Colorado

Program goal: Expand coverage to 150,000 adults without dependents and adults with disabilities

*To measure program outputs, HRSA objectives, and Healthy People 2010 goals, the Department will hire an external evaluator to develop and implement an evaluation plan that describes how program outputs, HRSA objectives, and Healthy People 2010 goals will be measured (p. 31).

Data sources: MMIS, Colorado Benefits Management System (CBMS), LEIF (the actuary holding the encounter data for the CHP+ program), Colorado Department of Labor & Statistics, satisfaction survey (for Medicaid disabled population), Colorado Health Institute

Evaluation Questions	Indicators	Data Sources CO
Initiative #1: Maximizing Outreach, Retention, and Enrollment (MORE) – Design, develop, and implement an outreach plan for the expansion populations		
Marketing plan Targeted Marketing Plan is developed for expansion populations Marketing tools are available for communities		Social Marketing Consulting (grant specified)
Develop and implement healthy communities outreach plan Establish appropriate outreach plan to enroll currently uninsured expansion populations Increase enrollment for uninsured populations by 80%	% change in Eligible But Not Enrolled (EBNE)	Colorado Health Institute
Target in-reach to CHP+ children, pregnant women to 250% FPL, parents to 100% FPL Improved child/youth and parent health outcomes Increase Well Child Visits for children and immunization rates for children and adults	Prenatal care vs. births Number of PCP's identified (Medical Home) % change in 'well child' visits % change in immunizations	HCPF Data Section CAHPS Survey

Evaluation Questions	Indicators	Data Sources co
Conduct partner outreach and support Increased access to care Increased service utilization data as demonstrated by claims data	Number of participating providers Location of participating providers (city vs. rural)	HCPF Data Section (claims data)
Implement community-based outreach to community-based organizations (CBOs) CBOs are trained to provide application assistance to expansion populations Increase number of Certified Application Assistance Sites (CAAS) by 20%	Number of trainings conducted Number of attendees (new vs. recurring) attended Number of CAAS	MORE team
Implement MORE grants Increase application assistance and presumptive eligibility for children and pregnant women Increase in number of enrollment fairs by 50%	% of approved applications that do not go into a 'pending' status Number of enrollment fairs	MORE Team (CAT?)
Statewide training conference Training on eligibility and benefits for new populations is provided to partners statewide Increased conference registration statewide	Number of Eligibility trainings scheduled and attendees. Conference registration vs. attendance (new vs. recurring)	Eligibility Team MORE Team
Initiative #2: Eligibility Modernization – **Streamlining the Application Process**: Streamline the application process by replacing paper documentation with electronic data where possible; develop web-based services for clients; create interfaces with other state and federal systems to ease data exchange for the expansion populations making it easier for clients to apply for public health insurance programs		

Evaluation Questions	Indicators	Data Sources co
Streamline process to comply with Deficit Reduction Act (citizenship and identity) Vital Statistics interface is used in 20% of eligibility determinations DMV interface is used in 20% of eligibility determinations SSA interface is used in 20% of eligibility determinations Increase in interface hits from new CBMS interface statistics reports	Number of interface hits with other state/federal systems.	Eligibility Team
Streamline eligibility process according to CHIPRA (Express Lane Eligibility) Free & Reduced Lunch income information is used in 20% of eligibility determinations Increase in interface hits from new CBMS interface statistics reports	Number of enrollees	Eligibility Team
Build income tax returns interface (Express Lane Eligibility) 30% of eligibility determinations are made via the Income Tax Records information Increase in interface hits from new CBMS interface statistics reports	Number of interface hits with other state/federal systems	Eligibility Team
Streamline CBMS necessary to implement SB08-161 (IEVS income verification) 20% of currently eligible children's benefits are automatically renewed Increase in automatic eligibility renewal via new CBMS redetermination statistics reports	Number of currently eligible children's benefits that are automatically renewed	Eligibility Team

