All Kids Covered Initiative
Meeting Notes
May 1, 2015

Follow Up Discussion about the Transition 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*

As a follow-up to last month's meeting, the team from HCPF and Denver Health addressed follow-up questions provided by the Covering Kids and Families (CKF) team ahead of the meeting, and took questions from meeting attendees.

Q: How will HCPF monitor county and Denver Health productivity, accuracy, and timeliness?
A: This won't change. The contract outlines how performance will be monitored, and will make sure these expectations are met. Also HCPF has contracts with counties and will ensure provisions are followed and that performance is satisfactory.

Q: Do you have a standard contract with counties or different metrics based on specific county characteristics?
A: Contracts with counties are meant to reinforce existing statutes and encourage counties to move in this direction, using incentives that are standardized across counties. HCPF is encouraging collaboration between community partners as part of this effort. There will be new contracts with counties each year, and contracts will be revised as needed. There is a plan to shift the focus beyond just eligibility, also access.

Q: Having standardized contracts with each county may not work because counties are in different places in the process, different sizes, and have other differences. How is the department handling this?
A: We got all counties to sign on. This has never happened. We are aware of different levels of where counties are but have broad support at the county level, and want to make sure the baseline for everyone continues to progress.

Q: Is the county contract publicly available?
A: We can make the template available.

Q: At the last meeting, we were told to start calling Denver Health after May 1. Is this still the case? If so, what is the number?
A: Denver Health is taking phone applications after May 1, but not all calls should go there until May 22. After May 22 you can call the same number and will get Denver Health. (See also the presentation slides from April 3 meeting.) We will have a clear process for stakeholders to get questions answered before May 22. Keep calling Maximus until May 22.

Q: Does Denver Health MAP have the same county application processing time requirement that counties do (of 45 days)?
A: Yes

Q: Is there an update on which entity will process mixed cases with Medicaid/Child Health Plan *Plus* (CHP+) and Advanced Premium Tax Credits (APTCs)/Cost Sharing Reductions (CSRs)?
A: We have to defer to Connect for Health Colorado on this. The Department is not in a position to make this decision. This week there was a proposal at Connect for Health Colorado to decide on two options, to become a Medical Assistance (MA) site or contract the work out, and they are still deciding between these two options. Unsure of the timing for decision, but the decision will have to be made prior to the end of June.

Q: How many households have mixed cases – how many households will be impacted?
A: Not certain how many, Connect for Health Colorado would have this data, and we will continue to work together with them. Connect for Health Colorado is committed to ensuring ongoing case management will not be affected.

Q: When problems with APTC determinations arise, how will Denver Health and/or counties be trained to help resolve those problems?
A: There are multiple channels for information. We are trying to coordinate as much as possible but some issues can't be handled through a particular channel. Counties can help process PEAK now; everyone calls their county and the county has access to everything but APTC. This merger to counties should eliminate some of the back and forth.

Q: How is information being communicated at the eligibility manager level? For example, what if a manager only wants to take paper applications? How will out-going communications be handled?
A: There is no longer an incentive to require paper applications. Now, no matter how the application comes in, counties can fix problems.

Q: With new partnership with counties and getting them on board, how is information getting to managers who are making decisions at the county level?
A: We are trying to get information out as much as possible, all directors and county commissioners are aware of this and want it to be successful. If individual issues arise, contact the Department and we will help resolve the problem. We have provided a webinar geared to frontline staff, and also sent them the presentation we gave at the last AKC meeting.

Q: Have counties been provided with additional training resources, dollars, or staff to help pay for additional work transferred from MAXIMUS, the scope of their responsibilities, how to connect with Connect for Health Colorado, etc.? If a client has a need that is not within the scope of county responsibilities, will counties know how to handle it? Will application assistance sites know in which cases they need to refer someone somewhere different and where? A one-pager might be helpful for them.
A: These lines are blurry, we are learning more all the time, we continue to meet with counties, and counties have received additional training on Medicaid responsibilities, not specifically on Connect for Health Colorado connections. Connect for Health Colorado has started a preliminary document with different types of sites, where there is overlap, and could give this information to everyone.

Q: Will counties know who to contact if an issue isn't within their scope?
A: Counties are aware that if a client is denied for Medicaid, they may be eligible for APTC. Where to go in Connect for Health Colorado is not clear yet, but counties can at least refer clients to their website. There are also Connect for Health Colorado brokers across the state, and the Connect for Health Colorado call center.

Q: How can we make it clear for those who assist clients and for providers where to send clients? For example, if a client changes status from APTC to Medicaid, who should they talk to in order to make this change? How will counties be empowered around retroactive, simultaneous enrollment situations?
A: This transition will not impact this issue, this will continue to happen in a small number of cases, because it is a system issue. Counties understand retroactive and simultaneous enrollment. They will have to refer someone to Connect for Health Colorado to find out how to get unenrolled, to get help with APTC issues, etc., because counties can't deal with this.

