



All Kids Covered Initiative Meeting Notes March 6, 2015

**Policy Updates from the Colorado Department of Health Care Policy and Financing (HCPF) –
Ana Bordallo and Marivel Guadarrama**

Continuous Eligibility Part Two

- Ana Bordallo is leading this work for HCPF. Please contact her with feedback or questions (ana.bordallo@state.co.us).
- Handout: [Continuous Eligibility \(CE\) Part 2](#)
- Project effective date of September 2015.
- HCPF will be extending 12-months CE to additional categories: children leaving foster care, non-MAGI SSI-mandatory, children's Medicaid buy-in, and Long Term Care (LTC) programs.
 - HCPF is still working out details, but for some LTC programs with age limits, once the child reaches the age limit, they won't be able to stay enrolled in the LTC program, but they will be rolled to children's MAGI Medicaid until the end of the 12 months.
- For children leaving foster care, CE will apply when the child is no longer eligible for foster care, and Medicaid coverage will continue until the remainder of the 12 months from when they were placed in foster care.
- Implementing a "no fault period" and an "opt out" option via new system logic.
 - The no fault period will be 14 days following the authorization date to allow technicians to correct data entry errors. This concept is based New York's no fault period which has worked well.
 - The opt-out option will allow the client to opt-out of CE. A field will be added to the system allowing the family to ask for a redetermination at a point within the 12-month CE period. They will be required to provide a written statement and updated case information.

Q: Will the foster care CE begin from the date that they were PLACED in foster care, or from the date that they LEAVE foster care?

A: At the moment, it is from the date they were placed in foster care, but we will review this.

Q: Are foster care kids auto-eligible regardless of the income of the foster parents?

A: Yes, when kids are enrolled in foster care, they are eligible for Medicaid regardless of foster parent income.

Q: Can you explain more about what happens to a child's enrollment during the no fault period? It seems like they could be on Medicaid for the first two months, then move to CHP+ for 10 months...it doesn't really seem like this is continuous eligibility.

A: Yes, that is effectively what could happen depending on the application date and authorization date. However, we are seeking additional feedback and there is some flexibility for the timeline of the no fault period. We want to ensure that children are not locked in incorrectly.

Q: It will be important to communicate to the client about how this will work for them in terms of what providers they can go to, especially if they move programs. For example, Kaiser is a Medicaid provider in Northeast Colorado but not a CHP+ provider, so if a client moves between programs during the no fault period, then they will no longer be able to come to Kaiser.

A: Yes, this is a complicated issue, but there will be 10-day noticing to clients if they change programs.

Q: With respect to the no fault period, when does the 12 months of CE begin? The date of application, or the date that they are locked in?

A: It will start from the application date. It has to build on the non-moving target of the renewal date.

Q: During the no fault period, how can case updates be made? Could the state's interface with the Department of Labor income verification system impact a client during the no fault period?

A: The case update would only be self-reported or done by a case worker. The Department of Labor income check would not happen until the next quarter so it will not impact anyone in the no fault period.

Q: If a client chooses to opt-out, and moves from CHP+ to Medicaid, for example, for how long with the client have CE with Medicaid?

A: It will be based on the client's annual renewal date.

Q: In situations where the client won't actually have CHP+ for a full 12 months (because of the opt-out or no fault period), could the CHP+ enrollment fee be prorated based on how many months they are enrolled?

A: No. The CHP+ enrollment fee cannot be prorated.

Parent and Caretaker Relative Eligibility Level Update Effective April 1, 2015

At end of March, a systems change will reduce the MAGI Medicaid Parent and Caretaker Relative eligibility level from 107% Federal Poverty Level (FPL) to 68% FPL. This change will align the system with the approved State Plan Amendment from the Centers for Medicare & Medicaid Services, and relates to the federal match rate for this population. The Affordable Care Act gave states the option to set the Parent and Caretaker Relative category eligibility level to the standard in place as of 2009, which in Colorado was 60%. When converted based on MAGI, this is 68% FPL.

Once the update is made, most parents and caretaker relatives between 69 – 107% FPL will move to the MAGI Adult category, as long as they don't have Medicare. If they do have Medicare, they will likely move to Medicare Savings Program. If they aren't eligible for Medicare Savings Program, they will be eligible for a Special Enrollment Period to apply for private insurance. HCPF will work with Connect for Health Colorado to provide assistors with a list of impacted clients. HCPF is developing a frequently asked questions document which will be available on the website soon.

