- The 48-72 hour lag-time between CBMS and MMIS data transfers creates a gap in access to care. Providers are not able to verify eligibility for recent enrollees who need immediate services.

Local county department of human services maintain and re-determine Medicaid cases. The CHP+ vendor maintains and re-determines all CHP+ cases. If a client moves between counties, cases are electronically transferred via CBMS. If a family's circumstance changes while they are enrolled in either program (i.e. income or family size), they are required to report the changes. For families on Medicaid, their eligibility will be re-determined with the new information. This happens most often to recipients with additional public benefits, such as Food Assistance, because the Food Assistance program requires either quarterly or semi-annual redetermination.

Colorado's CHP+ program provides 12-month continuous enrollment for children. The CHP+ vendor must wait until the final month of the 12-month enrollment to redetermine eligibility with the new information. The only exception is if a family submits a new joint application. In that case a new eligibility determination is initiated regardless of how many months the family has been enrolled. Changing family circumstances may cause a family to move between the

* Denver county residents are auto-enrolled in a managed care organization if one is not chosen within a certain timeframe.

Medicaid and CHP+ programs. If a family increases their income and reports the change, they may be eligible for CHP+. By law, families should not lose coverage while they “flip” between programs.

BARRIERS:

- Difficult to reach technicians. Technicians are overwhelmed by workload and unable to provide assistance to families.
- Case transfer process between counties or eligibility determination sites is not reliable. Families’ coverage can be interrupted after case transfers.

In one mother’s words: “I was waiting for three weeks calling, calling, calling. I’d wake up early and call for 2 hours. They didn’t answer. I spent three weeks calling in the morning. In the afternoon, it’s the same. I’m carrying my baby, and I’m waiting for this call, one hand holding a crying baby and the other hand holding the phone for two hours. And, suddenly I got cut off... The only thing I would ask is to be treated with dignity.”

PHASE 4: RENEWAL

A renewal packet is sent to applicants prior to their annual redetermination (60 days prior for Medicaid and 90 days prior for CHP+). The renewal application, called the “Statement of Facts,” includes pre-populated applicant information based upon the renewing enrollee’s most recent application. Enrollees are asked to review the pre-populated eligibility information, declare any changes, and provide any necessary verification. Enrollees that submit their application before the current enrollment year ends and remain eligible will be re-enrolled into the programs without a lapse in coverage.

BARRIERS:

- Coverage inappropriately dropped at renewal for eligible families for unknown reasons.
- Renewal packet (Statement of Facts) is lengthy and confusing. Families often seek help from an application assistance site to ensure they complete the renewal information correctly.

Case example: A mother brought her sick 15-month-old baby to the pediatrician for care. To her surprise she found out the baby’s coverage had lapsed and the baby was uninsured. The mother never received any letters asking her to renew or informing her that the baby’s coverage was terminated.

THE FOUNDATION FOR SYSTEM REFORM

Substantial reform is required if Colorado is to release families from the maze and set them on the direct path to coverage. The experience of families and enrollment professionals reveal the barriers in Colorado’s current eligibility and enrollment system and demonstrate the reason the programs are burdensome for the state and counties to administer and manage. Based on these known barriers to enrollment, reform must be based on three elements: robust data collection and analysis, comprehensive enrollment assistance for all Medicaid and CHP+ applicants, and improvements to Colorado’s eligibility process and, supported by policy changes that better

coordinate the programs and improve access to health coverage.

✓ **Collect and analyze data to enlighten and evaluate reform**

Accurate data is needed to better understand current enrollment barriers, to inform strategies to reduce them, and to evaluate the effectiveness of potential solutions. Unfortunately, a lack of data is an ongoing problem in Colorado’s public health coverage programs; much of the information used to inform policy recommendations is anecdotal. A May 2008 State CHP+ audit repeatedly identified lack of data and systematic program evaluation as major concerns within the CHP+ program.¹⁷ Lack of data hinders the Department and stakeholder ability to identify and address both statewide and local barriers.

Some data is unavailable because the system was not built to track the information. For most data points, CBMS captures the data but it is not able to pull the data into reports. There are two opportunities to capture and report program data. First, Colorado’s CHP+ Eligibility and Enrollment vendor created a state-owned system called Colorado Rapid Application Tracking System or CRATS to track and report on applications submitted at their site. The CRATS system offers a potential model tracking system separate from CBMS that could incorporate data on Medicaid applications. Second, through eligibility modernization efforts, the creation of a system built onto the front-end of CBMS, can be implemented to capture and report desired program data while also simplifying the application process for both applicants and eligibility determination sites.

Examples of helpful data sets include the number of eligibility denials categorized by the reason for denial (i.e. incomplete application, ineligible), the number of families with children in each program (one child in Medicaid another in CHP+), and the number of cases closed at renewal categorized by reason for denial. Further recommendations regarding required data for program evaluation are provided in Appendix I: “Data Sets for Medicaid and CHP+ Outreach, Eligibility, Maintenance, Enrollment and Renewal.”

