



All Kids Covered Initiative Meeting Notes November 4, 2016

Children's Health Stakeholder ACC RFP Review and Comment Opportunity – Erin Miller, Colorado Children's Campaign

- The Accountable Care Collaborative (ACC) draft Request for Proposals (RFP) was expected imminently at the time of the meeting, and was released at the end of the day on Friday, November 4. (See <https://www.colorado.gov/pacific/hcpf/accphase2> for more.)
- The deadline for comments is January 13, 2017. All Kids Covered will be submitting comments based on the priorities described in the priorities we developed last year ([AKC Advocating for Kids' Priorities in Phase II of the ACC](#)).
- In collaboration with AKC, the Rose Foundation is contracting with an expert to dive into the contract language to support AKC and coalition members' advocacy for kids' health. The goal is for the contractor to put together a summary about two weeks after the release of the RFP, get feedback from stakeholders, and then develop comments based on that.
- There will be an in-person and phone opportunity to learn about what is in the draft RFP through this process. Please reach out to [Erin Miller](#) if you would like to be involved in this process but have not received an email yet.
- AKC will develop comments based on this analysis. The analysis should also be helpful to other organizations as well.
- If there is time, coalition members may be asked to sign-on to the AKC comments.

Overview of AKC Goals for 2017 – Stephanie Brooks, Covering Kids and Families

- Handout: [AKC Goals for 2017](#)
- AKC recently submitted a draft of proposal for an additional year of funding from the David and Lucile Packard Foundation to continue the work of the AKC coalition. A summary of the goals outlined in the proposal are outlined in the handout. The goals are all tied to an overarching vision to achieve 100% of kids covered in Colorado.
- Thank you to the AKC Coalition members who provided letters of support for the grant proposal.

Q: Is Packard the only funder?

A: They are the main funder. The Colorado Trust provided some funding to explore some of the health equity issues we've been diving into lately, however that funding will not continue into the next year. There has also been some support from other local foundations, but Packard may be the only funder in 2017.

Health Equity Impact Assessment Tool and Discussion of Coverage Option for Pregnant

Women – Erin Miller, Colorado Children’s Campaign

- Handout: [Health Equity Impact Assessment Tool](#)
- The Health Equity Impact Assessment Tool came out of work from the Colorado Trust health equity cohort. This tool focuses on racial and ethnic equity which is a disparity that has risen to the top as one of the highest priority issues to address for health equity.
- The goal of the tool is to check your assumptions when thinking about a particular policy.
- The discussion focused on the policy option of using a CHIP option to provide Medicaid and CHIP coverage to pregnant women without proper documentation. This option defines a child from the point of conception, and the citizen child is eligible, which allows the pregnant woman to get covered for prenatal care up to 60 days post-partum. States can define the income threshold.
- **What does the policy intend to accomplish?**
 - Goal is to cover undocumented women.
 - Fifteen states have taken up the option from Arizona to California. So far, no evidence of a state using it to change a definition of a person in the state.
 - Timing of the reauthorization of CHIP is an important consideration, mostly about the CHIP bump (Colorado gets 88% federal match) but this option could be almost free to the state -- state gets a 50% federal match for Emergency Medicaid. But as the bump drops closer to 66% there is a bigger financial burden on the state.
 - Is the coverage only for prenatal care? No, under Obama, CMS has said that states should be providing full Medicaid benefits.
- **Does the policy have an intentional impact on health or one or more of the social determinants of health?**
 - Benefits of economic support, social support, maternal depression screening, continued supports which would help address social determinants.
 - Supplemental impact of relieving the pressure of paying for health care during this time, and reduced stress.
 - Less cost to the system the cost is currently being absorbed by clinics and hospitals.
 - Access to family planning services post-partum would be valuable.
- **Does the policy have an unintentional impact on health or one or more social determinants of health?**
 - Women may have confusion, frustration, with the coverage period only being during pregnancy.
 - Fear from undocumented women to be on the radar now. How would the application and verification system look?
 - There are some activist counties who are into “fraud prevention” so there may be a public safety risk.
 - There will likely be some ugly rhetoric against it.
 - Hesitation to relitigate immigration in the legislature
- **What populations are impacted by the policy?**

