



## All Kids Covered Initiative Meeting Notes February 6, 2015

### Written Updates from the Colorado Department of Health Care Policy and Financing (HCPF)– *Colleen Daywalt*

- **Connect for Health Colorado & Medicaid Report Enrollment Gains:** Between Nov. 15, 2014, and Jan. 31, 2015, more than 186,000 Coloradans enrolled in healthcare coverage for 2015, either in Medicaid, Child Health Plan *Plus* (CHP+) or in private health insurance purchased through the state health insurance Marketplace. [See ACA Implementation News.](#)
- **New Tax Resources:** The [HCPF website](#) has been updated with resources about taxes and health coverage from the Internal Revenue Service (IRS), including what the individual mandate means for taxes. The Centers for Medicare & Medicaid Services (CMS) have also issued two new forms for American Indian/Alaska Natives and special rules for that group.
- **New CHP+ Logo:** The new logo went live on Jan. 1, 2015. Although the old logo is going away, there is no need to throw away any materials with the old logo. However, please use the new logo on new materials.

**Q:** Are there any updates on the Medicaid eligibility and enrollment vendor contract (currently held by MAXIMUS) that is set to end at the end of June this year?

**A:** The contract is up later this year at the end of the state fiscal year, and HCPF is exploring options for continuing the work under this contract including whether it will be a contract with a new vendor or work with county offices. A county liaison may be available to provide further details next month.

**Q:** As a Connect for Health Colorado grantee, if clients are still stuck in the PEAK portion of the application, how will they be able to get health insurance if the problem is not resolved until after the last day of open enrollment, Feb. 15, 2015?

**A:** Connect for Health Colorado is committed to working with customers who started the application process before Feb. 15, 2015. If they have started an application, Connect for Health Colorado will ensure that they can enroll.

### **Presentation - Colorado's State Innovation Model (SIM) Initiative – Vatsala Pathy**

- **What the project is about:** Colorado applied for the first round of SIM funding in 2012, and was not awarded implementation dollars that round. Instead, the state got a two year \$2 million planning grant which finished in 2013. As an end product, the SIM management team – with members from the Center for Improving Value in Health Care (CIVHC), the Colorado Health Institute (CHI), and HCPF – developed the state health innovation plan. When the federal opportunity dropped in May 2014 the Funding Opportunity Announcement (FOA) looked a little different from the round one funding. Round two had the imprint of three federal agencies: the Office of the National Coordinator for Health Information Technology (ONC), the Centers for Medicare & Medicaid Services (CMS), and the Centers for Disease Control and Prevention (CDC).

By including population health improvement and health information technology, the goal is to provide a more seamless approach to health care delivery with state partners and community partners.

- **Four components of SIM:**
  - *Payment reform* – The goal is to move toward a more value based payment model. A group of payors is gathering to work on this aspect through the Comprehensive Primary Care Initiative (CPCI) to figure out how to coordinate with SIM.
  - *Population health improvement* – The goal is to align clinical quality metrics with population health metrics.
  - *Practice transformation* – Through technical assistance, practice coaching, information technology (IT) services, and business coaching, the goal is to help practices learn and be equipped to do integrated care.
  - *Wrap-arounds* – The goal is to identify health work force, policy, and regulatory barriers that help support this body of work.
  
- **SIM and pediatrics:** SIM is absolutely focused on the full span of life, including the population of Coloradans ages 0 - 18. Explored how to add quality measures focused on kids with a stakeholder group. Currently working to figure out practice milestones that are relevant to pediatric settings. A group is meeting to work through this.
  
- The SIM project will be staffing up soon, and more work will begin. Please keep an open door of communication, because the feedback of the community is necessary. There will be 10 positions opening and some others in other parts of the state. The goal is to be fully staffed by the summer. There will also be an Executive Order to create the SIM Office, and create board (through boards and commissions process).
  - AKC will consider the option of nominating a board member with a pediatric focus.