✓ **Provide comprehensive enrollment assistance for Medicaid and CHP+ applicants**

Reform must also include comprehensive enrollment assistance for Medicaid and CHP+ applicants. Comprehensive enrollment assistance:

- Supports families and the sites that work with them.
- Informs families about Medicaid and CHP+, facilitates successful enrollment, and promotes retention in the programs.
- Ensures applicants can find accessible and culturally and linguistically appropriate assistance in their communities at a variety of sites and includes an explicit dedication to family support.
- Educates families about the appropriate use of benefits and facilitates access to a medical home which helps empower families to take responsibility for their health care.

Comprehensive enrollment assistance also meets the needs of workers and sites that provide application assistance by providing consistent training and technical assistance, encouraging local innovation, facilitating best practice sharing statewide, and adequately compensating sites for the services they provide.¹⁸

✓ **Improve the Medicaid and CHP+ eligibility determination and renewal system**

Colorado should continue efforts to modernize the program eligibility and renewal processes for Medicaid and CHP+. In pursuit of the Governor’s vision to enroll eligible children, the Department is charged with increasing CHP+ enrollment by 12,000 children by July 2009. If Colorado is to enroll so many new eligible children, eligibility modernization is critical. Eligibility modernization affords Colorado the chance to make systemic improvement that will allow for uniform implementation of rule and policy changes, standardized training and communication, technological and administrative improvements, and better contract management and vendor accountability. However, eligibility modernization depends on a functional eligibility determination computer system. CBMS problems have to be addressed so that policies, rather than our computer system, drive the eligibility and enrollment process. Legislators should consider maintaining current funding for and future funding of CBMS improvements. Additionally, legislators should consider funding the Department’s future eligibility modernization budget requests to ensure a strong and functional eligibility system by which to enroll more children and families.

Essential to the success of eligibility modernization are policy changes that facilitate enrollment and coordinate Medicaid and CHP+. In recent years Colorado has taken better advantage of the flexibility allowed in federal law and regulation by pursuing measures that streamline, coordinate, and expand eligibility for Medicaid and CHP+. These include:

- Elimination of the Medicaid asset test and expansion of parent coverage to 60% FPL (2006)
- Continuous enrollment between the programs (2007)
- Presumptive eligibility in Medicaid and CHP+ for children (2008)
- Administrative income verification through an available state data base (2009)
- Administrative review of Medicaid clients’ eligibility status at renewal using existing information, known as “ex parte review” (2009)

While these changes are a good start, more must be done. Colorado is not alone in its predicament. Most states face similar challenges, and some have already taken innovative action to overcome common enrollment barriers. Their successful reforms offer proven remedies for the same enrollment barriers facing Colorado families. Additional solutions may be based upon federal Medicaid and SCHIP regulation, which provide states flexibility to create systems that best meets the needs of their state. States most successful at enrolling eligible individuals are often those that devise creative solutions, such as online screening tools and phone renewals, while making the best use of federal flexibilities to address known barriers in their systems.

ELIMINATING ENROLLMENT BARRIERS: LEGISLATIVE, REGULATORY AND ADMINISTRATIVE OPTIONS

CKF proposes a series of policy changes based upon review of federal law and regulation, Colorado law, regulation, policy and Medicaid and CHP+ State Plans, combined with consideration of best practices from other states that will improve the eligibility and enrollment process and facilitate eligibility modernization, program coordination and improve enrollment assistance for Colorado’s Medicaid and CHP+ programs. In order to clearly demonstrate the specific opportunities for decision-makers and stakeholders the policy recommendations presented below are categorized by the action step required to initiate the policy change. For a summary chart of the action required to initiate policy change see Appendix II – “Initiating the

Recommendations: Action Steps to Reform Colorado’s Eligibility and Enrollment Maze.”

LEGISLATIVE OPTIONS

In order to be found eligible, families must first learn about the programs. Media campaigns and outreach events can affect enrollment increases, however they may be more successful when combined with additional strategies. Other states have found that providing coverage for all children helps states reach children that were eligible prior to the expansion, a phenomenon known as the “welcome mat” effect. Striking among recent initiatives is Wisconsin’s BadgerCare Plus program. In January of 2008 all children in families earning up to 300% FPL became eligible for BadgerCare Plus. Upon simplifying their message to “all kids are covered” Wisconsin found that 80% of those who signed up for the new and rebranded program were already eligible for Medicaid and SCHIP under previous rules. After six months, Medicaid enrollment increased 15.6%.¹⁹

Other states demonstrate similar results with expanding their programs to all children. When Illinois began covering all children in 2006, 70% of new enrollees had been eligible under previous rules.²⁰ Pennsylvania initiated coverage for all children up to 300% of the FPL in 2007. One year later, 16,059 new children had enrolled, 9,186 (57%) of whom were eligible under previous rules.²¹ When Massachusetts expanded their children’s health insurance program to include previously ineligible children under the Children’s Medical Security Plan in 2006, the state experienced the same phenomena. Fifty percent of new enrollees had been eligible under old rules.²²

In the absence of a commitment to cover all children, Colorado can implement other options to reach eligible but unenrolled children. Incorporating technological solutions, removing policy barriers, providing comprehensive enrollment assistance and expanding coverage to parents can simplify the process for families and ease the administrative burden on sites and ultimately increase enrollment of eligible people. The following recommendations will help increase the success of Colorado’s current outreach efforts.

