



## All Kids Covered Initiative Meeting Notes February 5, 2016

### **Presentation: Higher Rate of Eligible Coloradans are Getting Health Coverage – Emily Johnson, Colorado Health Institute (CHI)**

- Please see: [presentation slides](#), [report](#), and [additional resources](#) on CHI's website.
- CHI releases an annual report on the eligible but not enrolled (EBNE) population in Colorado. This year's report was published at the end of 2015 but is based on 2014 data, and includes EBNE rate for adults.
- Notable results:
  - The EBNE rate for people eligible for Advanced Premium Tax Credits (APTCs) is high at 72%. This may be because of the higher cost to buy into coverage even with tax credits.
  - About 309,000 adults are EBNE. EBNE adults are more likely to be Hispanic, younger than 40, and more likely to not have a high school diploma.
  - Medicaid EBNE rate for children is just 5%. This is remarkable because the Affordable Care Act (ACA) policies didn't target kids with policy, but as more adults became eligible and enrolled, they likely brought their kids with them – the "welcome mat effect."
  - Child Health Plan *Plus* (CHP+) EBNE rate is 34% and has stayed about the same for years. This may be because parents don't qualify for CHP+, or could be a result of the CHP+ enrollment fee.
  - About three-quarters of uninsured kids in Colorado are EBNE, the other quarter are above the income level of 400% of the Federal Poverty Level (FPL) and not eligible for public programs/tax credits or they are undocumented.
  - Since the ACA went into effect, eligibility for public coverage increased substantially because of the state's Medicaid expansion to adults without dependent children. Even despite the large increase in eligibility, the total EBNE rate between 2012 and 2014 actually decreased from 21% to 17%. This demonstrates the amazing work of outreach and enrollment professionals in Colorado.
- Discussion:
  - The Colorado Health Foundation just helped support a Mathematica Policy Research qualitative analysis of children's coverage in Colorado, [Health Care Coverage and Access for Children in Low-Income Families: Stakeholder Perspectives from Colorado](#). One of the biggest challenges was undocumented and mixed immigration status families.
  - Community based organizations often report that in families with at least one person who is undocumented, there is a fear of applying for coverage because it may flag the undocumented family members to immigration enforcement.
  - There is also confusion within the immigrant community and by some eligibility workers about if receiving health coverage public benefits will lead them to be considered a [public charge](#) which would count against an individual when they apply for citizenship.
  - Although U.S. Immigration and Customs Enforcement (ICE) put out a [clarification](#) that information provided in order to receive health coverage will only be used for health coverage, there is some concern that this is an administration-specific notice.
  - In 2013, HCPF reported that the number of children not enrolled in CHP+ for failure to pay the enrollment fee was 5,383. Enrollment fees vary based on the number of

children in the family and the family's income from [\\$25 - \\$105](#). CHP+ enrollment has decreased in Colorado, so we are not surprised that the EBNE rate hasn't gone down. There have also some operational challenges with the CHP+ program which could also impact the CHP+ EBNE rate.

- There were some stories reported last year about tax preparers who were providing inaccurate information about lawful presence and health coverage which may have dissuaded some families from enrolling as well.
- Additionally, Connect for Health Colorado continues to have some problems with enrolling lawfully present individuals who have been living in the U.S. for less than five years.
- Colorado has a high EBNE rate for people in the APTC range. It is unclear if these individuals don't know about APTCs, if they didn't want to sign up for them, or if they tried to sign-up and ran into systems issues which were a barrier to signing up. This is an issue that is ripe for more analysis.
- **Questions**
  - Q:** How does the 2014 American Community Survey (ACS) data used for the EBNE report compare to CHI's 2015 Colorado Health Access Survey (CHAS) results?  
**A:** CHI knows that the ACS uninsurance numbers tend to be a little higher than CHAS because ACS is a national survey and they can't specify the name of the public insurance. CHI thinks that enrollment in 2015 will show up in ACS. That said, the 2015 CHAS found that the children's uninsurance rate was 2.5%, and the 2014 ACS found that it was 5.6%. The surveys also look at different age groups (CHAS looks at ages 0-18, while ACS looks at ages 0-19) and use different methodology.
  - Q:** Is there a breakdown of EBNE rates by county?  
**A:** Yes, you can find them in the data supplement on the [CHI website](#).
  - Q:** Are there any noticeable patterns state-wide?  
**A:** Yes, we see higher EBNE rates in ski-country areas which have also suffered from some of the highest premiums, and highest income disparity between very wealthy and low income.

