



Colorado Covering Kids and Families

The Maze One Year Later: An Update on the Progress to Create a Direct Path to Enrollment for Colorado's Eligible Children and Families in Medicaid and CHP+

July 2010 Snapshot

In April 2009, Covering Kids and Families released *The Maze: The Barriers that Keep Colorado's Eligible Children and Families Out of Medicaid and CHP+ and Recommendations to Create a Direct Path to Enrollment*. This comprehensive report identified more than 40 barriers that contribute to Colorado's complicated Medicaid and Child Health Plan *Plus* (CHP+) eligibility and enrollment system and made 20 concrete administrative, regulatory and legislative recommendations to simplify the system.

This update to *The Maze* provides a snapshot in time of the progress made to implement the specific recommendations from the original report. It also offers opportunities for concerned Coloradans to become part of the effort to eliminate the barriers that keep so many Colorado kids and families uninsured. The update is an interactive document that allows the reader to hone in on areas of interest by clicking on specific recommendations or opportunities to get involved. To explore the interactive document, please go to http://cchn.org/ckf/pdf/Maze_One_Year_Later_Final.pdf.

Successful implementation of the recommendations outlined in the *Maze* is more important than ever. The economic downturn has resulted in unprecedented Medicaid and CHP+ caseloads. Colorado's Medicaid and CHP+ programs currently provide health coverage to more than 355,000 children.¹ Of the estimated 176,000 uninsured children in Colorado, about 115,000 are eligible for but not enrolled in either Medicaid or CHP+. ² Colorado needs a robust eligibility, enrollment and retention system now to ensure children and families have needed health coverage and to set the state up to successfully expand the Medicaid program to new populations by 2012 and under national health care reform.

Over the past year, the top two successes directly related to *Maze* recommendations were:

- The passage of House Bill 09-1293 has several provisions to expand health coverage, including 12-months continuous eligibility for children on Medicaid, which will be implemented in 2012. Effective May 1, Medicaid was expanded to cover parents with children already on the program from 60% to 100% of the Federal Poverty Level (FPL).
- The Department of Health Care Policy and Financing (HCPF) secured \$43 million in funding to increase access to health care, reduce cost-shifting, and improve the eligibility system including an online application and electronic interfaces to meet verification requirements.

The top two recommendations that would have the most immediate benefit for families are:

- Improve the Colorado Benefits Management System (CBMS), the computer system that determines eligibility for the state's public assistance programs, supported by policy changes that better coordinate the programs and improve access to health coverage.
- Simplify verification requirements by implementing administrative and electronic verification of citizenship and identity documents.

Opportunities to Get Involved

The interactive update includes an extensive list of ways to get involved to support implementation of *The Maze's* original recommendations. The list includes funding and advocacy opportunities, template thank you letters, and information about how to provide direct help to kids and families by becoming a presumptive eligibility, certified application assistance, or medical assistance site.

Status of Recommendations

In one year's time, Colorado stakeholders, lawmakers, and advocates have made progress on several of *The Maze's* recommendations. Below is a brief summary of progress for each recommendation.