✓ Leverage Technology to Simplify the Medicaid and CHP+ Application Process

Federal law requires that eligibility be determined in a manner consistent with simplicity of administration and in the best interests of applicants.²³ While Colorado implemented an improved joint Medicaid and CHP+ application in 2006 and no longer requires a face-to-face interview, opportunities for improvement remain. Electronic applications accompanied by electronic signatures and document management systems can streamline the application process for families, reduce the occurrence of application loss and data entry error, reduce the administrative and data entry burden on enrollment assistance and eligibility determination sites, and ease administrative complexities for the Department.

Several states use online tools to facilitate application for Medicaid and SCHIP. For example, Pennsylvania’s online screening and application tool, COMPASS (Commonwealth of Pennsylvania Application for Social Services), allows families to apply for and renew coverage for multiple programs. COMPASS does not determine program eligibility; instead it reviews eligibility and forwards the application to the proper program for eligibility determination. COMPASS Community Partners, organizations that provide enrollment assistance to Pennsylvania applicants, can also track applications and develop reports with aggregate data.

COMPASS allows recipients to help themselves through the process by offering access to benefits information including application status and renewal through secure, personal accounts.

COMPASS also includes a pre-screening feature. Families who believe incorrectly that they make too much money may be encouraged to apply after completing a simple on-line screening tool. Information from the screening tool can auto-populate an online application further simplifying the application process.²⁴ Wisconsin uses a similar tool. Within a year of implementing the “Am I Eligible?” online screening tool for Medicaid, SCHIP and food stamps, Wisconsin found that 92% of those who used the tool were potentially eligible for one of the public benefit programs.²⁵

One-e-App is another option. Developed by the California Health Care Foundation and administered by the Center to Promote Health Care Access, Inc., One-e-App is a web-based system that allows for screening, application submission, and enrollment for a variety of public benefits programs. One-e-APP is used in 10 California Counties, one Indiana County, and the state of Arizona.²⁶ An Urban Institute evaluation of the San Mateo County Children's Health Initiative identified One-e-App as a significant factor in the Initiative's success because it greatly simplified the enrollment process both for Certified Application Assistors and for families eligible for more than one public program.²⁷ San Francisco screened more than 65,000 individuals and enrolled more than 40,000 persons during their first year alone.

Colorado is considering similar strategies as a part of its eligibility modernization and CBMS improvement projects. The Colorado General Assembly has already authorized the Department to perform online eligibility determinations and further automate other administrative functions provided that adequate financing is available, the system has been properly tested and adequate provider training has occurred.²⁸ A legislative option that further supports the Department's efforts regarding eligibility modernization includes authorizing electronic signatures on Medicaid and CHP+ applications. Additionally, legislators should consider maintaining current funding for and future funding of CBMS improvements and eligibility modernization to ensure a strong and functional eligibility system by which to enroll more children and families.

✓ **Simplify Medicaid and CHP+ Eligibility Policies**

Certain eligibility policies make getting and using public health insurance coverage difficult, result in movement between or off Medicaid and CHP+ as family income fluctuates or when children reach six years of age (a phenomena called churn) and keep children from getting the services they need. Simplifying complex eligibility policies eases the challenges for all stakeholders. Families and application and eligibility sites will better understand and implement program rules and the Department will have simpler programs and processes to administer.

Three specific changes CKF recommends to simplify Medicaid and CHP+ eligibility policy are: provide twelve-month continuous eligibility to Medicaid and CHP+ recipients, increase the income eligibility for Medicaid applicants ages six to eighteen to 133% of the federal poverty level, and expand parent coverage in Medicaid to match the income limit for children.

- **Provide twelve-month continuous eligibility to Medicaid and CHP+ recipients**
Federal regulation allows states to provide twelve-month continuous eligibility in both Medicaid and CHP+ recipients, only requiring that eligibility be redetermined every twelve months.²⁹ Continuous eligibility allows an enrollee in either Medicaid or CHP+ to

remain enrolled regardless of income changes during the year. Continuous enrollment on the other hand allows an enrollee to remain enrolled as long as they remain *eligible* for the program. While Colorado currently does provide twelve-month continuous enrollment in the programs, the state does not provide continuous eligibility. That means if a family's income changes during the year, then the child will be switched to the program for which they become eligible. The consequences of this program switching can include discontinuity of care and lapses in coverage as well as increased administrative expense to the state, providers and managed care organizations. Safety-net providers are at particular risk since coverage gaps result in lost reimbursement for provided health care services.³⁰ Providing twelve-month continuous eligibility in Medicaid and CHP+ can reduce coverage gaps and further Colorado's progress toward ensuring a medical home for all children in the Medicaid program and meeting the goal of managing care in CHP+.

- **Increase the income eligibility for Medicaid applicants ages six to eighteen to 133% of the federal poverty level**

Colorado children under age six and pregnant women are eligible for Medicaid up to 133% FPL. Children ages six through eighteen are eligible up to 100% FPL. The discontinuity of Medicaid eligibility levels, or “stair-step” means that children in the same families can find themselves enrolled in different programs with different benefits and with access to different providers. While federal law stipulates that states must cover infants and children ages one through six up to 133% FPL and older children up to 100% FPL, states have the flexibility to determine what income levels to cover through their Medicaid programs.³¹ Removing Colorado's Medicaid stair-step is a coordinating measure that would allow for better program management, better access to care, and a more understandable system for families.