- The Colorado Health Foundation contracted with Colorado Health Institute (CHI) to look into how many people would be impacted by this and other policy options and they will present at the December AKC meeting.
- CHI estimates about 3,000 women a year may be eligible for this coverage, but take-up rates would differ. About 75% take up rate for women under 200% FPL. Women 200 – 265 estimate about 60% would take it up. So total enrollees in a year are estimated to be about 1,600 in a fully mature program (not the first year).
- The babies themselves will also be impacted – assume the baby would be healthier— potentially healthier babies who are eligible for Medicaid.
- May be an opportunity to get some eligible but not enrolled kids enrolled.
- **How much will the policy impact the social determinant of health in the affected population? What data is available? What data would be helpful?**
 - Hard to say what the impact would be.
 - Potentially look at outcomes of Emergency Medicaid births compared to outcomes of women who may have had more access to prenatal care?
- **Have impacted populations been involved in the policy development?**
 - Not really. We need more stakeholder input. Working with the Immigrant Health Group to get that perspective. It may not rise to the top of immigrant populations, because it is a small win, but there are federal dollars available.
 - Affected populations have better thoughts on the intended and unintended consequences.

How AKC May be Impacted by Governor’s Budget, Election Results – Jennifer Miles, Frontline Public Consulting

- Governor’s Office is required to submit a budget proposal by November 1, even when there is an election that may impact the budget.
- Budget situation is not in the best. There are \$926 million in new demands on the General Fund and \$142 million in new Medicaid costs due to the welcome mat effect, and growth in core population who were eligible before the Affordable Care Act.
- There are \$195 million in Hospital Provider Fee (HPF) rebates, because the HPF goes toward the TABOR limit, although the HPF funds cannot be used to pay TABOR.
- Reducing HPF revenue would not be collected or draw down the federal match which could impact the ability of the state to pay for Medicaid expansions.
- Now it comes into the legislature’s arena to balance the budget in March so there is a lot that has to happen but this is a starting point. Some things will be kept, some things won’t.
- There is a potential solution by making the HPF an enterprise and the house Democrats released a statement that they plan to propose to make HPF an enterprise.
- Despite the \$500 million shortfall, there are proposals for new spending. Some from marijuana tax which don’t count toward the TABOR limit. About \$100 million in tax revenue. Increase in state employee salaries, increase in K-12 funding by \$182 per pupil, and small higher education increase as well.
- Medicaid and CHP+

- No proposal to add dental benefits for pregnant women under CHP+
- No provider cut - proposed that the provider rate bump rates continue for the next year, and then the money above and beyond the base rates would be a provider incentive on top of base reimbursement by meeting certain quality indicators as part of the ACC Phase II.
- Make-up of the legislature – State House will stay Democrat, but not sure what will happen in the state Senate. The majority party will impact the committee make-ups.
 - UPDATE: Republicans kept an 18-17 majority in the state Senate, the Democrats increased their majority in the state House to 37-28.
- Minimum wage ballot measure may have an impact on the state budget if the state has to come up with additional funding to increase wages for state employees who are currently paid minimum wage.
 - UPDATE: This ballot measure passed.
- Governor will present to the Joint Budget Committee on November 14, and some things may be added at that time. There is a process for submitting budget amendments up through January. Governor hasn't let departments let out their bill requests until the election because some things won't make sense to propose until we know the make-up of the legislature.

General Partner Updates

Children's Campaign: Currently looking for Development Director – see job description [here](#). The 2016 Annual Luncheon will be held Wednesday, December 7, 2016 from 1:30 a.m. to 1:30 p.m. at the Seawell Grand Ballroom at the Denver Center for the Performing Arts. More [here](#).

NEXT MEETING: Friday, December 2, 2016