



## All Kids Covered Initiative Meeting Notes August 7, 2015

### **Status update on EEMAP vendor transition – Brad Membel and Mike Wagner, Denver Health Medical Assistance Program; Marcy Dean and Lindsay Van Dusseldorp, HCPF**

- HCPF reported that the transition has gone well so far as the work from MAXIMUS has been transferred to counties and to Denver Health. Denver Health has taken over the CHP+ call center and has a liaison line available for community-based organizations (CBOs). See the liaison line process [here](#).
- The HCPF Counties Relations Team is working with counties and their contracts – they will provide information about the transition to counties at the next AKC meeting.
- MAXIMUS is still receiving a lot of physical mail. This is related to a system problem which is still printing the MAXIMUS address on return mail on client correspondence. This fix has been escalated.
  - Please direct clients to **mail all CHP+ Enrollment Fees** to:  
Department of Health Care Policy and Financing  
PO BOX 17548  
DENVER CO 80217
  - Please direct clients to **mail all Medicaid Buy In Premium Payments** to:  
Department of Health Care Policy and Financing  
PO BOX 5010  
DENVER CO 80217-5010
  - Enrollment fees or Buy In Premium Payments can be delivered **in person** at:  
Denver Health Eligibility and Enrollment  
723 Delaware Street  
Denver CO 80204  
Monday – Friday 8:00 a.m. – 5:00 p.m
- If CBOs are having a hard time with their county, contact the county liaison – Crestina Martinez ([crestina.martinez@state.co.us](mailto:crestina.martinez@state.co.us), 303-866-5362) - to tell her about the problem. You can also contact Mike Wagner ([Michael.Wagner@dhha.org](mailto:Michael.Wagner@dhha.org)) to see if Denver Health can handle volume from a CBO having a hard time with a county.
- Contact the county if the question is related to eligibility for Medicaid or CHP+, contact Denver Health if it is related to another aspect of CHP+ (e.g. payments, appeals, etc.) Denver Health is fielding calls through the old MAXIMUS number that ends in 1991. Goal is to create a “cheat sheet” to help clients understand where to direct questions.

**Q:** Will Denver Health handle county backlog?

**A:** No, the county incentive programs are designed to help with that. There is or will be extra funding for Medical Assistance (MA) sites as well to process Medical-only cases. Keep in mind that counties can work with MA sites that are not in their community. ([See here for a list of MA sites.](#))

**Q:** How are you preparing for open enrollment?

**A:** Open enrollment is not as bad as people may be expecting. This summer we have seen substantially lower numbers, and Connect for Health Colorado numbers for Denver Health weren't huge. People

tended to do more shopping than buying. Most MA sites are ready and Connect for Health Colorado has done some work to figure out where to focus funding for Health Coverage Guides (HCGs). All Denver Health specialists will still be trained as HCGs. Also, Connect for Health Colorado and Colorado Access recently signed a contract so that Colorado Access will be the MA site for Connect for Health Colorado to help them with application processing.

## **Policy updates: 12-month continuous eligibility proposed rule for non-MAGI programs and elimination of the five year bar – Ana Bordallo, HCPF**

### Updates to Continuous Eligibility

- Effective Oct. 1 HCPF will start providing 12-month Continuous Eligibility (CE) to children under 19 who are eligible for non-MAGI programs. This includes SSI mandatory, Long Term Care, Medicaid Buy-in, Disabled Adult Child, Pickle, and foster care youth transitioning out of foster care.
- The change is being made because when HCPF first implemented CE, they implemented it only for MAGI programs (Medicaid and CHP+). When they submitted the state plan amendment to the Centers for Medicare & Medicaid Services (CMS), CMS made it clear that CE needs to be offered to all children on Medical Assistance, not just MAGI programs. When the state fully implements CE for all children with Medicaid or CHP+, then HCPF will get approval of the state plan amendment.
- AKC requested that HCPF include a chart or graphic of how the CE period will work for the different non-MAGI child categories in the forthcoming FAQ.
- A 14-day no fault period will also now apply to all children's cases as part of this rule change. Up to 14 days after authorization, the county worker or the family can go through PEAK to make updates and corrections to the information that was reported. If the changes made result in the child's eligibility changing, then they may not receive 12-month CE.

**Q:** How many people are impacted by extending CE to non-MAGI programs?

**A:** These are disabled categories, so it is rare that clients lose benefits, except if they become ineligible because of resources.

**Q:** What is the plan to communicate this information to the community, counties, etc.?

**A:** HCPF staff are currently working on an updated FAQ. If you have questions that would be good to add to the FAQ sheet, please email Ana ([ana.bordallo@state.co.us](mailto:ana.bordallo@state.co.us)) and Nina ([Nina.Schwartz@state.co.us](mailto:Nina.Schwartz@state.co.us)).

**Q:** Are there situations in which a child would not be eligible for the CE period?

**A:** Yes, some of those situations include: if child is deceased, becomes an inmate of public institution, is no longer Colorado resident, no longer part of the Medical Assistance-required household, requests to be withdrawn, does not provide documentation during the reasonable opportunity period, no longer able to be found, or fails to respond about income discrepancy. The client will receive 10-day noticing prior to termination.

**Q:** Where is this rule in the process?

**A:** The rule will go to the Medical Services Board for final adoption on August 14.

**Q:** Does this rule change apply to children leaving foster care as well?

**A:** Yes. CBMS will receive a weekly file for Foster Care children (under age 19) who are leaving foster care. There are only three reasons why they would be eligible for CE: 1) if reunited with the parents (in

this situation CBMS will open a case for the child automatically and the child will be eligible for 12 months), 2) if they go back to living with other relatives, 3) if they have received guardianship.