A 2008 fiscal analysis found that the cost to remove the stair-step would be \$1.89 million in state funds in year one and \$4.5 million in state funds in year two due primarily due to the cost of medical premiums³². Because removal of the stair-step would move children from CHP+ and move them into the Medicaid program, the fiscal analysis assumes that Colorado would lose the 2:1 federal to state CHP+ match to the 1:1 federal state Medicaid match for these transitioning children. However, according to federal guidance Colorado could maintain the CHP+ enhanced 2:1 federal match for children who move into Medicaid due to the removal of the stair step making this policy solution potentially budget neutral^{33 34 35}. Legislators would need to pass legislation authorizing the Department to submit a state plan amendment for this policy change.

- **Expand parent coverage in Medicaid to match the income limit for children**

Studies show that when parents have health insurance coverage their children are more likely to have health insurance coverage and get the care they need. Uninsured parents are three times as likely to have uninsured children than families in which parents have either private insurance or Medicaid.³⁶ Parent coverage is a successful means to reach uninsured children and to improve their access to care.^{37,38} Due to lack of insurance many parents are forced to choose between medical care for themselves or meeting other basic family needs like food or utilities. One study reported that almost half (47%) of uninsured parents with an uninsured child have spent less on basic needs in order to pay for health care.³⁹ Although parent coverage was expanded in the Medicaid program to 60% FPL in 2006, the authorizing legislation also granted authority to the Department

to further expand coverage to parents to 100%FPL.⁴⁰ If Colorado increases the income eligibility for Medicaid applicants ages six to eighteen to 133% of the federal poverty level, Colorado could expand eligibility for parents up to 133 % FPL to match the level of Medicaid's eligibility for children and pregnant women.^{41 42}

To put this issue in perspective, consider a two-parent family with one preschooler and one school-aged child living in Grand Junction, Colorado. In order to be eligible for Medicaid coverage, the parents can earn no more than 60% of the federal poverty level or \$12,720 per year. According to the Colorado self-sufficiency standard this family needs to earn \$43,194 per year to make ends meet, a figure that is over three times 60% FPL.⁴³ For families that purchase their own coverage, the average cost of health insurance per person is \$4,704 per year.⁴⁴ Given the high cost, a family earning 60% of the Federal Poverty Level is unable to purchase coverage for the adults in the family. Further limiting health insurance access is the continual erosion of employer-sponsored insurance. Between 2001 and 2005 the number of Colorado employers offering insurance to their workers declined from 66.5% to 54%, a trend that is likely to continue, given the current economic climate. Even if coverage is offered, fewer employees are able to afford it.⁴⁵

Estimates on the cost of expanding coverage to parents up to 133%FPL are not available. The 2007 Lewin Group analysis of various health care reform proposals provided an estimate on the cost to expand parent coverage in Colorado to 100%FPL. According to the Lewin Group analysis, an expansion of parents in Medicaid from 60%FPL to 100% FPL would add an additional 24,400 parents to Medicaid at a cost of \$44.2 million to the state (\$44.2 million in federal match for a total cost of \$88.4 million).⁴⁶

REGULATORY OPTIONS

Colorado can affect regulatory reforms that simplify Medicaid and CHP+ eligibility, enrollment and renewal. Simplifying Colorado's verification requirements and eligibility criteria are among the regulatory options Colorado can pursue. Current requirements for verifying citizenship and identity are hard to understand, administratively burdensome, and impose a financial hardship on applicants. Colorado regulation stipulates that applicants must submit original documents or copies of documents that are verified by certified document verification sites. This requirement effectively disallows an applicant's ability to submit applications by mail. Another eligibility policy change that can simplify the application process is aligning Medicaid and CHP+ income deductions.

Additional regulatory changes can improve the presumptive eligibility process and facilitate access to care for new Medicaid and CHP+ recipients. For example, there are several options for eliminating the coverage gaps that can occur when the PE period expires before final eligibility is determined. Once enrolled in Medicaid and CHP+, Colorado can provide better education to CHP+ recipients regarding their health care options and services and expedite MCO enrollment to assure continuity of care and access to the full range of benefits to counter program rules.

✓ Simplify Verification Requirements

A variety of solutions are available to remedy the barriers imposed by federal citizenship and identity verification requirements. CKF recommends two solutions that require regulatory action:

lengthen the abbreviated time span for Medicaid applicants to submit proof of citizenship and identity, and develop systems for the administrative verification of citizenship and identity that applicants have to submit. Other improvements could be accomplished through administrative practice change (listed below under Reform through Administrative Change).