| CKF Recommendation | Status |
|---|---|
| Simplify Application by Leveraging Technology | |
| Authorize electronic signatures | <u>In progress</u> : Once launched, Colorado's online application will allow electronic signatures. Launch is scheduled for Fall 2010. |
| Fund eligibility modernization | <u>Partial adoption</u> : HCPF's CO-CHAMP grant includes funding for some modernization activities. |
| Simplify Medicaid and CHP+ Eligibility Policies | |
| Provide 12-Month Continuous Eligibility for Medicaid and CHP+ | <u>Authorized</u> : House Bill 09-1293 authorizes HCPF to implement 12-month continuous eligibility for children on Medicaid in Spring 2012. |
| Remove Stair-Step in Medicaid Eligibility | <u>No state progress</u> : The federal Patient Protection Affordable Care Act will remove the stair step by expanding Medicaid to 133% FPL in 2014 for all adults and children under age 65. Colorado should explore the feasibility of eliminating the stair step earlier. |
| Expand Parent Coverage to 133% FPL | <u>Partial Adoption</u> : House Bill 09-1293 expanded parent coverage from 60% to 100% FPL, effective May 1, 2010. Parents and all adults will be covered to 133% FPL in 2014 under the federal Patient Protection and Affordable Care Act. |
| Simplify Verification Requirements | |
| Expand reasonable opportunity period for providing proof of citizenship and identity for Medicaid applicants. | <u>No state progress</u> : The Centers for Medicare and Medicaid Services issued guidance that clarified state flexibility around the reasonable opportunity period. Colorado has the opportunity to extend the reasonable opportunity period but has not done so to date. |
| Administrative verification of citizenship and identity | <p><u>In progress</u>: HCPF's CO-CHAMP grant includes funding to create the following state and federal electronic interfaces to meet the citizenship and identity documentation requirements for Medicaid and CHP+:</p> <ul style="list-style-type: none"> • Colorado Vital Statistics (citizenship) – Governor signed an Executive Order, currently behind schedule for implementation. • Colorado Department of Revenue, Motor Vehicles (identity) – ahead of schedule, implementation scheduled for early 2011. • Social Security Administration (SSA) (citizenship & identity) – planned implementation early 2011. |
| Add affidavit for children under 16 for identity to joint application | <u>Partial adoption</u> : Affidavit for children added to new application for all medical programs, but is not currently planned to be added to the online application before the scheduled Fall launch. |
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| CKF Recommendation | Status |
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| Fund out-of-state birth certificate purchases | <u>No state progress</u> : however, the SSA interface may address this barrier for some. |
| Align Income Deductions for Medicaid and CHP+ | <u>No state progress</u> : the federal Patient Protection Affordable Care Act will align income deductions by using a standard 5% income disregard. |
| Assure Timely Enrollment in CHP+ Managed Care Organization (MCO) of Choice | <u>No state progress</u> : however, HCPF expressed interest in putting together a small group of CHP+ staff, MCOs, and others to discuss how to move forward. |
| Provide PE Coverage Until Final Eligibility Determination | <u>No state progress</u> : CKF met with HCPF to discuss in July 2009. No more action has been taken to date. |
| Simplify Renewals | |
| Allow phone and/or online renewals | <u>Authorized</u> : the Colorado state Legislature passed House Bill 09-1020, which directs HCPF to seek funding to implement phone and online renewals. The Medical Services Board passed two rules Friday, June 11, 2010 that will allow eligibility sites to process renewals by phone or electronically. |
| Fund Enrollment Assistance | |
| Fund presumptive eligibility (PE) determination | <u>In progress</u> : PE sites are eligible to apply for a MORE grant to support outreach, enrollment and retention work. HCPF proposed but was not funded to provide sites \$50 per successful expansion population application in their CO-CHAMP grant. |
| Provide training and technical assistance to PE and application assistance sites | <u>In progress</u> : HCPF conducted regional trainings to provide community-based organizations and eligibility technicians with program and policy updates. In addition, HCPF created program-specific email inboxes to respond to questions. |
| Ensure adequate number and distribution of sites | <u>In progress</u> : 100 new certified application assistance sites and 15 new presumptive eligibility sites were added in the past year. There are a total of 308 sites in 47 of Colorado's 64 counties. |
| Leverage federal matching funds for enrollment assistance | <u>In progress</u> : A new initiative from HCPF offers Colorado schools an opportunity, Medicaid Administrative Claiming or MAC, to access federal funds for the Medicaid outreach and enrollment activities many schools already provide. |
| Educate Parents About Benefits, Resources and Accessing Care | <u>In progress</u> : On July 1, 2010, HCPF launched a new state outreach plan, <i>Healthy Communities</i> , that will combine outreach and enrollment with education and assistance to families to help them learn about both Medicaid and CHP+ and how to use their benefits. |

Conclusion

Colorado has made great strides to secure funding, pass legislation, and plan for improvements that will lessen the maze that children and families must navigate to access health care through Medicaid and CHP+; however, successful and timely implementation of these initiatives is crucial and could be improved. The passage of national health care reform and House Bill 09-1293 create an added layer of urgency to adopt these recommendations to ensure Colorado's eligibility and enrollment system works efficiently and effectively for eligible kids and families. Once fully implemented, many of these recommendations will make Colorado's infrastructure and system efficient and cost-effective to better serve kids and families, by removing unnecessary paperwork burdens for applicants, clients, and eligibility technicians. These changes are essential to manage rising caseloads now, and in the future. Together, decision-makers and stakeholders must maintain their commitment to implement reforms to Colorado's broken system. Now is the time to finish the job and ensure that reform efforts translate into a seamless system of health care coverage for Colorado's eligible kids and families.

Covering Kids and Families will update progress made to implement *The Maze* recommendations on an annual basis. For more information and to explore the update further, please visit CKF's new web page for all resources related to the *Maze*, <http://cchn.org/ckf/maze.php> or contact Brittney Petersen at brittney@cchn.org or Christy Trimmer at christy@cchn.org.

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¹ Colorado Department of Health Care Policy and Financing. (2009). *FY2009-2010 Premiums, Expenditures, and Caseload Report: December 2009 Report*. Retrieved June 11, 2010, from

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251606281776&ssbinary=true> (excludes foster children).

² Colorado Health Institute. (2010). Colorado's Children Health Insurance Status: 2010 Update. Retrieved June 11, 2010 from <http://www.coloradohealthinstitute.org/-/media/Documents/sn/EBNEchildren.ashx>.