



DEMONSTRATION EXTENSION APPLICATION
COLORADO ADULT PRENATAL COVERAGE IN CHP+ (NO. 21-W-00014/8)

Historical Summary of the Demonstration Project

On September 27, 2002, the Centers for Medicare and Medicaid (CMS) initially approved Colorado’s “Adult Prenatal Coverage in CHP+” demonstration for a four-year period through September 30, 2006, permitting the State to use title XXI funds to expand coverage to uninsured pregnant women with family incomes from 133 percent to 185 percent of the federal poverty level (FPL). Subsequently, on January 24, 2006, CMS approved an amendment to the demonstration, allowing Colorado to expand eligibility for uninsured pregnant women under the demonstration from above 185 percent to 200 percent of the FPL. On September 29, 2006, CMS approved Colorado’s request to renew the demonstration for a three-year period through September 30, 2009. CMS then approved Colorado’s extension request, which extended the program through June 2012. On July 30, 2012, Colorado received approval to expand coverage for uninsured pregnant women from 200 percent to 250 percent of the FPL.

Section 111 of the Children’s Health Insurance Program Reauthorization Act (CHIPRA) added Section 2112(b)(1)(A) of the Social Security Act, which specifies that a state must first cover pregnant women in Medicaid to at least 185 percent of the FPL before expanding coverage to pregnant women in the Children’s Health Insurance Program (CHIP). Section 111 of CHIPRA also added a provision to provide states the option to provide necessary prenatal, delivery and postpartum care to targeted, low-income, pregnant women through the title XXI State plan.

In order to comport with the intent of CHIPRA, under this renewal, Colorado submitted a Medicaid State plan amendment and got approval for transitioning pregnant women from 133 percent to 185 percent of the FPL to the Medicaid State plan and to provide the full Medicaid benefit to these women. The State has continued to receive title XXI funds for uninsured pregnant women from 133 percent to 185 percent of the FPL. In addition, the State submitted and received approval for a corresponding CHIP State plan amendment to transition pregnant women above 185 percent of the FPL to 250 percent of the FPL to the CHIP State plan. As required under Special Terms and Conditions (STCs) #17, the State transitioned coverage of pregnant women from this demonstration to the Medicaid and CHIP State Plan, effective January 1, 2013.¹

Colorado’s Title XXI Health Insurance Flexibility and Accountability (HIFA) demonstration has three main objectives:

- Decrease the uninsurance rate for pregnant women
- Increase prenatal and postpartum care for pregnant women enrolled in the demonstration
- Increase the number of healthy babies born to pregnant women enrolled in the demonstration