**Q:** The SIM has similarities to the Accountable Care Collaborative (ACC) – how do the ACC and SIM align?

**A:** SIM is a multi-payor initiative (not just Medicaid like the ACC). To be successful, SIM will need to work with Medicaid *and* commercial plans. As it relates to Medicaid, there is a strong interplay between ACC and SIM, and we are exploring what shape that takes. Delivery and payment aspects likely have overlap. We see the alignment and will work to make sure that SIM and ACC are driving toward the same goals.

**Q:** There are about 400 practices involved in the SIM grant, which is quite a bit more than the number of practices currently participating in CPCI which has about 75. What kinds of practices do you intend to join SIM?

**A:** The application process is not yet developed. Hopefully the existing CPCI practices will be involved, but also looking for pediatric, internal medicine, and family practices.

**Q:** How many physician providers would be connected to the 400 practices?

**A:** We are working through how to count this.

**Q:** Can you talk more about the centralized data hub?

**A:** The focus will be on aggregated data. There will be a feed into the hub, and then it can be fed out in the form of benchmarking reports for participating practices. The goal is that the data can also be used by community collaboratives to identify emerging issues with the community. Building this system will be iterative; it doesn't exist yet. CPCI has a data aggregating solution using claims data at the moment, but will need to build in the clinical pieces.

**Q:** What opportunities are there for weaving in oral health?

**A:** Currently this project is not focused on oral health, not because oral health isn't important, but because there is already a lot going on in the SIM project already.

**Comment:** There is currently a lot of discussion about practice transformation, but so much of children's health is prevention. The public health component of SIM seems like a good fit for addressing children's health in this work.

**A:** Yes, this is likely why CDC has played such a big role. There is a work group thinking about what the community collaborative will look like chaired by the Coalition for the Medically Underserved (CCMU) and the Colorado Department of Public Health and Environment (CDPHE).

### **State Legislative Update – Jennifer Miles, Miles Consulting**

- As of today, 25% of the way through the legislative session.
- Issues related to kids coverage:
  - In the HCPF budget, a proposal to use annualized income rather than monthly income for Medicaid and CHP+ determinations, and a proposal to extend a 30-day grace period for CHP+ enrollment fee. The Joint Budget Committee will have figure setting on these issues on March 9.
  - Although AKC no longer retains a lobbyist, the AKC brand still carries weight, so AKC created a [fact sheet](#) on the 30-day grace period. AKC is taking an active position of support on this. If any coalition member has any questions or concerns, please contact Cody. AKC isn't looking for "co-signers," but if you have lobbying resources, you are welcome to coordinate those through Jennifer Miles.
- Other bills of interest:
  - Two bills about autism coverage: one to ensure autism services are covered by private insurance, and a second – with a \$10 million fiscal note – to improve the Medicaid autism waiver by eliminating the wait list, and increasing the age for those eligible.
  - Senate Bill 77 – "Parent's Bill of Rights" would reverse current state laws that allow minors to get sexual/reproductive health care without permission from their parents. There has been a lot of conversation about this bill, and it is highly contentious. Still, it is unlikely to get through the House.
  - At the last meeting we discussed Long Acting Removable Contraception (LARC). This has been introduced as House Bill 1194. It is likely to get through the House, but the Senate is more questionable.

### **General Partner Updates**

- **Oral Health Colorado** – There will likely be a bill ready soon to help clarify tele-dentistry. A draft can be shared with AKC when it is available.
- **Colorado Children’s Campaign** – In partnership with Clayton Early Learning and Children’s Hospital, we are hosting [Speak up for Kids](#) day on March 18. Join child advocates, including parents, service providers, educators and others to understand the latest issues in early childhood policy-making, acquire new advocacy skills and talk to lawmakers to ensure Colorado's youngest children are at the forefront of their minds as they draft, debate and vote on policy. One of the premier advocacy days in Colorado, Speak Up for Kids provides a unique opportunity to learn hands-on about the policy-making process.

**Next meeting: Friday, March 6, 2015**