#### **AKC Business – AKC Leadership Team**

- **Accountable Care Collaborative:** Developed with coalition members, the AKC leadership team sent a [memo to HCPF](#) and developed [talking points](#) about AKC's priorities for Phase II of the Accountable Care Collaborative (ACC).
  - Coalition members are asked to use this document to help think through your own talking points and then bring them up at meetings.
  - Because the Department of Health Care Policy and Financing (HCPF) is planning to make enrollment in the ACC simultaneous with Medicaid enrollment, participating in the ACC conversation is really about what Medicaid is going to look like in Colorado.
  - The primary way HCPF is taking feedback is through stakeholder meetings and town halls. ([See current dates here.](#)) However, there will likely be more opportunities announced. We encourage you to help provide more from the perspective of children and families and what providers should do more of, and to support the department in the decisions they've already made that you support.
  - *Note:* HCPF released an update on the ACC Phase II timeline during the AKC meeting. ([See the notice here.](#)) According to the notice, the request for proposals will not come out in May of 2017 and new contracts will be implemented in 2018. The change in

timeline is in response to stakeholder feedback about behavioral health payment methodology. [See fact sheet here.](#)

- As changes are made to the ACC proposal, AKC will make changes to the talking points as needed.
- A lot of consumer advocacy organizations don't have background on what the best payment methodology is in discussions about the ACC. As a result, the Colorado Coalition for the Medically Underserved (CCMU) and Colorado Consumer Health Initiative (CCHI) are looking into how to inform this conversation better.

- **Policy Priorities:**

- AKC developed a [list of policy priorities](#) the coalition will work on over the next year.

These include:

- The Design of Phase II of the Accountable Care Collaborative
- Addressing Constitutional Budgetary
- Medicaid Primary Care Reimbursement
  - Note: because AKC signed on to this, we may be sending action alerts about this to the coalition. The issue will likely be worked out around the budget process and anticipate it being somewhat chaotic March/April/May.
- Future of CHP+
  - Update: HCPF is currently looking more into utilization pattern of benefits, and financing and will be having separate meetings on those topics in the spring, with the goal to have a decision in the fall in preparation for need for legislative options if needed for the 2017 session.

- **Legislative Updates – AKC Coalition Members**

- The [ColoradoCareYES campaign](#) is a proposed ballot initiative that is proposing amendment 69 to provide “Medicare for All” in Colorado.
  - The Colorado Health Foundation is exploring an analysis of what this would mean for Colorado if it were approved by voters.
- Children’s Hospital has been working on **HB16-1047: Interstate Medical Licensure Compact** to create expedited pathways to provider licensing. The bill passed out of committee unanimously.
- CCHI had a priority to support network adequacy with legislation, but found that the Division of Insurance has sufficient statutory authority to do it through regulation. This will inform rate filings for 2017 plans.
- **SB16-006: Health Insurance Exchange Insurance Brokers** would have required Connect for Health Colorado to establish a system to refer consumers to qualified insurance brokers to enroll consumers in health benefit plans. The bill died in committee, but was not postponed indefinitely, and has been brought back and amended.
- **HB16-1097: PUC Permit for Medicaid Transportation Providers** creates a new category of limited regulation carriers that allows providers of nonemergency transportation to Medicaid

clients to operate under a limited regulation permit from the public utilities commission rather than a certificate of public convenience and necessity. Not likely to have opposition. Cross Disability Coalition working with HCPF to have a minimum number of accessible vehicles.

- **SB16-027: Medicaid Option for Prescribed Drugs by Mail** allows the option to receive prescribed medications used to treat chronic medical conditions through the mail. The HCPF legislative liaison will be coming to Covering Kids and Families' [Health Policy Work Group Meeting on February 18](#) to discuss this, and other HCPF legislation.
- **General Partner Updates**
  - **Colorado Children's Campaign, Children's Hospital Colorado and Clayton Early Learning: [Speak up for Kids](#)** Day on Wednesday March 16, 2016 from 7:30 am to 3:00 pm. This is an opportunity 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. Held at the First Baptist Church of Denver and the Colorado State Capitol, Speak Up for Kids is a unique opportunity to learn, hands-on, about the policy-making process. Registration for this complimentary event is available at [www.bit.ly/SpeakUp2016](http://www.bit.ly/SpeakUp2016).
  - **Delta Dental Foundation:** Focus for this year is to increase utilization of kids on CHP+ using dental benefits by 2%. Barriers include that families don't know they're enrolled in CHP+. The foundation has created a [flyer](#) about utilizing benefits, educating parents, and getting sealants. There is also an [oral health resource library](#).
  - **Oral Health Colorado:** There had been some talk about trying to get CHP+ to add a dental benefit for pregnant women. The policy committee decided not to pursue that effort this year.
  - **The Colorado Health Foundation:** The 2016 Colorado Health Report Card will be released on February 17. To attend, [register online](#) by February 12. Also a reminder that the Foundation opened up several new grant opportunities including [rapid response grants](#) for policy/advocacy work. Erica Snow is the program officer but Dustin is also available to answer questions about how that process works. The Foundation's goal is a two-week turn-around after application. This is also an evergreen opportunity, so you don't have to apply during the three regular times.
  - **Colorado Consumer Health Initiative:** [2016 Health Care Day of Action](#) will take place on Thursday, March 10 and will run from 9:00 am - 1:30 pm. It is an opportunity for consumers and advocates to discuss important health policy issues and engage with legislators on current health policy. Register [here](#), and join the Facebook group [here](#).
  - **Colorado Trust Health Advocacy Cohort** will partner to offer a health equity advocacy day called [Equity on the Hill 2016](#) on March 8 from 11:00 am – 2:00 pm at the Colorado State Capitol. RSVP [here](#) by February 29.

**Next meeting:** Friday March 4, 2016