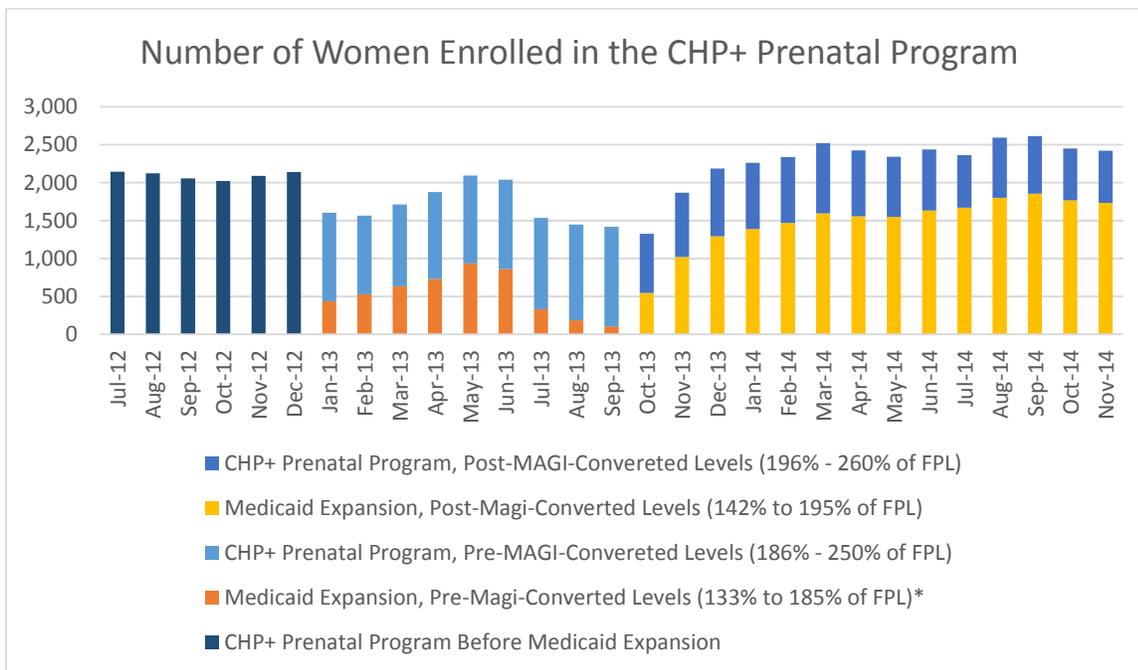
Prenatal Program

The average monthly enrollment of clients enrolled in the prenatal program during state fiscal year (SFY) 2013 (July 1, 2012 through June 30, 2013) was 1,955. Of those enrolled, the average monthly enrollment

¹ The federal poverty levels listed in the Historical Summary of the Demonstration Project are pre-MAGI-converted levels.



in the CHIP State plan was 1,611 and in the Medicaid State plan was 344. During SFY 2014 (July 1, 2013 through June 30, 2014), the average monthly enrollment of clients enrolled in the prenatal program was 2,009, a 2.8 percent increase over SFY 2013. Of those enrolled, the average monthly enrollment in the CHIP State plan was 952 and in the Medicaid State plan was 1,057. The following chart illustrates the monthly average of the number of uninsured pregnant women enrolled in the prenatal program. Due to Medicaid expansion effective January 1, 2013, the State started providing services under the Medicaid State plan to uninsured and insured pregnant women at 133 percent to 185 percent of the FPL, and services under the CHIP State plan to uninsured women above 185 percent of the FPL to 250 percent of the FPL. Due to this shift, the number of prenatal clients receiving CHP+ benefits declined while the number of prenatal clients receiving Medicaid benefits increased, as illustrated in the following chart.²



One of the goals of the program is to improve health outcomes for low-income mothers and their babies. To achieve this goal, clients identified as pregnant receive a call to complete a prenatal risk assessment and a Patient Health Questionnaire (PHQ-9), which aims to identify community and educational resources that may benefit the clients, such as Women, Infants and Children (WIC), Prenatal Plus (PN+), Nurse Family Partnership (NFP), and Healthy Start. Members who are identified as high risk are enrolled in the Intensive Case Management program.

Clients also received educational materials and information related to their current trimester and their baby's development and outbound postpartum calls to screen for postpartum depression and address

² The federal poverty levels listed in the Prenatal Program section are pre-MAGI-converted levels.

any concerns. The calls ensure that enrollment has been set up for the newborn and the mother is seeking postpartum care.

Extension Request

Colorado requests an extension to the demonstration through September 30, 2019. Specifically, the State requests an extension of the federal authority for Colorado to continue to receive title XXI funds for uninsured pregnant women with income from 142 percent of the FPL to 195 percent of the FPL. Title XIX funds will continue to be used for pregnant women in this income range who are insured. During this timeframe, Colorado will continue to reach out to, enroll and provide prenatal and postpartum care to eligible pregnant women from 142 percent of the FPL to 260 percent of the FPL to achieve the objectives of this program.³ Cost sharing is not applied to this population for any type of service.

Waiver and Expenditure Authority

The specific waiver requested is “CHIP Secondary Payer to Medicaid rules” at Section 2105(c)(6)(B) of the Social Security Act. Colorado is requesting the same expenditure authority as approved in the current demonstration. Annual expenditures that apply to the Demonstration are provided in the Historical and Projected Expenditures document.

Because Colorado received approval for increasing the income limit for uninsured and insured pregnant women from 133 percent of the FPL to 185 percent of the FPL under the Medicaid State plan and expanding the income eligibility level for uninsured pregnant women to 250 percent of the FPL under the CHP+ State plan, Colorado no longer needs a waiver to provide prenatal and postpartum services to these women.⁴

Quality Assurance

The Department contracted with Health Services Advisory Group, Inc. (HSAG) as the external quality review organization (EQRO) to evaluate the timeliness and adequacy of prenatal and postpartum care for eligible pregnant women from above 195 percent of the FPL to 260 percent of the FPL. Colorado Access, contractor for the state managed care network, provided data to the State to determine the impact of prenatal care on birth outcomes for women in the CHP+ State plan. The Department’s quality team is in the process of gathering data to determine prenatal care on birth outcomes for women from 142 percent of the FPL to 195 percent of the FPL in the Medicaid State plan. The major findings that occurred in SFY 2013 and SFY 2014 for the prenatal women from above 195 percent of the FPL to 260 percent of the FPL in the CHP+ State plan include:

- The timeliness of prenatal care increased by 6.33 percentage points to 78.59 percent from 2012 to 2013; it then decreased by 7.79 percentage points to 70.80 percent from 2013 to 2014.
- Postpartum care was maintained at the same level at 67.88 percent in 2012 and 2013; it then decreased by 4.62 percentage points to 63.26 percent from 2013 to 2014.
- The percentage of babies born with low birth weights (less than 2500 grams) to women in the prenatal program in the CHP+ State plan increased by 13.89 percentage points, from 8.05

³ The federal poverty levels listed in the Extension Request section are post-MAGI-converted levels.

