



Notes from the December 9, 2011 Agency Partners Work Group Meeting

CHP+ Updates

1. Increased CHP+ cost sharing:

- Effective January 1, 2012, families earning between 205-250% of the Federal Poverty Level (FPL) will have to pay a new enrollment fee - \$75 for one child and \$105 for two or more children. Enrollment fees will not change for families earning less than 205% FPL. Click here for a [factsheet](#) with more details.
- If an applicant is determined eligible on or after January 1, they will pay the new fee, even if they submitted their application prior to January 1.
- Pregnant women still do not have to pay enrollment fees.
- There will be various targeted co-payment increases for all income categories effective July 1, 2012.

2. CHP+ pre-HMO period changes:

- **Update since the meeting:** Christy spoke with Alan Kisolwitz from CHP+ after the meeting. Alan asked that CKF hold off on providing a detailed update on the elimination of the pre-HMO period. The Department of Health Care Policy and Financing (HCPF) is working to finalize a plan to ensure that kids who need care are able to receive it while their application is being processed. This plan will be presented to the Medical Services Board in January. Alan did confirm that the change to the CHP+ pre-HMO period is scheduled to be implemented February 26, 2012. Stay tuned for more information.

HCPF Updates, Announcements, and Feedback

1. Regional trainings for Medicaid Expansions:

- In late January and early February, HCPF will be conducting 25-30 regional trainings throughout the state to discuss the Medicaid expansions to Adults without Dependent Children and the Medicaid Buy-In for Working Adults with Disabilities, as well as PEAK. The Department will also be offering WebEx trainings for those who cannot attend a regional meeting. Each training will last about two hours. Registration information will go out in a couple of weeks.
- HCPF will hold their 2012 regional conferences in the spring. Stay tuned for more information.

2. New Application for Public Assistance:

- The [Application for Public Assistance](#) is the newest application to be distributed by the Colorado Department of Human Services (CDHS) and HCPF. This is a revised version of the 26-page Single Purpose Application and includes medical, financial and cash assistance programs. To remain aligned with the "all doors are open" philosophy, all versions of the application will continue to be accepted and processed.
- HCPF is working with PEAK and CDHS to align application assistance efforts and create a new series of trainings for the [Application for Medical Assistance](#), the [Application for Public Assistance](#) and [Colorado PEAK](#). These trainings are anticipated to be complete in the spring in time for the 2012 regional conferences.



3. Updates on revisions to the IEVS letter:

- Based on the feedback and suggestions from community partners and eligibility sites, HCPF modified the Income Eligibility Verification System (IEVS) correspondence notice that clients receive when there is a discrepancy between income reported on the application and what's on file with the Colorado Department of Labor and Employment. This updated letter provides additional information and clarification for our clients. The [English](#) and [Spanish](#) versions of the letter can be found at HCPF's website by going to www.colorado.gov/hcpf, then click Partners & Researchers > County and Medical Assistance Site > Training and Reference Documents > Income and Resource Eligibility.
- This Spanish notice will not automatically be sent through CBMS until a future date. Until this notice is being sent automatically, the Spanish IEVS Wage Notice has been posted to HCPF's website within the same location as the English letter. This notice can be printed off and provided to Spanish-speaking clients that may have questions.
- The updated IEVS letter is part of a short-term solution to help mitigate the increased workload that occurred when the IEVS interface was implemented. The long-term solution of suppressing the IEVS notice for all clients who do not lose or have a change in eligibility is being worked on. Requirements for the change were submitted earlier this month and HCPF is waiting for it to be scheduled.
- The IEVS Wage Interface ran successfully the week of December 1 with a mild increase in records as compared to the prior months. The updated English IEVS Wage Notice was sent automatically to these clients.

