



## All Kids Covered Initiative Meeting Notes April 3, 2015

### **Transitioning to a New Eligibility and Enrollment Vendor Contract from MAXIMUS to Counties and Denver Health – Lindsay Van Dusseldorp and Michael Wagner, Colorado Department of Health Care Policy and Financing (HCPF); Brad Membel, Denver Health Enrollment Services**

- Please see [presentation slides](#).
- The Eligibility and Enrollment Medical Assistance Program (EEMAP) vendor contract with MAXIMUS to provide Medicaid and Child Health Plan *Plus* (CHP+) eligibility and enrollment services, and CHP+ customer service center, is ending on June 30, 2015.
- HCPF also has another contract ending May 1, 2015, for “Back Office” staff. These are temporary staff hired by HCPF in October 2013 to help MAXIMUS with PEAK inbox cases, process Department of Corrections (DOC) cases, take phone applications, and handle mixed cases that have family members with both Advanced Premium Tax Credits (APTCs) and Medicaid or CHP+ eligibility.
- The responsibilities of the EEMAP vendor and the Back Office are being transitioned to county human services offices, and to Denver Health.
  - Last summer all 64 counties voted unanimously that they wanted to take on some of the work of the EEMAP vendor to make the process smoother for clients. Counties are currently performing very well with over 95% timely processing.
  - Denver Health has been a Medical Assistance (MA) site for six years, has good partnerships with counties, and as a governmental agency, HCPF did not have to go through the Request for Proposals process. Using Denver Health also saves the state money because Denver Health cannot earn more than their costs. Profit margins built into previous contracts were about \$2-3 million per year. These savings can be diverted to hiring new staff, and providing better customer service. The contract between HCPF and Denver Health was executed March 1, 2015. It will be an annual contract with options to extend each year. Denver Health created a separate office, the Medical Assistance Program Services (MAP) office, for these new eligibility and enrollment functions.
- Transition will happen in two phases:
  - Phase 1: The HCPF Back Office will be shutting down around May 1. Around that time, Denver Health will begin to do phone application processing, DOC applications, escalated case research and resolutions.
    - HCPF and Connect for Health Colorado are still discussing where families with mixed eligibilities (e.g. Medicaid/CHP+/APTC) cases will go. This is dependent on decisions from the Connect for Health Colorado staff and board, but there is an option for Denver Health to take these on.

- Phase 2: Beginning May 22, 2015, Denver Health will begin to take on some EEMAP work including:
  - CHP+ call center - the number for the call center will remain the same and will be integrated with HCPF's call management system. This also allows HCPF to manage call volumes and hold recordings for any of the calls to research any complaints about calls.
  - Fee and premium administration for CHP+ and Medicaid Buy-In programs - Denver Health will accept walk-in payments and HCPF is currently working with MAXIMUS to hand out a brochure to redirect clients to Denver Health.
  - Manual enrollment tasks.
  - Disenrollment tasks.
  - CHP+ appeals and grievances.
- Counties will take on EEMAP work beginning May 22, 2015, including:
  - Ongoing case maintenance and renewals.
  - Quality assurance/quality control.
  - PEAK Inbox.
- Denver Health Growth Plan: Denver Health is currently hiring a new Trainer and a new Quality Analyst, along with two enrollment specialists. They are making offers to eight people currently working in the Back Office to transition them to Denver Health. Training will begin on April 14. Denver Health also plans to hire additional staff who are leaving MAXIMUS. Denver Health training process is lengthy (90 days) with 60 days devoted to learning the Colorado Benefits Management System (CBMS), and then 30 days of over-the-shoulder training/monitoring to ensure high quality work.
- HCPF Communication Plan: A high level summary will be sent to counties and other stakeholders/providers within the next few weeks. There is still discussion about how/what to message to clients to convey the right level of information without causing confusion or concern.
- Denver Health will begin taking calls for people in all counties (not just from the seven counties with which they currently work) on May 1, 2015. Their phone number will be released soon. Denver Health will be gaining CBMS access to cases in all 64 counties on May 1. Denver Health is careful to make case comments any time they touch a case. Other MA sites will also have access to county cases with those counties that they have connections with.
- With concerns or comments, contact Mike Wagner ([Michael.Wagner@state.co.us](mailto:Michael.Wagner@state.co.us)), Brad Membel ([Bradford.Membel@dhha.org](mailto:Bradford.Membel@dhha.org)), or Lindsay Van Dusseldorp ([Lindsay.VanDusseldorp@state.co.us](mailto:Lindsay.VanDusseldorp@state.co.us)).

**Q:** There have been long hold times at counties, especially during open enrollment. How will this plan address that problem?

**A:** The Joint Budget Committee approved funding for an additional 25 call center staff to be included in the Long Bill, and the Denver Health call center will also be integrated with HCPF call center which will help with HCPF call center overflow. Some of the long hold times during open enrollment won't be able to be resolved because counties aren't able to staff-up only during open enrollment. However, HCPF

does have contracts with all 64 counties providing incentives for performance and collaboration. Also MA sites can now get funding, and they have options in their contracts to partner with counties to help with overflow. These improvements will help address concerns about long hold times.

**Q:** Currently, MAXIMUS has a liaison line to help community based organizations get assistance on behalf of a client. Will a liaison line still be available?

**A:** Yes, there will be a telephone line and fax line, and Brad is willing to attend community meetings to help explain this when it is up and running. MAXIMUS will continue to check their current line until June 26, 2015. HCPF is working on developing something similar to MAXIMUS' secure email function, MOVEit, but it will hopefully be even more efficient. Information about liaison functions will be distributed around the middle of May.