Q: For counties that are hiring new technicians, how and when will the new technicians be trained?
A: Technicians will be trained by a certified trainer at the county level. Counties are receiving funding to support additional workload, but funds are not dedicated to specific components like training. The Staff Development Center (SDC) [which is responsible for training counties on issues related to the Colorado Benefits Management System (CBMS)] certifies trainers to do trainings at the county level for new staff. It should also work this way on the MA side. The SDC trains trainers, not all technicians. Existing technicians don't need additional training.

Q: With regard to new funding to counties to help with transition, is it up to the county how to allocate the money?
A: The state allocates a percentage of county funding each year, and the counties are reimbursed for costs. Their funds are allocated across all programs that counties perform and counties are required to report all activities into a database run by the Colorado Department of Human Services (CDHS), then counties are reimbursed monthly. If the state gives counties an additional allocation for the additional workload, and counties don't hire staff or do something else to spend that allocation, counties don't get reimbursed. If county costs exceed their allocation, counties are on the hook for that amount. The state is working with counties to resolve issues, and there is joint accountability between the state and counties. We encourage you to invite counties to meetings and have this conversation with them.

Q: We have been told in the past that it is not appropriate to attend meetings with counties unless a party to the contract?
A: Advocates can still be in the room, even if not a party to the contract.

Q: How will clients know when they should call their county of residence, Denver Health, the Medicaid Customer Service Center, or the Connect for Health Colorado Customer Service Center?
A: If a client has a case, they should call the county, but if a client calls HCPF or Denver Health we can transfer the client. Clients can get help with Medicaid no matter what number they call (just not Connect for Health Colorado).

Q: Will the use of the PEAK Inbox by the counties change, and will there be more training for the counties on the PEAK Inbox?
A: The use will increase but not change, so no additional training is needed.

Q: Will clients be able to pay their CHP+ enrollment fee via credit card by calling Denver Health?
A: No, and clients can't do this now either; they can only pay via credit card through PEAK.

Q: Will MAXIMUS continue to be the CHP+ enrollment broker?
A: Yes, this is a different contract, this work is not moving over (only EEMAP is transitioning).

Q: If a CHP+ client calls the county, will the county send them to *Health*Colorado to select a plan?
A: Yes, it has always been this way.

Q: When a CHP+ member calls the existing customer service line (800-359-1991), how will the call be routed? Will it go to Denver Health or HCPF customer service?
A: All calls will come in through HCPF's call center, and based on an individual's selection, they will be routed to Denver Health, the Department, or their county. Even if someone is routed to the wrong place, HCPF will be able to answer their question.

Q: How have Denver Health, the HCPF customer service center, and counties been trained to answer CHP+ questions (i.e. questions about how it is a managed care plan, that they need to select an HMO, where to pay the enrollment fee, how to add a baby, etc.)?
A: Denver Health does this training already, and so do counties.

Q: Will Denver Health host the CHP+ Grievance Committee?
A: Yes.

Overview of H.R. 2 – *Sarah Barnes and Cody Belzley, Colorado Children's Campaign*

H.R. 2 was approved by the Senate on April 14, 2015, and signed by the President on April 16, 2015. The bill includes the following elements, including a two year funding extension for the Children's Health Insurance Program (CHIP).

- ***SGR fix (aka "the doc fix")***
  - Repeals the Sustainable Growth Rate (SGR) formula for Medicare.
  - The SGR formula was a cap on annual Medicare spending on physicians' services – exceeding the cap resulted in punitive recoupments in subsequent years.
  - The SGR was part of the Balanced Budget Act of 1997 and was intended to control physician spending, but failed to work.
  - Since 2003, Congress has spent nearly $170 billion in short-term patches to avoid unsustainable cuts to reimbursement rates. The most recent patch expired on March 31, 2015.
  - New policy: five-year period of annual updates of 0.5 percent to reimbursement rates to transition to a new merit-based incentive payment system.
- ***CHIP***
  - Funding for CHIP was extended through 2017, maintaining the current financing structure.
  - Express Lane Eligibility (ELE) is extended through 2017, also the Inspector General is required to study program integrity related to ELE and issue a report in 18 months.
  - The Affordable Care Act (ACA) "stairstep" provision (which provides Medicaid coverage for kids ages six to 18, from 100 to 133 percent of the Federal Poverty Level, and for whom the state receives the increased CHIP federal match rate) is also extended.
  - A 23 percentage point increase to the federal CHIP match begins October 1, 2015. (Colorado budgeted for this increase.)
  - Maintenance of effort (MOE) requirements maintained through 2019.
  - CHIPRA Outreach and Enrollment Program extended through 2017 ($40 million).
  - CHIPRA Quality Measures extended through 2017

