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COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

SB-211 ADVISORY COMMITTEE

REPORT TO THE HEALTH AND HUMAN SERVICES COMMITTEES

NOVEMBER 01, 2010

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 (resigned 03/2010)

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)

In August 2010, the Department of Health Care Policy and Financing (the Department) facilitator transitioned from Sarah Roberts, Client Services Division Director to Heather Hewitt, County Oversight Liaison and Outreach. Committee co-chairs are Stacey Moody and Brenda LaCombe.

Meetings

The committee transitioned from monthly meetings to quarterly meetings which are held on the third Tuesday of the appropriate month from 1 p.m. to 3 p.m. Committee members have the option to participate by teleconference. The committee met five times over the past year. The agenda and minutes are posted on the Department Web site at <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1218536076077>.

Strategic Plan

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 211 Advisory Committee partnered with children's health coverage advocates to create a process for gathering input and strengthening the committee's collaboration with stakeholder groups and the Department. The new input process details how the committee will gather input, determine priorities, and convene stakeholders to work on issues related to children's health coverage. A diagram of the process is available on the 211 Advisory Committee website at <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1218536076077>. Throughout the past year, the committee engaged interested stakeholders in discussions around new or ongoing barriers to enrollment and analyzed potential solutions.

Recommendations

Over the past year, Colorado has developed and implemented many new promising practices to effectively and efficiently enroll eligible children into Medicaid and CHP+. The implementation of an online screening tool via Colorado's Program Eligibility and Application Kit (PEAK) demonstrates such accomplishments. In considering recommendations for this year's report, the 211 Advisory Committee agreed that Colorado must maintain the positive momentum toward the vision of health coverage for all children in Colorado. With the upcoming implementation of national health care reform, the need to reduce the barriers to enrollment and re-enrollment in Medicaid and CHP+ is imperative.

The 211 Advisory Committee on Covering All Kids high priority recommendations:

1. Accelerate 12-month continuous eligibility in Medicaid.

Through Colorado's 2009 Health Care Affordability Act, continuous eligibility for Medicaid children was approved to be funded by hospital fee revenue. However, the Department has proposed that eligibility expansions for new populations be implemented prior to 12 months of continuous eligibility. To date, the expansion for children and parents has been implemented while the expansion for adults without dependent children is planned to occur

in early 2012. The Committee recommends accelerating 12 months of continuous eligibility for Medicaid to reduce the number of children who drop off the program within a year only to quickly regain eligibility, also known as ‘churn’.

2. Prioritize the required change in the Colorado Benefits Management System (CBMS) needed to align redetermination dates among public programs and allow families to renew their enrollment in Medicaid and CHP+ at any time, regardless of whether it is their renewal period.

Aligning redetermination dates among the public programs, including Medicaid, CHP+, and other public benefit programs, helps families remember and coordinate re-enrollment into the programs. Families in multiple programs, for example one child in Medicaid and another in CHP+, would only need to remember one date to renew coverage. Additionally, allowing families the opportunity to renew anytime during the year (rolling renewal), regardless of whether it is two-months from their redetermination date, allow families the flexibility and convenience to enroll anytime during the year rather than one set date.

3. Adopt administrative enrollment and passive re-enrollment techniques using data the State already collects.

Implementing enrollment and re-enrollment processes that use information already known to the State streamlines the eligibility determination process by not requiring the family to submit information already documented by the State. This includes enrollments for new children, renewing children, and children that move between Medicaid and CHP+. Specific strategies that will accomplish this include:

- Ensure counties and Medical Assistance (MA) sites are utilizing approved proactive enrollment strategies, such as telephone renewals and ex parte reviews, by helping counties and MA sites develop and implement the necessary processes.
- Allow for administrative auto-renewals by automatically renewing children whose family income is substantially lower than Medicaid thresholds. For example, children in families well below the poverty threshold and upper eligibility limits (i.e. income below 45% Federal Poverty Level) are automatically renewed without verification.

4. Correct CBMS and other system problems to ensure the State has an accurate and efficient system by which to determine and verify eligibility.

Ensure that fixes to CBMS do not inadvertently negatively affect another high level public assistance program. Include CBMS users, such as county and MA site staff, in CBMS change and prioritization decisions. Additionally, identify and correct Medicaid Management Information System (MMIS) problems to ensure providers can access accurate and timely eligibility status updates on Medicaid and CHP+ clients.

5. Support the successful implementation of federal health care reform by creating a seamless and effective system for families to apply for Medicaid, CHP+, subsidies, and private insurance that builds on existing systems.

By 2014, States will be required to have a system by which families and individuals can apply and renew for health coverage through Medicaid, CHP+, subsidies and private insurance. Colorado should build upon existing system and processes to complete this insurance exchange. System design should take into account best practices at the local level.

The exchange system should acknowledge other needs of individuals and families beyond medical coverage by including a means by which applicants can receive information and be screened for additional public programs.

The 211 Advisory Committee on Covering All Kids low priority recommendation:

1. Implement a system and/or partnership where clients, providers, and stakeholders can access accurate real-time eligibility status information. Including:
 - Build partnerships between Healthy Communities contractors, clients and local providers so eligibility status can be shared, as appropriate, through Healthy Community staffs' read-only access to CBMS and/or
 - Create an entry into PEAK for Community-Based Organizations (CBOs) (CBOs are registered and have their own user name and password) that allows CBO's to track the status of an application.

Ongoing Data Request

The 211 Advisory Committee on Covering All Kids continues to request and assess State eligibility and enrollment data to monitor and address enrollment into the programs. To address the issue of churn on and off Medicaid and CHP+, the committee requests the following data:

1. 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, including time intervals between coverage periods and frequency of disruptions. This should include the reasons why children are enrolled in CHP+ for an average of 10 months despite the fact that CHP+ permits 12 months as well as reasons why Medicaid children churn off.