**Q:** Because CHP+ cases have not been at counties previously, what's the training plan to ensure that counties fully understand the eligibility and enrollment processes for CHP+?

**A:** Ongoing case maintenance for eligibility has been and will remain at counties, and the payment piece will be at Denver Health. Denver Health will also handle manual enrollments, manual premium adjustments, and be able to add babies etc. Enrollment into managed care programs will not change [it will continue to be handled by the CHP+ enrollment broker]. Mike is open to talking about counties that aren't meeting CHP+ eligibility expectations. Payment processes won't change – the address for sending payments is the same (Key Bank). Refund process will also remain the same.

**Q:** Will there be a case escalation procedure for counties or for Connect for Health Colorado?

**A:** Yes, at Denver Health there will be two people who will do those cases, and they are developing this process right now.

**Q:** Is there a time frame for when the mixed case processing decisions will be made?

**A:** Not yet. The state's assistance will end on May 1, and Connect for Health Colorado is aware of that, so they need to decide by then.

### **Legislative Update – Jennifer Miles, Miles Consulting**

- The so called "Long Bill" to set the state budget for the next fiscal year has gone through the Senate, and it will be going through the House next week. There have been few amendments so far. Items included in the proposed budget include:
  - Proposal to use annual income for Medicaid eligibility, which will start FY 16-17 to allow time for systems updates.
  - Twenty-five new FTE for HCPF customer call center.
  - Provider reimbursement of 0.5% across the board, and targeted rate increases mostly in adult-related codes for particular services and providers that were not participating in Medicaid because they couldn't afford it.
  - Personal health record access for Medicaid.
  - Increase in Colorado Health Service Corps – \$1.5 million increase for the loan repayment program which can help with access to care.

- Colorado Department of Public Health and Environment asked for a \$1.2 million increase for the immunization registry to track kids' immunization records. The funding will be used to get rid of the waiting list for providers, enhance billing functions, inventory management, etc.
- Department of Human Services requested 130 new caseworkers, and the Long Bill includes funding for 100. These staff will be distributed throughout different counties.
- *Not included*: 30-day grace period to pay the CHP+ enrollment fee, feasibility study of continuous eligibility for adults.
- Parent's Bill of Rights died – this would have taken away the ability for kids to get reproductive health services without parental permission.
- Two bills of interest re: access to care:
  - SB 197 – Advanced Practice Nurses -- reduces the number of hours they need to get independent prescriptive authority.
  - HB 1309 – Virtual Dental Home Model – would allow a dental hygienist to do an assessment and some work without a dentist present.
- Healthy Kids Colorado Survey – the State Board of Education is considering whether to continue the survey, and considering allowing parents to *opt-in* their children rather than *opting-out*.

#### **KIDS COUNT 2015 Report Presentation – Sarah Hughes, Colorado Children's Campaign**

- Please see [presentation slides](#) for more.
- The 2015 KIDS COUNT report was released last week.
- The report breaks down child well-being based on urban/rural geography, however defining urban and rural was complicated. The method used in this report classifies counties into four buckets: urban (four counties), mixed urban (three counties), mixed rural (15 counties), rural (42 counties).
- *Family economic security* – child poverty declined by one percentage point for the first time in years. This equates to about 17,000 kids who are no longer living in poverty from 2012 to 2013. Poverty in rural areas declined too, but those communities still have a much higher rate of poverty than other regions.
- *Uninsured rates* – There was a small decline of 0.5% which was not statistically significant between 2012 and 2013. As a reminder, this data is from 2013 so health reform numbers are not reflected. However, 70,000 kids gained coverage between 2008 and 2013. Most progress was seen with the lowest income kids below 150% of the Federal Poverty Level (FPL). However, in the income ranges between 200 – 299% FPL there was an increase in uninsurance. There was also a decline over time in employer sponsored coverage, but an increase in public coverage.
- The full report can be found [here](#).

**Q:** Is there a difference in the Eligible but not Enrolled numbers in rural counties compared to urban counties?

**A:** Unfortunately, the Colorado Health Institute (CHI) which calculates this data doesn't have data for 2013 due to some glitches, but it may be possible to go back to previous years to see if that trend exists.

## General Partner Updates

- **CHIP Update** – The House passed H.R. 2 with a wide margin to extend CHIP funding for two years. This was a clean extension that maintains the current program, and does not include offsets to pay for it out of Medicaid. The Senate is on recess, returning on April 13, and they will have to move quickly to pass the bill upon return.
- **Colorado Coalition for the Medically Underserved (CCMU)**
  - Developed with CHI, the Colorado [Access to Care Index](#) is now available on the CHI website. CHI is interested in looking at other age groups (i.e. kids) in the future so they are working on a different index to look at care over time that will be coming soon.
  - CCMU has hired a [new Executive Director, Joe Sammen](#), who had been CCMU's Director of Community Initiatives.
- **Covering Kids and Families** is hiring a new team member to implement and manage a statewide outreach and enrollment (O&E) learning collaborative. The overall goal of the O&E learning collaborative is to identify the most effective O&E strategies and activities that increase the number of Coloradans with health coverage. The position is funded through a contract through March 31, 2017. In-state travel is required. For more information, including how to apply, click [here](#). Applications are due **by midnight on Wednesday, April 15, 2015**.

**Next meeting:** Friday May 1, 2015.