⁴ The federal poverty levels listed in the Waiver and Expenditure Authority section are pre-MAGI-converted levels.



percent in SFY 2013 to 21.94 percent in SFY 2014 (through the third quarter of SFY 2014; fourth quarter outcomes are not yet available).⁵

From SFY 2013 to SFY 2014, there was a decline in overall outcomes for the prenatal women in the CHP+ State plan. The Department believes that the decline was in part due to (1) the shift of prenatal women at 142 percent to 195 percent of the FPL from the CHP+ State plan to the Medicaid State plan and (2) the expansion of eligible prenatal women to 260 percent of the FPL. Because of Medicaid expansion, most of the prenatal women who were being served in the CHP+ State plan were moved to the Medicaid State plan. Consequently, most of the prenatal women in the CHP+ State plan in SFY 2014 were newly eligible. Accordingly, the Department had to implement additional outreach efforts, educate this new population and services providers about the program and the expanded eligibility levels, inform them about their potential eligibility, and then enroll them in the program if eligible. As a result of this start-up phase, newly eligible prenatal women may have enrolled in the program later in their pregnancy, causing an initial dip in outcomes. The Department is monitoring these performance outcomes and working with Colorado Access to make sure that these measures improve.

Financial Data

Historical and projected expenditures and financial analysis are provided in the Historical and Projected Expenditures spreadsheet as a separate document. This document also shows the projected number of

Evaluation

The evaluation reports produced by HSAG, including the 2014 HEDIS® Aggregate Report for Child Health Plan *Plus* and the 2013-2014 Child Health Plan *Plus* Technical Report, are provided as separate documents.

During the extension period, the State plans to continue to employ the same evaluation activities.

Compliance with Public Notice, Tribal Consultation and Consultation with Interested Parties

The State has complied with the State public notice process for applications for an extension of an existing demonstration project. On December 1, 2014, the State conducted tribal consultation pursuant to the State's consultation agreement. No issues were raised as a result of the consultation.

In early March 2015, the State will publish an article in the Colorado Community Health Network (CCHN) newsletter about Colorado's intent to submit an application to extend Colorado's title XXI section 1115 demonstration project. The article will list the dates and locations of the public hearings and contact information for comments. The newsletter will be distributed to CCHN members and posted on its web site.

On February 27, 2015 and on March 1, 2015 respectively, the State will publish an article in the Department of Health Care Policy and Financing's (the Department) provider bulletin and At a Glance newsletter about Colorado's intent to submit an application to extend Colorado's title XXI section 1115 demonstration project. These articles will include a link to the demonstration extension application and

⁵ SFY 2013 includes data from quarters 1, 2, 3 and 4; SFY 2014 includes data from quarters 1, 2 and 3. Data from SFY 2014 quarter 4 are not yet available.



will list the dates and locations of the public hearings and contact information for comments. The provider newsletter will be distributed to approximately 11,000 providers. The At a Glance newsletter will be distributed to approximately 2,400 individuals including eligibility partners, advocates and providers and will be posted on the Department's website.

On March 4, 2015, the State will add a page to the Department of Health Care Policy and Financing (HCPF) web site, providing information about the demonstration, including a link to the public notice, the proposed demonstration extension application, and a link to the demonstration page on the CMS website. The web site also includes notice of the public hearings and contact information for comments.

On March 10, 2015, the public notice will be announced through the Colorado State Register. The public notice will list the dates and locations of the public hearings, contact information for comments and links to the demonstration extension application and to the demonstration page on the CMS website.

Public hearings will be held on March 10, 2015, at Colorado Access, 10065 East Harvard Avenue, 6th Floor Conference Room, Denver, Colorado 80231 in conjunction with the CHP+ Managed Care Organization meeting and on March 16, 2015, at the Colorado Department of Health Care Policy and Financing, 303 E. 17th Avenue, 7th Floor, Room 7B Conference Room, Denver, Colorado 80203. The public will be able to call in to this meeting.