**Q:** Will Connect for Health Colorado be trained on CE?

**A:** Yes. Currently working with Brenda LaCombe to train Connect for Health Colorado about the no-fault period.

**Q:** Will the CHP+ enrollment fee letter still go out when the case is authorized or will it go out after the no-fault period?

**A:** The enrollment fee letter for CHP+ will be sent when the case is authorized, but if changes to the case occur during the no-fault period that impact eligibility, then another letter will be sent out to tell them not to pay the fee if they are no longer CHP+ eligible.

#### Update on elimination of the five-year bar

- CHIPRA provided states the option to provide Medicaid and CHP+ to lawfully present immigrant children and pregnant women.
- Must be legally present in the U.S. and must meet state requirements of residence in order to be “lawfully residing.” Immigrants in a lawfully resident status are immigrants or non-citizens that have current permission from immigrant services to live in the U.S. and who reside in Colorado.
- HCPF is doing research about what immigration statuses this includes and is working on a reference guide.
- Handout - HCPF FAQ: [Elimination of the Five-Year Bar for Lawfully Residing Pregnant Women and Children](#)
- Handout - CKF Fact Sheet for Clients: [Did you know you might now qualify for Medicaid or CHP+?](#)

**Q:** Is the system functioning correctly to identify all the immigration categories?

**A:** That’s some of the research Ana is working to confirm the immigration class codes that are in CBMS. Once Ana completes she will share with AKC.

#### **Summary of AKC Strategic Planning Meeting – Aubrey Hill, CCMU**

- [AKC Strategic Planning Meeting Notes](#)
- [AKC Updated Message Platform](#)
- Our intention with the strategic planning meeting was to bring together key partners to ask if we should continue to focus on coverage, and if we want to focus on anything else beyond coverage, what would it be? The group agreed that AKC should continue to work on coverage issues, but potentially integrate other issues related to children’s health with a policy lever and with momentum behind them. This would be opportunity to bring attention to children’s specific health issues on some projects in the state including SIM, RCCO rebid, etc.
- As a result, AKC is getting organized about how to do this work and will be hosting a summit in November to begin to develop what our advocacy agenda will look like for 2016 and beyond. At the summit we hope to bring together the groups working on early childhood health (e.g. SIM, Project Launch, ABCD, etc.)
- The Children’s Campaign is also finalizing an early childhood mental health brief which will be shared in smaller settings to preface this work.
- AKC will be looking for policy opportunities because that’s where AKC has been successful in the past.

## General Partner Updates

- **March of Dimes:** Request for proposals for prenatal classes which will be incorporated into the community
- **Servicios de la Raza:** Successful health fair held two weeks ago, now working on outreach and prepping for the next open enrollment period.
- **The Consortium:** Added two school districts to the Medicaid school health program.
- **Colorado Children's Campaign:** Hired a VP of Health Initiatives: Erin Miller who is currently at HCPF working on ACC program. She will begin Sept. 8.
- **Kaiser Permanente:** The Colorado Bridge Program is closed to new applications indefinitely but there are conversations about when to open it up again. Also evaluating the eligibility and product design.
- **Denver Health:** Working on five year bar outreach – calling anyone who may qualify including men on CICP who may have a pregnant wife. It is worth the effort to educate everyone in the community. So far people have been very excited. Also school-based health centers are reopening soon.
- **Building Better Health Conference:** Will be held September 28 and 29. This is an opportunity for application assistants to get training on eligibility and outreach and enrollment. See more here and sign up to be notified when registration opens:  
<http://www.coloradohealth.org/buildingbetterhealth/>
- **CCHI:** Recruiting people for an upcoming focus group on August 27 at 5:30 pm in Loveland in cooperation with the RAND Corporation. Specifically, they are looking for participants who switched metal-level plans during the year. Participants will be compensated \$35.  
<http://cohealthinitiative.org/events/rand-health-focus-group>
- **HCPF Meeting to Discuss Future of CHP+:** HCPF will be hosting a meeting to discuss options for the future of CHP+ in Colorado if federal funding does not continue at some point. The meeting will be held Monday August 17 from 9:00 am to 10:30 am at E. 17th Avenue, 11th Floor, Conference Room ABC Denver, CO 80203 or by phone : Local: 720-279-0026; Toll Free: 1-877-820-7831; Participant Code: 118721#. AKC members are encouraged to attend!
- **Aurora Health Access:** Trying to bring partners together to address high use of the emergency department, specialty care, coverage, enrollment, care for the undocumented, and seniors in Aurora. New initiative is the Pediatric Taskforce with a focus on access to medical homes, reducing emergency room use, immigrants, and social determinants of health.
- **Oral Health Colorado:** Working on maintaining water fluoridation in Denver.
- **The Colorado Health Foundation:**
  - Currently working on an early childhood strategy with a funding opportunity opening in 2016. Not sure what it will look like quite yet, but it is on the webpage as a placeholder.
  - From policy side, the Foundation is crafting 2016 policy priorities that align with current funding strategies. Exciting to see the work of AKC on healthy development. May want to leverage AKC work, and vice versa going forward.
  - New president and CEO, Karen McNeil-Miller, is incoming on Sept. 1 and she announced at last week's Health Symposium a statewide listening tour. Currently finalizing dates and regions and planning on 2-3 days in 2-3 cities in each region. Think about your contacts and partners across the state and prep for the opportunity to chat with Karen to share the challenges in communities across the state
- **CCMU:** Annual Fundraising Lunch on Sept. 24 with Thomas Goetz. Focus on patient engagement and delivery system reform. <http://www.ccmu.org/events/annual-luncheon/>

**Next meeting:** Friday Sept. 4, 2015.