        - Pediatric Quality Measures Program ($20 million).
        - Childhood Obesity Demonstration project ($10 million).
- ***Transitional Medical Assistance (TMA)***
    - Extended permanently
    - Allows certain low-income families to maintain their Medicaid coverage for up to one year as they transition from welfare to work.
- ***Maternal, Infant , and Early Childhood Home Visiting (MIECHV) Program***
    - Funding extended through 2017
    - This program provides states/territories/tribes with grants to support evidence-based in-home visiting programs for at-risk families with children from birth to kindergarten.
    - State Home Visiting Programs report they have provided more than 1.4 million home visits since 2012.
    - In 2014, they served approximately 115,500 parents and children in 787 counties in all 50 states, the District of Columbia and five U.S. territories.
    - Colorado's MIECHV communities include: Pueblo, Adams, Alamosa, Costilla, Saguache, Crowley, Otero, Denver, Morgan and Mesa counties.
    - Colorado programs include HIPPY, Nurse Family Partnership, Healthy Steps for Young Children.
- ***Federally qualified Community Health Centers (CHCs)***
    - Funding extended through 2017 -- these are dedicated mandatory funds that supplement annual spending for the CHC program.
    - In 2013, 1,302 federally funded CHCs located in all 50 states, the District of Columbia, and six U.S. territories, distributed evenly between urban and rural areas, served 22.7 million patients across 9,518 sites. The vast majority of the 90 million visits to CHCs were for primary care.
    - Colorado has 18 CHCs that serve as the health care home for almost 650,000 patients at 171 clinic sites in 38 counties.
- ***National Health Service Corps Fund (NHSC)***
    - Funding extended through 2017.
    - Helps bring health care professionals to areas where they are needed the most by providing scholarships and loan repayment in exchange for a commitment of service in an underserved community.
- ***Teaching Health Centers***
    - Funding extended through 2017.
    - The program expanded residency training in community-based settings – residents are trained in family and internal medicine, pediatrics, obstetrics and gynecology, psychiatry, and general and pediatric dentistry
- ***Family-to-family health information centers (F2F HIC)***
    - Funding extended through 2017.
    - Program provides grants to support family-staffed organizations in each state to assist families of children with disabilities or special health care needs.
    - Family Voices Colorado serves as F2F HIC in Colorado.
- ***Health Workforce Demonstration Project***
    - Extends funding through 2017.

- Program provides funding to help low-income individuals obtain education and training in high-demand, well-paid, health care jobs.

- ***Personal Responsibility Education Program (PREP)***
  - Funding extended through 2017.
  - PREP provides states, community groups, tribal organizations with grants to implement evidence-based, or evidence-informed, innovative strategies for teen pregnancy and HIV/STD prevention, youth development, and adulthood preparation for young people.

Legislative Updates – *Cody Belzley, Colorado Children's Campaign*

- SB 15-234 – Long Bill
  - Annualized income for Medicaid/CHP+ eligibility determination included.
  - CHP+ 30 day grace period not included.
  - Increased funding for Colorado Immunization Information System and Local Public Health Agencies.
  - *Status:* Signed by the Governor.
- HB 15-1194 – Long Acting Reversible Contraceptives (LARCs)
  - *Status:* Died on party line vote in Senate State Affairs.
  - Unclear at this point what will happen to program going forward.
- SB228 – Medicaid Provider Rate Commission
  - Passed in the Senate and passed the House Committee on Health, Insurance and the Environment yesterday.
  - 14,000 Medicaid provider rate codes to review.
  - ***Status Update*:** Passed in the House, signed by Governor.
- HB 15-1389 – Transfer Hospital Provider Fee (HPF) to Enterprise
  - Would enact the Governor's policy proposal to make the HPF an enterprise within HCPF, which would remove the HPF from the General Fund and out from under the TABOR cap. This would allow for investments in K-12, higher education, transportation, etc.
  - Introduced late in session, low likelihood of success
  - Will be on the House floor today or Monday. Will probably die in the Senate, but will set the stage for discussions in the summer and fall around the HPF. As we look ahead to 2016, we should keep this on our list of issues.
  - ***Status Update*:** Died in Senate Committee on State, Veterans, & Military Affairs

Coalition Member Updates

- Colorado Consumer Health Initiative (CCHI) is hosting its Colorado Voices for Coverage conference, *Peak Performance: Achieving Equity in Coverage and Care*, on June 2. Register at the CCHI website. There is a $25 registration fee, and scholarships are available.
- HCPF plans to release a draft Request for Proposals for Accountable Care Collaborative reprocurement early next year (winter/spring). They received many responses to the Request for Information. They released a policy document last week that includes the following policy decisions:
  1. Keeping regions same as they are now with a few counties that are unique, reaching out to these counties.
  2. Combining Regional Care Collaborative Organizations and Behavioral Health Organization administration into one entity. Not sure exactly what this structure will look like yet.
  3. Phasing in a payment structure to incentivize integration, value, and quality of care over next five years. At beginning of contract, will continue to pay for most physical health

through managed fee for service and most behavioral health through a capitated payment structure.

- Cody Belzley is leaving the Colorado Children's Campaign at the end of May, and her position of Vice President, Health Initiatives is posted here: http://www.coloradokids.org/about/opportunities/vice-president-health-inititatives.html

Next meeting: August 7, 2015

*Note that the June and July meetings will be cancelled.