4. New CBMS enhancements to be implemented Dec. 18

- On Dec. 18, the following projects will be implemented in the Colorado Benefits Management System (CBMS). Ann Clemens provided a written description of some of these changes:
 - HRSA Express Lane Repository
 - RRR Not Being Set Correctly: This change request was initiated to fix an issue in which some cases were not being assigned an RRR (redetermination). This was causing some clients to not receive a timely RRR as required by each program area.
 - Additions and Modifications to Court Reports
 - CHP+ Annual Enrollment Fee Increase
 - PEAK Static Reports on Website
 - Limit Eligibility Determination and Benefit Calculation (EDBC) Running Back: This change request is to create a general run back time limit not to exceed 12 months prior to the current month. This change will improve offline and nightly batch processing (meaning a system performance improvement), reduce client correspondence costs, and decrease processing times, among other benefits. There will be a manual and automatic exception process for eligibility workers which will allow the dates of the EDBC run period to be adjusted if necessary and the 12 month time limit to be negated.



- Changes to the Home Care Allowance (HCA) and the Home and Community-Based Services (HCBS) programs required by HB 10-1146
- PEAK Zip Code Enhancement: With this change, applications will be submitted to the correct county, eliminating the need for additional county transfers. County selection will be determined and validated based on the address and zip code entered on the application by the applicant. Based on the zip code and address validation at the beginning of the application, the HMO provider selection drop down will only show those providers in the applicants county and the applicant will see the county office or MA site that the application has been sent to on the thank you page after submission.

5. Updates on the Accountable Care Collaborative (ACC):

- The original ACC program design was to enroll 60,000 clients into the initial phase of the ACC program and to do so in “focus communities” identified by each of the 7 Regional Care Collaborative Organizations (RCCOs). As the result of a budget action in the most recent legislative session, the Department increased that enrollment target to 123,000 clients. In an effort to reach this enrollment figure, several RCCOs have expanded the size of their focus communities. The ACC program will also be absorbing the new Adults without Dependent Children clients and this is scheduled to start March 1, 2012.
- The ACC Program Improvement Advisory Committee meeting is held quarterly with the next meeting being held on January 18, 2012 from 10:00am - 12:00pm at 225 16th Street, in the first floor conference room. There is a public comment period at each meeting where individuals can share their thoughts and ideas about the program.

Update on the Colorado Health Benefit Exchange

Guest speaker Myung Oak Kim, Communications and Outreach Manager for the Colorado Health Benefit Exchange, gave a [presentation](#) on the Colorado Health Benefit Exchange. Highlights are below:

- A health insurance exchange is an organized marketplace for customers to shop for health insurance based on price and quality.
- The Colorado Health Benefit Exchange has launched a new website: www.getcoveredco.org. On this website, you can provide input, sign up to receive newsletters, and request speakers about the Exchange.
- See slide 14 of Myung’s presentation for a clear diagram of income eligibility for Medicaid or subsidies.
- The Exchange is the only place that will offer financial assistance for people to purchase coverage. Financial assistance will be applied up front when people purchase their plan. The Exchange will not be open to undocumented people and it is still unclear how the Exchange will work for families with mixed immigration status.
- Small non-profit organizations are considered small businesses and can qualify for tax credits to help pay employee premiums (see slide 19). These tax credits are available now, and will increase in 2014.
- Patty Fontneau has been approved by the Exchange Board and legislative implementation review committee to be the executive director of the Exchange. Patty is expected to start in her position on Dec. 12.



Colorado Covering Kids and Families

- The legislative committee will review a request for federal funding, the [Level One Establishment Grant application](#), on Dec. 15.

Agency Updates and Information Sharing

MAXIMUS:

MAXIMUS is hosting a Colorado Eligibility and Enrollment Medical Assistance Program Quarterly Work Group Meeting on Dec. 15, 2011 from 10:30am – 12:00pm. More information on the meeting location, call-in information, and agenda is found [here](#). Please e-mail questions or issues you would like to discuss to Workgroup_COEEMAP@maximus.com. Early questions are encouraged.

Next Meeting

The next Agency Partners Work Group meeting will be held on **Friday, Jan. 27, 2012**, from 9:00-10:30 a.m. at the Colorado Community Health Network, 600 Grant St., Ste. 800, Denver. Phone participation will be available.

The CKF 2012 meeting calendar is found at http://cchn.org/ckf/pdf/CKF_Calendar_2012.pdf.