

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 (the Department) facilitator is Sarah Roberts, Client Services Division Director. Committee co-chairs are Stacey Moody and Brenda LaCombe.

Meetings

The committee meets in the 1st floor conference room of the Capitol Center, 225 East 16th Avenue from 1 to 3 p.m. on the 3rd Tuesday of every month. Committee members have the option to participate by teleconference. Meetings were held each month with the exception of December 2007 and June 2008. The agenda and minutes are posted on the Department Web site at

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1218536076077>.

Mission and Goals

The committee established the mission statement “To cover any child who cannot afford, obtain, or access health coverage.” The committee goals are to:

- Increase enrollment of children eligible but not enrolled in public or private health coverage.
- Increase retention of health coverage for children in public or private health programs.
- Expand coverage in public and private health programs.

In accordance with the SB 07-211 legislation, the committee has decided to focus its efforts in 2009 on ensuring system stability for increasing enrollment and retention before expanding coverage.

Enrollment Barriers

The committee recognizes the barriers to enrollment to include:

- Lack of awareness about the availability of public insurance
- Misconceptions about eligibility
- The complex and time-consuming application process
- Problems with the computerized system (CBMS) that determines eligibility for public assistance
- Recently passed anti-immigration laws and documentation requirements that discourage enrollment
- Social stigma of applying for welfare

Accomplishments

The committee heard presentations and studied data on enrollment barriers from committee members, the Department, Colorado Health Institute (CHI), and numerous community- based organizations during the year.

CHI was responsive to the needs of the committee and addressed the majority of the data requests contained within the November 1, 2007 legislative report to the Health and Human Services Committees of the Senate, the House of Representatives, and the Joint Budget Committee. CHI data and presentations can be found at <http://www.coloradohealthinstitute.org/index.aspx>

The committee also studied reports and heard recommendations from community partners on outreach best practices. The committee submitted recommendations to the Department for short-term outreach activities to increase enrollment and retention of children in Medicaid and the Children's Basic Health Plan, marketed as the Child Health Plan *Plus* (CHP+) program in Colorado. The recommendations were:

- a) Fund documentation assistance (acquisition of birth certificates) in connection with citizenship and identity federal requirements under the Deficit Reduction Act (DRA)
- b) Consistent training and support for Community Based Organizations (CBOs) (timely communication of rule changes and just in time training)
- c) Strengthen the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Coordinator program (large caseloads)
- d) Release new hardcopy application to address CHP+/HMO issues; Translate to Spanish
- e) Fix client correspondence (hire a six- month temp to rewrite Medicaid client correspondence to be client specific)

2008 Recommendation Recap

The Committee made the following recommendations in the November 1, 2007 legislative report to the Health and Human Services Committees of the Senate, the House of Representatives, and the Joint Budget Committee.

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.

The following recommendations are still outstanding and are therefore resubmitted.

- 1a) The total number of eligible but *not* enrolled children in Medicaid by county (to be used for trending and training).
 - 1c) The analysis of time intervals between coverage periods and frequency of disruptions for 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).
 - 1e) The number of providers accepting CHP+ children. Data should be made available by county and include an analysis of access.
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.

Additionally, the committee requests continuous analysis of data for recommendations 1a, 1b, 1c, and 1e.

Recommendations for 2009

In addition to the outstanding issues and request for continuous analysis, the committee makes the following recommendations for 2009:

- 1. Provide new fiscal analysis related to the cost of streamlining Medicaid and CHP+. Examples: Urban Institute Study and fiscal note from Colorado Family Cares
- 2. Facilitate prolonged Medicaid eligibility to keep kids in Medicaid for 12 months continuous enrollment like CHP+.
- 3. Adopt administrative enrollment and passive re-enrollment using data that the State already collects.