Evaluation Questions	Indicators	Data Sources co
Streamline redetermination according to CHIPRA – Enable automatic renewal of child's eligibility unless other information is provided to the state that affects the child's eligibility 90% of children's benefits are automatically renewed, with less than 3% later found to be ineligible Increase in expansion of program eligibles	Number of currently eligible children's benefits that are automatically renewed	Colorado Health Institute HCPF Data Section FPL Exp. report
Upgrade CMBS web portal – Increases the speed with which we can enroll new clients into expansion and existing programs and enhances the ability to more quickly process annual redeterminations 30% of expansion program clients apply for benefits via the CBMS Web Portal Increase in expansion program applications via new CBMS applications statistics reports	Number of expansion program clients that apply for benefits via PEAK	CBMS / Eligibility Team
Buy-in program for individuals with disabilities – Capture data for individuals with disabilities buy-in program 30% of expansion program clients apply for benefits via the CBMS Web Portal Increase in expansion program applications via new CBMS application statistics reports	Number of expansion program clients (Buy-In) that apply for benefits via PEAK	CBMS / Eligibility Team
Childless adults – Capture data for low-income childless adults 30% of expansion program clients apply for benefits via the CBMS Web Portal Increase in expansion program applications via new CBMS application statistics reports	Number of expansion program clients (AwDC) that apply for benefits via PEAK	CBMS / Eligibility Team

Evaluation Questions	Indicators	Data Sources co
Colorado Indigent Care Program (CICP) – Capture data for the CICP 30% of expansion program clients apply for benefits via the CBMS Web Portal Increase in expansion program applications via new CBMS application statistics reports	Number of expansion program clients (CICP) that apply for benefits via PEAK	Eligibility Team
CHP+ at Work Premium Assistance Program 10% of eligible workers in target companies are added to the CHP+ at Work Program Increase in CHP+ at Work eligible clients via new CBMS statistics reports	Number of eligible workers are added to the CHP+ at Work Program Increase in CHP+ at Work eligible clients	CHP+ Premium Assistance Vendor HCPF Data section / CBMS
Initiative #3: **Benefit design for new expansion population** – **Childless Adults and Buy-In for Individuals with Disabilities Implementation**: Develop potential program designs, including models for premium structures, and cost-sharing provisions for the childless adults and buy-in for individuals with disabilities expansion populations – **Premium Assistance Program**: Expand the CHP+ at Work program statewide to expand coverage to newly CHP+ eligible children who have access to employer-sponsored insurance		
CHP+ at Work premium assistance program Three to four employer groups will be added to the CHP+ Buy-In Program by 9/30/2014 CHP+ Buy-In Program expanded to include four to five employer groups	Number of companies participating in CHP+ at Work.	CHP+ Premium Assistance Vendor
Initiative #4: Increase provider capacity		
Increase the number of Medicaid providers servicing expanded population.	Number of Medicaid providers servicing expanded population.	Peregrine (monthly reports)
Initiative #5: Community Multi-Share Expansion Projects		
– **Health Access Pueblo Community Share Expansion**: Design, develop, and implement an outreach and marketing plan to new businesses on Pueblo County's community-share program known as Health Access Program (HAP) to expand coverage to the working uninsured		

Evaluation Questions	Indicators	Data Sources co
Expand enrollment for multi-share Expand enrollment in this program from 35 to 1,000 by 2012	Number of HAP enrollees. Number of participating companies.	Health Access Pueblo
– **San Luis Valley Three-Share Community Start-Up**: Replicate Pueblo County's HAP and create health care coverage for the working uninsured for San Luis Valley Health Access Program by using SHAP funding to initially support the "community share"		
Expand enrollment for multi-share Reach sustainability (which, in other states' three-share programs, is reached when enrollment reaches or exceeds 1,000 members)	Number of CarePoint enrollees. Number of participating companies.	CarePoint
– **Evidence-Based Benefit Design Pilot**: Create an innovative benefit design tool that can be implemented easily and administered efficiently for carriers for the purpose of developing new insurance products targeted at previously uninsured populations		
Pilot project development and demonstration Benefit design tool pilot completed & implemented Tracking of enrollment numbers and member characteristics through carrier enrollment data		The Adams Group