- **Give Medicaid applicants more time to submit proof of citizenship and identity**
 Giving Medicaid applicants more time to submit proof of their citizenship and identity will relieve one barrier created by the current process. If applicants are unable to submit their documents at the time of application, Colorado offers a ten-day “reasonable opportunity” period to comply, after which time they are denied. Applicants may request an extension for good faith effort but many are not aware of the option and counties do not uniformly observe the requirement. Most other states offer a more generous period to provide missing information. In fact, a 2007 report from Families USA highlighted Colorado as having one of the country’s most stringent requirements.⁴⁷ Given that it can take as long as 10 weeks to acquire an out of state birth certificate; Colorado can lengthen its reasonable opportunity period to allow applicants more time to comply.⁴⁸ Training for application assistance and eligibility sites on Colorado’s good faith effort policy can ensure that all sites understand applicants’ option to request an extension and that this option is relayed to families who cannot submit their documents within ten days.
- **Develop systems for the administrative verification of citizenship and identity**
 Lengthening the reasonable opportunity period and assisting with document purchases is a short-term solution to the barriers imposed by citizenship and identity verification requirements. In the long term, Colorado should develop systems for the administrative verification of citizenship and identity. A Center on Budget and Policy Priorities study reported that in Colorado 78% of children and 43% of adults ages 18-64 were born in the state meaning that facilitating data matches with vital statistics data can simplify citizenship verification for the majority of Medicaid applicants.⁴⁹ Verification of identity can be addressed in several ways. For example, Texas’ identity verification for children under age 16 is satisfied by the Medicaid application signature.⁵⁰ For children over 16 and adults, the Department can explore data matching with the Department of Motor Vehicles to facilitate verification for the many Medicaid applicants that are likely to have a state issued driver’s license or identification card.

✓ **Align Income Deductions for Medicaid and CHP+**

In Colorado, as required by federal regulation, allowable deductions to income for Medicaid eligibility include limited deductions for: work income, child care expenses that vary in amount depending upon the age of the child, and child or spousal support obligation. States may adopt additional income deductions if they choose.⁵¹ Allowable deductions for CHP+ applicants include actual expenses for day and elder care, the cost of medical services, prescriptions and durable medical equipment, child support and alimony payments and health insurance premiums. Additionally, for families earning over 200% FPL an additional 2.5% on income is currently deducted effectively increasing CHP+ upper income limit to 205%FPL.⁵²

Colorado has the option under federal regulations to expand and add additional income deductions for both Medicaid and CHP+ and to make the deductions for the two programs identical. In order to simplify the Medicaid and CHP+ enrollment process, CKF recommends that Colorado apply the CHP+ income deductions for child and elder care expenses, expenses for

medical services, prescriptions or durable medical equipment, child support payments and health insurance premiums to the Medicaid program and join the sixteen other states that provide a more generous Medicaid work income deduction and applying it to CHP+.⁵³ Since aligning income deductions for the programs will move some children from CHP+ to Medicaid, state funding may be required to fund the expansion in the Medicaid program.

✓ **Assure Timely Enrollment in CHP+ MCO of Choice**

Once enrolled in Medicaid and CHP+, program rules and a dysfunctional computer interface cause confusion, coverage delays, and coverage gaps that deter families from accessing care for their children and add to the discontinuity between the two programs. Colorado can provide better education to CHP+ recipients regarding their health care options and services and expedite MCO enrollment to assure continuity of care and access to the full range of benefits. Colorado can also eliminate the coverage gaps that can occur when the PE period expires before final eligibility is determined.

One complication for new enrollees in CHP+ is the pre-MCO period. While not all children have access to MCO coverage (because MCOs do not serve all areas of the state) those who do are automatically enrolled in the State Managed Care Network (the Network) prior to enrollment in their chosen MCO. Children that live in areas not served by MCOs and all pregnant women remain in the Network for their entire eligibility span. The “pre-MCO period” may last as long as 40 days. During the pre-MCO period, children cannot access the expanded benefits their chosen MCO may provide and more significantly, are not eligible for dental coverage. The pre-MCO period also can affect continuity of care if a child’s provider does not participate in both the Network and the MCO of choice. The pre-MCO period is an imperfect solution to the desired goal of providing immediate coverage to new CHP+ enrollees. The Department and MCOs can work together to address the issue of delayed MCO enrollment.

An additional issue that delays enrollment for new CHP+ recipients is a particular quirk of Colorado’s CHP+ enrollment computer systems. Sometimes children remain indefinitely in the pre-MCO period despite indicating an MCO choice because the interface between the Medicaid Management Information System (MMIS) and MCOs doesn’t reliably transfer cases. This problem, ongoing since CBMS implementation, is imperfectly solved by manual downloads from the CHP+ eligibility and enrollment contractor to the MCOs. The Department can assure a more permanent and reliable fix.

✓ **Provide PE Coverage Until Final Eligibility Determination**

Current Colorado regulation limits Medicaid and CHP+ PE coverage to the last day of the month following the month of application and makes no distinction between complete and incomplete applications.^{54,55} Thus, if a child or pregnant woman is determined presumptively eligible on October 16th s/he will retain that coverage until November 30th unless determined eligible for regular Medicaid or CHP+. In that case PE coverage will end once eligibility for regular Medicaid or CHP+ is approved. However, if eligibility is not approved in that time, PE coverage ends and the child or pregnant woman is left without coverage. The end of the PE period may be appealed, but the need to file an appeal adds another complication to an already onerous process and to the administrative burden borne by families and enrollment assistance and eligibility determination sites.

