

HCP 1.17/2007
c.2



COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

REPORT TO SENATE HEALTH AND HUMAN SERVICES COMMITTEE

COVERING ALL CHILDREN IN COLORADO

NOVEMBER 1, 2007

ADVISORY COMMITTEE ON COVERING ALL CHILDREN IN COLORADO

Purpose

This report is in response to the statutory requirement outlined in Section 25.5-1-202 concerning the progress and recommendations from the advisory committee on covering all children in Colorado. This section states that:

§25.5-1-202 (8) (c)

The committee shall submit reports and recommendations at least on or before November 1, 2007, and on or before November 1 each year thereafter. The committee shall submit its reports and recommendations to the health and human services committees of the senate and the house of representatives, or any successor committees, and to the joint budget committee.

SB 07-211 Advisory Committee Members

The advisory committee consists of the following 15 appointed members.

Appointed by the Senate President

Senator Betty Boyd
Senator Chris Romer

Appointed by the Senate Minority

Senator Nancy Spence

Appointed by the Speaker of the House

Tara Trujillo
Stacey Moody

Appointed by the House Minority

Representative Amy Stephens

Appointed by the Governor

Kelly Dunkin
Steven Federico
Brenda LaCombe
Claudine McDonald
Christine O'Connor
Carol Sharp
Maren Stewart
Lawrence Wolk

Stuart Zisman

The Department of Health Care Policy and Financing facilitator is Sarah Roberts, Client Services Division Director.

Meetings

The Department received the names of appointed committee members in late September, and hosted the first advisory committee meeting on October 9, 2007. Ten members attended the meeting; nine in person and one by phone. The committee discussed member roles and responsibilities and decided to postpone electing a chair until they have had an opportunity to work together. The committee agreed to a special meeting to address report recommendations.

The committee met again on Tuesday, October 23, 2007 and formulated two recommendations. Eleven members attended, 10 in person and one by telephone.

Recommendations

1. Provide the department with the necessary financing, staffing, and technology resources to provide relevant data on children and public insurance programs, to include:
 - a) The total number of eligible but *not* enrolled children in Medicaid and CHP+ by county (to be used for trending and training).
 - b) The number of children enrolled in Medicaid and CHP+ by county (to identify trending and training issues).
 - c) The number of children currently enrolled in Medicaid and CHP+ with an analysis of who among them have been previously enrolled in Medicaid and CHP+ at any time during their lives. Specifically this would allow for detailed analysis of churning and gaps in public coverage. The analysis should report time intervals between coverage periods and frequency of disruptions.
 - d) The reasons why children are enrolled in CHP+ for an average of 10 months despite the fact that CHP+ permits 12 months continuous enrollment.
 - e) The number of providers accepting Medicaid and CHP+ children. Data should be made available by county.
2. Provide the department with the necessary financial, staffing, and technology resources to create a real-time eligibility system that allows clients, providers, and stakeholders to immediately access Medicaid and CHP+ eligibility status updates.

