

## 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 appointed members.

Appointed by the Senate President  
Senator Betty Boyd

Appointed by the Senate Minority  
Senator Kevin Lundberg

Appointed by the Speaker of the House  
Representative Cindy Acree

Appointed by the House Minority  
Tara Trujillo (resigned 03/2010)  
Stacey Moody

Appointed by the Governor  
Kelly Dunkin  
Dr. Steven Federico  
Brenda LaCombe  
Claudine McDonald  
Christine O'Connor  
Carol Sharp  
Maren Stewart (resigned 02/2009)  
Dr. Lawrence Wolk  
Stuart Zisman (resigned 08/2009)

In 2011, the Department of Health Care Policy and Financing (the Department) facilitator was Heather Hewitt, County Oversight Liaison and Outreach Manager. Committee co-chairs are Stacey Moody and Brenda LaCombe.

### **Meetings**

The committee maintained a quarterly meeting schedule 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. Participation by stakeholder groups is encouraged. The committee met four 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 worked with the Department and stakeholders to address barriers to enrollment by monitoring the system and implementing new policies and procedures that would support the enrollment and retention of children eligible for Medicaid and CHP+. Below is a list of accomplishments related to improving outreach, enrollment and retention in Colorado:

- The Department of Health Care Policy and Financing and the Department of Human Services prioritized the CBMS change needed to realign redetermination dates among public programs.
- The Department trained county and Medical Assistance site Colorado Benefits Management System(CBMS) technicians on current simplified renewal techniques, including ex parte reviews and phone renewals.
- The Colorado Health Institute presented updated data on the number of children who are eligible but not enrolled in the public programs which demonstrated a decrease from 2008 to 2009. In 2008, the number of children eligible but not enrolled in Medicaid decreased from 58,679 to 46,910 in 2009. Similarly, the number of children eligible but not enrolled in CHP+ decreased from 50,647 in 2008 to 39,937 in 2009.<sup>i</sup>
- At the request of the committee, the Department agreed to revise the process by which babies born to mothers on Medicaid, known as the Needy Newborn program, are added to the Medicaid case. Funding from an existing federal grant will be used to support this change. The new process will simplify the enrollment process and help decrease the backlog of enrollments into the program.
- The Department, in partnership with the Office for Information Technology, completed several changes to CBMS. These include:
  - Interfaces with state and federal systems by which to verify certain eligibility criteria;
  - Automation of the ex parte renewal process; and
  - Automatic re-enrollment of clients who remain eligible for assistance.

## **Recommendations**

Colorado continues to develop and implement new policies and practices to effectively, accurately and efficiently enroll eligible children into Medicaid and CHP+. The implementation of an online application and client reporting mechanism via Colorado's Program Eligibility and Application Kit (PEAK) Phase II provides an example of such momentum. State efforts to increase enrollment were recently acknowledged in a report by the Urban Institute, which cited Colorado as having the largest increase in participation rate (11.4%) of children in Medicaid and CHP+ in 2009<sup>ii</sup>. Despite these gains, barriers to application and enrollment and retention of eligible children exist.

To address these barriers, the 211 Advisory Committee on Covering All Kids recommends the following:

**1. Implement 12-month continuous eligibility in Medicaid.**

Twelve month continuous eligibility for Medicaid children was approved to be funded by hospital fee revenue through Colorado's 2009 Health Care Affordability Act. The committee continues to support the need for 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. Correct CBMS and other system problems to ensure the State has an accurate and efficient system by which to determine and verify eligibility.**

The committee continues to recommend that fixes be made to CBMS to improve its ability to correctly and efficiently determine eligibility for Colorado's public health care programs. Additionally, the committee recommends identifying and correcting Medicaid Management Information System (MMIS) problems to ensure providers can access accurate and timely eligibility status updates on Medicaid and CHP+ clients.

**3. 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.**

The committee continues to recommend that Colorado build upon existing systems and processes when creating the system and infrastructure required ensuring families and individuals can apply and renew for health coverage through Medicaid, CHP+, subsidies and private insurance. The committee recommends that 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.

**4. Address problems with the data transfer between CBMS and Medicaid Management Information System (MMIS) for children on CHP+.**

The committee recommends that the Department continue to assess the problem of the data transfer issue between CBMS and MMIS that has resulted in some CHP+ children's health plan enrollment not being indicated on the State's Web Portal. Families affected by this issue may receive an eligibility letter but eligibility cannot be verified by their provider for services which can further impact the current manual enrollment process. The committee

proposes that the Department develop a short, mid and long-term plan for the analysis and assessment of data transfer between CBMS and MMIS. The committee recommends that the Department implement all phases of the plan and continually assess the effectiveness of each phase in partnership with key stakeholders on a regular basis.

### **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 the churn on and off of 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.

To support the sustainability of the 211 Committee's mission beyond the committee's statutory timeframe, the committee recommends the following:

1. The committee requests the opportunity to speak to the joint Health and Human Services committee of the legislature regarding the work of the 211 committee and annual recommendations.
2. The committee would like to meet with various organizations, groups, and committees who share a similar mission with the committee to discuss the goals of the committee and opportunities to continue the work of the committee on some level outside of a formal committee structure.
3. The committee recommends that various stakeholders assess the need to streamline communications with the legislature regarding kids' coverage issue to better ensure accurate and streamlined reports, discussions and recommendations, or other forms of communication are consolidated when appropriate.
4. The committee recommends that the Department develop and implement a better system by which to use data to assess barriers and strengths in Medicaid and CHP+ outreach and enrollment. This data can be used to develop new or revised policies and procedures and to assess the effectiveness of implemented policies and procedures.

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<sup>i</sup> CHI analysis of the 2009 American Community Survey; Medicaid and CHP+ enrollment data from the Colorado Department of Health Care Policy and Financing

<sup>ii</sup> Kenney, G., Lynch, V., Haley, J., Huntress, M., Resnick, D., Coyer, C. (2011). "Gains for Children: Increased Participation in Medicaid and CHIP in 2009". August 18, 2011