Conflicting federal law and guidance between Presumptive Eligibility spans and Medicaid

processing times limits viable solutions to this problem. Federal law states that in the case of a complete application the PE span lasts until the date a final eligibility determination is made. If the application is incomplete PE will last until the last day of the month following application.⁵⁶ Guidance provided to the Department by the federal agency indicates that PE spans may not exceed the 45 day Medicaid application processing time limit required by federal law.⁵⁷

However, states may grant additional PE spans to PE children whose full applications have not yet been determined. Specifically federal regulation stipulates that states may, “provide services to children under age 19 during one or more periods of presumptive eligibility,”⁵⁸ and that “...the agency must adopt reasonable standards regarding the number of periods of presumptive eligibility that will be authorized for a child in a given time frame.”⁵⁹ Colorado regulation can be modified to allow for additional PE spans in the cases where eligibility has not been determined before the PE span expires.

✓ **Simplify Renewals**

The complicated renewal process is a significant cause of coverage loss and coverage gaps, even when children and families remain eligible for coverage. The 2008 CHP+ audit reported that between April 1, 2006 and March 31 2007, 24% of **eligible** children either did not reapply or experienced a lapse in coverage.⁶⁰ The renewal packet or “statement of facts” is overly long and includes elements unrelated to Medicaid or CHP+ eligibility. As with twelve-month continuous eligibility, a streamlined renewal process will help Colorado eliminate coverage gaps.

Colorado is making substantial progress in addressing this barrier. Colorado recently passed a regulation requiring *ex parte* renewal. The *ex parte* renewal rule directs eligibility sites to utilize existing information, when available, to verify whether an enrollee is eligible for continued coverage at their annual renewal rather than requesting a renewal form be completed.⁶¹ Additionally, the upcoming implementation of administrative verification of income creates a simplified process to retain eligible children and families in the programs. An additional step the state can take is to allow either phone or online renewals for those families whose redetermination of eligibility cannot be performed using administrative renewal.

Louisiana’s renewal process is a model worth Colorado’s consideration. Louisiana dramatically increased retention rates while minimizing the burden on families. Most renewals are completed based on the state agency’s review using an *ex parte* renewal process. Those that cannot be completed with available data are facilitated by eligibility technicians via phone. Only as a last resort is renewal completed using paper renewal forms mailed to the client. Since implementing this process the state has reduced renewal denials of eligible children to less than 1%.⁶²

ADMINISTRATIVE OPTIONS

✓ **Simplify Verification Requirements**

According to federal law the only required verification for Medicaid applicants are citizenship and identity for US citizens and immigration status for lawfully present, eligible immigrants. All other including income may be self-declared. SCHIP allows self-declaration of all eligibility criteria.⁶³ In accordance with federal law, Colorado requires submission of citizenship and identity verification at the time of Medicaid application.⁶⁴ Colorado regulation requires that both Medicaid and CHP+ applicants and renewals verify income with a pay-stub from the current or prior month, or letter from or phone call to the employer. For self-employed applicants, income

may be self-declared.⁶⁵ CKF recommends implementing administrative verification of citizenship, identity, and income and using existing outreach dollars to assist with the cost of acquiring necessary documentation.

- Implement administrative verification of citizenship, identity, and income**
States can make use of data already available to them in other state databases and administratively verify required application elements. Administrative verification simplifies the process for both families and eligibility determination sites. Administrative verification means that families don't have to chase down paperwork and eligibility determination sites don't have to keep track of and store it. Federal regulation requires that states maintain data for all applicants and recipients in order to facilitate data sharing across programs and *ex parte* review is required.⁶⁶

Colorado is already taking advantage of the simplified verification techniques offered through administrative verification. In 2009, Colorado is projected to implement administrative verification of income through existing wage databases, such as the Department of Labor and Employment (DOLE) or the Income and Eligibility Verification System (IEVS), due to the passage of Senate Bill 2008 161. As noted earlier, Colorado recently passed a Medicaid rule that allows for *ex parte* renewal for Medicaid recipients.

To fully realize the benefits of administrative verification, Colorado can invest in systems for the administrative verification of citizenship and identity. Colorado's requirements for verifying citizenship and identity create unnecessary hardships. Creating data matches for verification of citizenship and identity offer a tested solution for streamlining this documentation process.

A Center on Budget and Policy Priorities study reported that in Colorado 78% of children and 43% of adults ages 18-64 were born in the state – meaning that facilitating data matches with vital statistics data could simplify citizenship verification for the majority of Medicaid applicants.⁶⁷ Many other states implemented policies and procedures to ease the burden of verifying citizenship for Medicaid applicants. Some states submit a list of names and information of applicants to vital statistics staff for verification. Other states provide direct access to vital records for each eligibility technician for direct and timely verification of citizenship.

Verification of identity can be addressed in several ways. For example, in Texas the Medicaid application signature satisfies verification of identity for children under age 16.⁶⁸ The Department's current efforts to revise the joint application offer a prime opportunity to replicate this simplification strategy. For children over 16 and adults, the Department can explore data matching with the Department of Motor Vehicles to facilitate verification for the many Medicaid applicants that are likely to have a state issued driver's license or identification card.

