

All Kids Covered Meeting Notes
February 7, 2014
10:30 - 12:15

Updates from HCPF (Rachel Reiter)

- Enrollment Numbers:
 - Joint enrollment numbers with Connect for Health Colorado will be released on the 15th and end of each month.
 - 187,234 total enrolled-117,607 Medicaid and 69,627 Marketplace. Medicaid numbers include expansion population individuals only.
 - More information on enrollments, including breakdown by county, can be found on the HCPF press releases [here](#).
- SNAP Letters
 - HCPF has sent letters to 16,000 eligible but not enrolled SNAP households with information on how to apply for Medical Assistance. As a result of those letters, 3,200 kids have enrolled in Medical Assistance. Unknown how many adults.
- New Webinar
 - Joint effort between Connect for Health Colorado, and Division of Insurance includes updated messaging through the end of open enrollment, how to use the Medicaid coverage. Link: [Joint Webinar with Connect for Health CO and DOI](#)
- HCPF messaging
 - Message will be evolving on how to use coverage vs. pure enrollment. Look for tips on how to get the word out, updated resources on HCPF's page.
 - [RWJF messaging survey](#)-found that there are still gaps in information, both on Medicaid expansion and the marketplace. Many are not aware of the financial help that is available. Only 24% of respondents under 133% FPL knew about Medicaid expansion.
- HCPF would like personal stories of Medicaid expansion successes. Please contact ACAImplementation@hcpf.state.co.us with stories.
 - Q: Continuous eligibility for 12 months for kids is a huge success. How can we partner with HCPF to celebrate this success and highlight its importance?
A: That's something we can think about as a follow-up on. Not just creating general awareness, but also educating those enrolled.
 - Q: Why didn't we do auto-enrollment with those on SNAP?
A: There were some hurdles in the way we could reach out to these populations. Sending out the notification letters was the best way to do this and comply with regulation. HCPF took steps to prepopulate the application to help them speed up the application process. There are also dedicated HCPF staff answering questions regarding these letters.
 - Q: Could we do additional touches to these families? This has been successful in Oregon and West Virginia.
A: HCPF is working through county and community partners to enroll people. Might be a financial issue, but Colleen will bring it up with operations to see if it's possible to send additional letters.
 - Q: Can you confirm that the "new enrollments" number reported is only new Adults?
A: Yes. These are parents or adults without kids who are part of the expansion population and these groups are 100% matched by the federal government. These are new applications since Oct. 1 and do not count redeterminations.
 - Q: Do we have enrollment data specifically for children (e.g. what is the effect of the "welcome mat"?)
A: HCPF is trying to figure out how many of the newly enrolled are kids since Oct 1. CHAS data showed eligible but not enrolled parents as well. It's not simple to tease out the data twice

a month and not to duplicate data and enrollment data fluctuates. Those who are no longer eligible for Medicaid are sent to Connect for Health CO-that's a good thing. People are getting jobs and incomes are rising. Enrollment data also needs to be reported to the JBC. Right now, the emphasis is on expansion population numbers. Rachel will seek clarification on how the numbers are broken down and what they include and share with the group. Contact Rachel for more information, rachel.reiter@state.co.us

Kids enrolled in Accountable Care Collaborative (ACC) – written notes from Marceil Case:

- The Department has been enrolling all eligible Medicaid children in the ACC since November 2012, so the ratio of children to adults in the ACC now mirrors that of the Medicaid population in general.
- A 4th KPI, Well Child Checks, was implemented in July 2013 and will continue throughout this and next fiscal year (at least). Colorado, overall, needs to improve its rate of compliance with EPSDT screenings and checks, and we hope that this KPI will support improvement in this area.
- The Department is in the early stages of developing a 'Maternal and Child Health' strategy in the ACC – we will keep you posted as that initiative gains momentum.
- We are considering a variety of other KPIs for future implementation, one of which we hope will focus on pre- and post-natal services for Medicaid moms.

