



State Medical Assistance and Services Advisory Council

225 E. 16th Street
Denver, Colorado 80203
October 23, 2013
6:00pm – 7:45pm
MINUTES

ATTENDING:

Council Present: Robert Bremer, Andrew Davis, Mark Thrun, Dennis Lewis, Blaine Olsen, Peter McNally, Louise Vail, Victoria Vowel

Council Absent: J. Scott Ellis, Rebecca Lefebvre, Theresa McCoy, Nancy Stokes

HCPF Representatives: Sarah Roberts, Judy Zerzan (absent), Patricia Connally

CDPHE Representative: Steve Holloway (absent)

HCPF Presenters: Lorez Meinhold, Bonnie Silva, Kimberly Smith

Guests: Yemi Abudu, Gerrie Frohne, David Sproat

Meeting called to order at 6:00 p.m.

Affordable Care Act Implementation

Lorez Meinhold presented on the statistics of the first 10 days of the Connect for Health Colorado and HCPF rollout of their eligibility and open enrollment campaign. There were 9,091 new Medicaid applications through the Program Eligibility and Application Kit (PEAK) (53% came from Connect for Health Colorado (C4HC) and 47% came from PEAK). The PEAK process is a new online service for Coloradoans to screen and apply for medical, food, and cash assistance. PEAK was formerly a paper application. It has been streamlined to an online process and the eligibility process is started with a keystroke. The online option can provide real time eligibility determinations. Other options to apply for coverage are (1) in person, (2) by mail and (3) by phone.

The over 9,000 applications represent over 17,000 people because usually more than one individual is on an application. During the first week C4HC received 162,941 unique website visitors, customer service call center received 9,658 contacts, 18,174 accounts were created, the average call and wait time was under six minutes. Total enrollments were 226 and coverages were 305. An immediate real time eligibility determination was received by 3,800.

Social media campaigns are encouraging applicants to gather information ahead of time in order to get real time eligibility determination. If an online application is incomplete a denial may be received. The average time to complete the application is an hour.

Colorado is one of the first states to open their doors and enroll people on October 1. People are allowed to attest to what their income is and it is verified through the Colorado Labor Department thus allowing the application process to go faster by relying on state resources.

Coverage begins for all (both public and private) on January 1, 2014. While the Marketplace open enrollment closes on March 31, 2014 Medicaid enrollment never closes.

Waivers 101

Sarah Hoerle presented on waivers. Waivers are instituted to improve health care access and outcomes while demonstrating sound stewardship of financial resources. Waivers are an optional program outside of the State Plan and states chose whether to participate or not and can request permission from Centers for Medicare and Medicaid (CMS) to waive some of the State Plan requirements. Home and Community Based Services (HCBS) waivers allow states to (1) target specific geographic regions (2) waive certain income/eligibility criteria and (3) provide specific services to target groups. Services must be performed in home or group or facility setting. Clients go through case management agencies for functional assessments to determine eligibility for the waiver.

CMS grants waiver approvals based upon the following assurances they receive from the state: (1) cost neutrality (each waiver has an enrollment limit); (2) protection of health and welfare (quality monitoring); (3) services provided to avoid institutionalization and (4) individualized, person-centered plan of care. Caps are put in place based on funding. Some waivers have soft caps (HCPF can ask CMS to increase the cap) and others have hard caps (HCPF cannot request increase in cap).

Colorado currently has twelve waivers (7 adult and 5 children). Adult HCBS waivers: (1) Community Mental Health Supports, (2) Persons with Brain Injury, (3) Persons with Developmental Disabilities, (4) Persons who are Elderly, Blind and Disabled, (5) Persons Living with Aids, (6) Persons with Spinal Cord Injury and (7) Supported Living Services. The five Children's waivers are: (1) HCBS, (2) Autism, (3) Life Limiting Illness, (4) Extensive Supports and (5) Habilitative Residential Program.

Benefits Collaborative

Kimberley Smith presented on the Benefits Collaborative process. "Benefit coverage standards" are drafted, approved and signed off by the Medical Services Board (MSB). The process starts with (1) a draft of the standard, (2) public stakeholder meetings, (3) revision of the standard (if needed), (4) review by advising councils (5) public comment period of 45 days, (6) State Medicaid Director approval, (7) benefit standard incorporated by reference and (8) final approval by the MSB. At the time that the Medicaid Director signs the standard it becomes policy in practice and the MSB approval gives it the full force of law, so it will stand up on appeal.

There are currently 42 standards at various stages of the process (benefits collaborative planning timeline was presented). When process first established it was decided to review each standard every three years. The review process is being invented and what that review process will look like has yet to be determined. As this is a relatively new process there are still unanswered questions as to what this process will eventually look like but the entire benefits collaborative process is very inclusive.

It was agreed that standards that are to be submitted to this Council would be approximately four pages or less and would be distributed to council members a week in advance.

Round Robin

Theresa McCoy mentioned a YouTube video that the Home Health Care industry thought was a little disparaging and since it was on the HCPF website presumed that HCPF might have been supportive of it. Sarah Roberts responded that the views of the Consumer Living Advisory Group (CLAG) are not endorsed by HCPF or other state agencies but that it is a forum for groups to share their ideas and thoughts. The CLAG webpage is a place where everyone can access CLAG minutes and postings that may have been presented at meetings. HCPF is just providing an opportunity for all sides within the CLAG to be heard. Andrew Davis suggested that HCPF put a disclaimer on the website that the views or materials on the webpage are not endorsed by HCPF.

Presentation was made to Dennis Lewis for his service on the Council. Dennis was presented with a letter from Governor Hickenlooper, a plaque from the Council and a gift basket. The Council lauded Dennis for his time on the Council and wished him success in his future endeavors.

The meeting adjourned.