- Assist with the cost of acquiring necessary documentation**
Colorado also should assist with the cost of acquiring necessary documentation. In early 2007 the Colorado Health Institute conducted surveys of outreach and enrollment workers and eligibility technicians in which 83% and 79% respectively reported that the

cost to acquire a birth certificate was a barrier that prevents people from completing Medicaid applications.^{69, 70} More recent anecdotal information collected by CKF indicates that cost remains a significant factor. Due to a recent change in state policy, children unable to comply with Medicaid's citizenship and identity verification requirements will no longer be enrolled in CHP+. It is therefore likely that a significant number of children will no longer be eligible for CHP+ at their annual renewal and many may need help paying for documents to secure Medicaid coverage. Through state outreach funds and the support of local foundations, the financial burden of paying for verification can be reduced for families already struggling to make ends meet.

✓ **Recruit, Train, and Support a Statewide Network of Community Based Organizations to Provide Comprehensive Enrollment Assistance to Medicaid and CHP+ Applicants**

In addition to measures that simplify and modernize the application process, Colorado should also make sure that comprehensive enrollment assistance is available to Medicaid and CHP+ applicants. The Department's eligibility modernization efforts include expanding opportunities for families to apply for the program. User-friendly electronic applications, the option to apply by phone, and the ability to receive in-person assistance are all-important components of an application process that affords people the opportunity to apply without delay as required by federal law.⁷¹ Providing these options requires an application system that adequately supports applicants and the sites and workers that help them.

Other states have developed more comprehensive assistance models. States, including Colorado, can claim federal matching funds for the cost of enrollment assistance and reimburse sites for the costs they incur providing enrollment assistance to Medicaid and CHP+ applicants.⁷² For example, recent legislation in Washington requires that the state contract with community based organizations (CBOs) to perform outreach and pay application assistors \$75 per successful application to help families with completing applications.⁷³ When Illinois implemented the All Kids Initiative it built upon its already established Application Agents program in which staff from community based organizations assist with completing and submitting applications. For each successful application assisting sites receive a technical assistance payment of \$50.⁷⁴

While there is a network of Colorado CBOs that provide application assistance, there is no formal relationship between CBOs and the Department that assures consistent training or provides financial support. Presently, most of Colorado's CBOs are not paid to provide the service and pay it with otherwise accounted for dollars.

Other sources of Medicaid and CHP+ enrollment services are disproportionate share hospitals and federally qualified health centers (FQHCs). While federal law and regulation requires that states provide an opportunity for children under 19 and pregnant women to apply for Medicaid at these sites, not all states comply. Colorado partially complies with this requirement by providing nominal reimbursement to FQHCs for completed Medicaid applications.⁷⁵ Regulation also permits states to establish additional outstation sites (e.g. enrollment or enrollment assistance) at locations where children and pregnant women receive services. Initial processing of applications, including the provision of application assistance, may be performed at these sites by workers other than state eligibility staff. Eligibility determination may be performed on site as well as long as it is performed by state personnel authorized to make determinations.

✓ **Leverage Matching Funds for Enrollment Assistance**

States, including Colorado, can pay sites for the services they provide by claiming federal

matching funds for the cost to provide enrollment assistance to Medicaid and CHP+ applicants.⁷⁶ Colorado can take better advantage of federal matching funds to defray the costs associated with both initial application processing by community based organization staff and of eligibility determinations performed by county eligibility technicians performed at CBO sites.⁷⁷ Currently sites pay the entire cost of out-stationed county eligibility technicians and absorb much or all of the costs of initial application processing into their operating budgets without reimbursement from the State.

Colorado can also take advantage of federal matching funds to match provider expenses related to the costs of out-stationed eligibility technicians at provider sites. Federal Medicaid statute permits this use of provider donations as an exception to the general prohibition; however, the exception does not apply to donations made by a hospital, clinic, or other similar entity for the direct costs of non-State personnel. Therefore, federal match cannot be claimed for the cost of eligibility determinations performed by technicians that are not employed by the State.⁷⁸ Provider donations made to the State to cover the costs of out-stationed activities (i.e. determine eligibility or provide outreach services) may be used as the State share of costs although they are limited to 10% of the State's medical assistance administrative costs.⁷⁹

✓ **Educate CHP+ Parents About Benefits, Resources, and Accessing care**

The State Managed Care Network and all CHP+ MCOs offer a standard benefits package. In addition to the standard package, MCOs offer expanded benefits, which vary, from MCO to MCO. When choosing an MCO parents must weigh what additional service might best serve their child. For example, a child who wears glasses would be better served by an MCO that provides an expanded vision benefit.

Another difficulty families face is finding a provider willing to take on new CHP+ patients. In the Medicaid program families get help understanding and accessing benefits, finding an available provider, and locating other benefits for which their children might be eligible from a network of EPSDT outreach coordinators. A comprehensive model of enrollment assistance includes offering services comparable to EPSDT coordinator services to CHP+ recipients. In fact, Colorado's State CHP+ Plan indicates that EPSDT outreach coordinators will facilitate access to services for CHP+ enrollees although this provision has not been implemented. Such services are neither listed as a covered benefit nor expressly prohibited in Colorado's CHP+ benefits package.⁸⁰ Two federal regulations support the provision of these services to CHP+ recipients as a covered benefit. The regulations allow federal matching funds for enabling services designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals and require states to "provide assistance to these families in making informed decisions about their health plans, professionals, and facilities".^{81,82} Since these services may be included as a benefit they are not subject to the 10% limit on administrative expenditures.