Status Update to Implement Removal of Five-Year Bar

July 1, 2015, is the planned implementation date to remove the five-year legal residency bar for immigrant children to qualify for Medicaid and CHP+, and for immigrant pregnant women to qualify for CHP+. HCPF is putting together a frequently asked questions document.

Q: What about those denied prior to July 1?

A: If they were denied prior to July 1, they will need to reapply. They will not be able to receive retroactive coverage for services provided before July 1, 2015.

Q: Will Connect for Health Colorado be looking at families that are enrolled in a Qualified Health Plan, but have children or pregnant women who are under the five-year-bar and currently getting Advanced Premium Tax Credits to do outreach?

A: HCPF and Connect for Health Colorado have started to talk about this issue in policy meetings. In these cases, the families would probably have to reapply or have the case re-run, but the agencies are still figuring out how to do that.

Presentation: Quality of Care for Colorado's Kids – Aditi Ramaswami, Colorado Coalition for the Medically Underserved

- [Presentation Slides](#)
- All Kids Covered issued a report in January, [Ensuring Quality Health Care for Colorado Kids](#), that examines the quality of health care kids are receiving in Colorado. The report analyzes data the National Survey of Children's Health (NSCH) and uses the Quality of Care Summary Measure. The metric includes the following points that were assessed via a series of questions:
 - Adequate insurance
 - Coordinated care through a medical home
 - Access to preventive care
- Report highlights:
 - Uninsured rate is going down in Colorado, but we are still at a higher rate than most states.
 - One in six Colorado kids are not getting yearly medical check-ups, and around one in six are not getting yearly dental check-ups.
 - Certain kids are vulnerable to poorer access to high quality care based on race/ethnicity, household language, age, sex, and parent's education level.
 - Having insurance does not ensure that kids will receive high quality care. However, kids with consistent coverage are more likely than uninsured to receive high quality care.
 - Privately insured kids are 1.4 times more likely than publicly insured kids to have a medical home and consistent preventive care.

Q: Are you able to break out the data on urban vs. rural divides?

A: No, we are not able to with this data source, but the upcoming Colorado Health Access Survey can often do that type of analysis. Also, the 2015 *KIDSCOUNT!* report will be exploring geographic differences.

Q: AKC has been around a long time, and making a lot of progress, but maybe we need to think about having all kids in a medical home. We need to make sure all kids are covered *and* cared for.

A: The AKC leadership team has been thinking about the future of AKC. The work of coverage is not done, and we hope to keep seeing a decline, but we also see the potential need to consider a broader scope. This report sets up the beginning of a conversation to think about coverage, care, and access. The AKC leadership team will likely be coming to the coalition later this year with some proposals for discussion.

General partner updates:

All Kids Covered: Although AKC did not run a bill this year, we did engage in supporting elements of HCPF's budget proposal and created two fact sheets: [CHP+ Enrollment Fee 30-day Grace Period](#), and [Annualizing Income for Medicaid and CHP+](#). As a reminder, a feasibility study for 12-months continuous eligibility for adults was also included in the budget request.

- **UPDATE as of March 12, 2015:** The Joint Budget Committee held the Figure Setting hearing for HCPF's FY 2015-16 budget on March 9, 2015. The feasibility study for 12-months continuous eligibility for adults and the 30-day grace period to pay the CHP+ enrollment fee will NOT be included in the Long Bill. However, the recommendation to use annualized income, rather than monthly income, for Medicaid and CHP+ determinations WILL be included.

Aurora Kids Health Convening: A cooperative effort between Aurora Health Access, Children's Hospital Colorado, Tri-County Health Department, and Colorado Children's Healthcare Access Program, the convening will be held on **Monday, May 11, 2015 from 9:00 a.m. – 12:00 p.m.** at Children's Hospital Colorado, 13123 East 16th Avenue, Aurora, CO 80045 (2nd Floor, Mt. Princeton Room). The goal of the convening is to look at coverage and quality of care in Aurora. The group will look at the data, what's been done, what's being done, and what could be done in the future to address quality of care issues in Aurora. [Register here](#).

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.

Mountain Resource Center - The Substance Abuse Prevention and Intervention (SAPI) funding supports Mountain Resource Center staff in providing services at West Jefferson and Fitzsimmons middle schools and Conifer, Dakota Ridge and Lakewood high schools. Using a small group format, facilitators will work with students on preventing drug use/abuse and intervening with students who are "at-risk" for substance abuse. For more information, call Mountain Resource Center at 303-838-7552.