Questions about ACCs to relay to HCPF:

- What is the plan for growing the number of kids in the ACC?
- What will the child and maternal health plan will look like? Pediatric medical director at HCPF? Pediatric and maternal health strategy for HCPF.
- What support can be provided to RCCOs? Will there be a focus to include more kids? How are they adjusting their work?
 - Colo. Access reports that the majority of their pediatric providers are taking new kids, spreading the word on child well visits.

Anita Rich, Colorado Children's Healthcare Access Program

- Focus on community outreach and quality improvement.
- Good representation in RCCOs: 2/3 of all Medicaid enrollees are children, and 2/3 of all RCCO enrollees are also children, 350-400k total.
- Children represent the majority of RCCO populations but most kids are healthy and they are not the biggest drivers of cost and cost savings. Prevention works with kids, not cost savings. Focus on well visit KPI because it is easy to get the claims data for those.
- Large number of kids who are not attributed: 10-15k w/out a PCP. Why they are not attributed:
 - Provider normally seen is not contracted
 - No claims history
 - Families with CICIP-it will take some time to become attributed as more claims data becomes available
- CICIP reimbursement does not help with attribution – it is not linked to the person and the data is not tied to the Medicaid program. Private insurance claims are also not linked. Membership with enrollment and attribution happens with access and use.
- DHHA managed care is on the periphery of the ACC -- If you live in Denver County you are passively enrolled in managed care – this is an advocacy point to continue to work on.
- Regional differences affect how RCCOs work with clients and recruit providers.

- PCP's may have kids from several different RCCOs which makes care coordination more complex for the providers.
- RCCO Advisory committees can be attended by everyone. HCPF has all of the minutes of the meetings on their [website](#). The meetings need more child advocate participation. RCCOS are in business to save money. Kids are not expensive but we need to remember to talk about them.

Legislative Session updates-Jennifer Miles

- *Pediatric dental benefit bill*: Right now the pediatric benefit is optional in exchange plans. This bill should have a positive impact for kids and it is moving very quickly, moved through the house and senate committee. Aiming for a Valentine's Day signature by the governor. Good bipartisan support. Thanks to Kaiser Permanente and CO Access, Delta Dental and CO Association of Health Plans.
- *Senate Bill 32*: opposed by many members, Academy of Pediatrics and Children's Hospital. The bill would allow naturopath providers to see kids under 18 as medical providers. Not likely to pass
- *Senate Bill 67*: HCPF-technical bill that aligns current eligibility categories with the Affordable Care Act. Reviewed by different lawyers and a stakeholder process, no opposition and unintended consequences expected for children.
- Health care will be quiet this session but other bills will address:
 - Childcare assistance: Colorado is the 4th most expensive state for child care.
 - Youth access to tobacco, nicotine addiction programs, raising the legal age to purchase tobacco.
- CHP+ budget: HCPF submitted a smaller CHP+ budget due to an anticipated decline in caseload as kids are moving into Medicaid. AKC will follow up with HCPF regarding the conference call HCPF held on the issue.

General Partner updates

- **Speak Up For Kids – March 13, 2014**
Join advocates, including parents, service providers, and others to understand the latest issues in early childhood policy-making, acquire new advocacy skills, and talk to lawmakers to ensure Colorado's children are at the forefront of their minds as they draft, debate, and vote on policy. Key note speaker: Christy Blakely Family Voices. For more information contact Jacy Montoya Price jacy@coloradokids.org or 303-620-4547 or register [here](#).
- **Children's Campaign Child Health Lunch and Learn – Feb. 25, 2014**
The Colorado Children's Campaign annual Lunch and Learn events are held each legislative session. Community partners are invited to attend the lunches held at the Children's Campaign, 1580 Lincoln St., Suite 420 in Denver. The Child Health event will be held from 12:00 pm – 1:00 pm on Feb. 25. Please RSVP to Cody, cody@coloradokids.org or Hanna Nichols at hanna@coloradokids.org or 303-620-4573.
- **CCHI Health Care Day of Action – Feb. 27, 2014**
- The Colorado Consumer Health Initiative will host their 7th annual Health Care Day of Action on Thurs., Feb. 27, 2014. To learn more about the event and see the tentative agenda visit the Health Care Day of Action [event page](#) or register [here](#).