



**COLORADO DEPARTMENT OF HEALTH CARE
POLICY AND FINANCING**

SB-211 ADVISORY COMMITTEE

REPORT TO THE HEALTH AND HUMAN SERVICES COMMITTEES

NOVEMBER 01, 2009

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 Cindy Acree

Appointed by the Governor

Kelly Dunkin
Steven Federico
Brenda LaCombe
Claudine McDonald
Christine O'Connor
Carol Sharp
Maren Stewart (resigned 02/2009)
Lawrence Wolk

Stuart Zisman (resigned 08/2009)

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 April 2009. The agenda and minutes are posted on the Department Web site at <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1218536076077>.

Strategic Plan

The committee received a grant from The Colorado Trust to hire a strategic planner. Kathryn Oakes, Lifework Strategies, LLC worked with the committee to develop a strategic plan and further define the mission and goals. The mission of the SB 07-211 Advisory Committee is to develop and advocate for the implementation of a plan to cover any child who cannot afford, obtain or access health coverage.

The strategic goals are to:

- Improve Outreach, Enrollment and Retention
- Ensure Sustainability of Mission for Covering all Children

Accomplishments

During the past year, the SB 07-211 Advisory Committee conducted extensive planning and research to determine future direction for the Committee and recommendations for changes that will insure additional Colorado children.

The committee researched and compiled recommendations based on proven success in other states, innovative ideas from committee members and suggestions from national partners. The committee surveyed eligibility determination sites, community-based organizations and the public through an open process, and incorporated their suggestions to create a well-rounded set of recommendations.

Recommendation

Recognizing the broad scope of its charge, the committee decided to focus specific attention this year on the issue of retention. The committee affirms that outreach is effective. More children are enrolled in Medicaid and CHP+ today than ever before. Yet, for many of these children, enrollment in Medicaid and CHP+ is only temporary. Retention rates of eligible children in Medicaid and CHP+ need to be improved to ensure the continuity of care necessary to truly improve child health outcomes. Doing so will leverage the investments the State and community

partners have made in outreach, and requires little, if any, additional funding. Moreover, retention has the potential to improve provider participation and access to needed care. Thus, the committee provides the following retention recommendations for your consideration:

Increase Retention of Eligible Children in Medicaid and CHP+:

Recommendations from SB-211 Advisory Committee:

- Align the redetermination dates among the programs to streamline tasks. Allowing families with members in multiple programs (for example, one parent and one child in Medicaid and one child in CHP+), to align their re-enrollment dates to be on the same date every year, or even a date that they will remember (for example, a birthday), will help families to remember and coordinate re-enrollment. Allowing Medicaid and CHP+ re-enrollment dates to align with re-enrollment dates of other programs on similar one-year cycles, such as free and reduced lunch enrollment would be similarly beneficial.
- Allow for rolling renewals. Moving towards a more proactive approach to retention, Colorado could allow families to renew their enrollment in Medicaid and CHP+ at any time, regardless of whether or not it is their renewal date. A prime opportunity to re-enroll a family would be when a family presents at an enrollment site to apply for food stamps, to supply documentation for another program, or otherwise has contact with site staff. If the family is only halfway through their eligibility span, the enrollment staff can re-enroll the family for another full span, extending eligibility for 12 months from that date and guaranteeing coverage for another year.
- Allow for administrative auto-renewals to enhance current pro-active renewal strategies, i.e. ex parte. Administrative auto-renewals includes only requiring renewing families to submit a renewal form if their information has changed and/or automatically renewing children whose family income is substantially lower than Medicaid thresholds. States determine the risk threshold that determines when they need to verify continued eligibility using available data sources (i.e. families below 45% FPL are automatically renewed without verification).
- Provide 12 month continuous eligibility for Medicaid and CHP+. As a result of Colorado's 2009 Health Care Affordability Act, continuous eligibility for Medicaid children was approved and will be funded if hospital fee generated revenue is sufficient. However, the Department has proposed that eligibility expansions for parents, children and pregnant women be implemented prior to 12 months of continuous eligibility. The Committee recommends prioritizing 12 months of continuous eligibility before expansion occurs to reduce the number of children who are dropped from the program but would likely quickly regain eligibility.

- Require supervisory approval of every denial, including denied renewal applications. Requiring a second look at applications that are denied would focus additional attention to those applications that may be incomplete or inaccurate, ensuring that the denial is appropriate.

Ongoing Data Request

The Department continues to provide retention data to the Committee as requested. Robust retention data collection and analysis that will allow Colorado to measure improvements and make course corrections should they be needed is vital to the ongoing work of the Committee.

The Committee specifically requests data that would track the number of applications by the eligibility site (if there is one) to help the committee identify utilization and exemplary practices.