CONCLUSION

CKF has learned from examining Colorado's enrollment barriers that in order to enroll Colorado's eligible children and families, reform must be based on three elements. First, reform relies on robust data collection and analysis that will allow Colorado to measure improvement and make course corrections should they be needed. Second, reform must make comprehensive enrollment assistance readily available to all Medicaid and CHP+ applicants who want or need it.

Finally, reform must be buttressed by eligibility modernization facilitated by CBMS improvements that simplify both administrative procedures as well as the application process for families that are supported by the policy changes that better coordinate the programs and improve access to health coverage. These factors combined with thoughtful consideration of best practices and the flexibility afforded by federal law and regulation can help Colorado transform the current eligibility and enrollment maze into a direct path that leads to Medicaid and CHP+ coverage.

CKF's recommendations offer a set of concrete tools to fix Colorado's broken eligibility and enrollment system. Significant steps taken over the past several years and a recent fundamental philosophical shift that makes enrolling eligible children a state priority reveal Colorado's commitment to reform. However, good intentions alone cannot fix a complicated and uncoordinated maze of barriers that lead to enrollment dead ends as often as they result in health care coverage. Together, decision-makers and stakeholders must maintain their commitment to reforming Colorado's broken system. The Governor, legislators, the Department, funders and advocates must work together to ensure meaningful reform becomes a reality. The nation's current economic crisis makes system reform and an ongoing, concerted effort to facilitate the enrollment and retention of eligible Colorado children and families in health coverage more pressing than ever. Now, when so many families already are and so many more will be likely be in need, is the time.

APPENDIX I

DATA SETS FOR MEDICAID AND CHP+ OUTREACH, ELIGIBILITY, MAINTENANCE, ENROLLMENT AND RENEWAL

The following list of data sets provides the basis for evaluating barriers in Colorado Medicaid and CHP+ programs.⁸³ Ongoing analysis of this data on both a state and local (county) level will provide rich data of the strengths and weaknesses of the systems.

Outreach:

- Enrollment by program: state and local (county)
- Source of information on program
- Source of applications: where applications came from by type

Eligibility Determination:

- Number of PE clients found eligible for Medicaid and CHP+
- Number of expired PE spans before eligibility determination by program
- Number of application eligibility decisions made
- Number of eligibility approvals
- Number of eligibility denials by reason for denial (ineligible, incomplete)
- Number of applications pending eligibility determination
- Number of applications from previous enrollee by length of time elapsed (churn rate)

Enrollment

- Number of families with children in each program (one in Medicaid and one in CHP+)
- Number of families in CHP+ pre-enrollment period for more than 60 days

Case Maintenance

- Number of case closures by reason
- Number of case closures that are reopened by length of time elapsed

Renewal

- Number of renewals due
- Number of renewal applications “Statement of Facts or SOF” received
- Number of SOF processed
- Number of cases closed at renewal by reason (ineligible, incomplete)

Movement between Medicaid and CHP+

- Number of applicants and enrollees over-income for Medicaid referred to CHP+
- Number of referred cases enrolled in CHP+
- Number of referred cases denied CHP+ by reason
- Number of applicants and enrollees under-income for CHP+ referred to Medicaid
- Number of referred cases enrolled in Medicaid
- Number of referred cases denied Medicaid by reason

APPENDIX II

INITIATING THE RECOMMENDATIONS: ACTION STEPS TO REFORM COLORADO'S ELIGIBILITY AND ENROLLMENT MAZE

	Legislative		Regulatory	Administrative
	Statutory	Budget		
Simplify Application by Leveraging Technology				
Authorize electronic signatures	x			
Fund eligibility modernization		x		
Simplify Medicaid and CHP+ Eligibility Policies				
Provide 12 Month Continuous Eligibility for Medicaid and CHP+	x	x		
Remove Stair Step in Medicaid Eligibility	x	x		
Expand Parent Coverage to 133% FPL		x		
Simplify Verification Requirements				
Expand reasonable opportunity period for providing proof of citizenship and identity for Medicaid applicants.			x	
Administrative verification of citizenship and identity				x
Add affidavit for children under 16 for identity to joint application				x
Fund out of state birth certificate purchases				x
Align Income Deductions for Medicaid and CHP+		x	x	
Assure Timely Enrollment in CHP+ MCO of Choice			x	x
Provide PE Coverage Until Final Eligibility Determination			x	
Simplify Renewals				
Allow phone and/or online renewals			x	
Fund Enrollment Assistance				x
Fund PE determination				x
Provide training and technical assistance to PE and AA sites				x
Ensure adequate number and distribution of sites				x
Leverage federal matching funds for enrollment assistance				x
Educate Parents About Benefits, Resources and Accessing Care				x

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