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Briefing on Medicaid and CHIP Eligibility and Enrollment in 2016 and a Look Ahead
Kaiser Family Foundation
January 21, 2016

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DIANE ROWLAND, Sc.D.: Well, Good morning. Welcome to our briefing on Medicaid and CHIP eligibility and enrollment in 2016 and a look ahead. This is, again, findings from our 50-state survey and we're pleased that with some of the ice and snow out there, you've joined us this morning. We're very glad that we hadn't planned this for the big snow that is coming. At least we can get our briefing underway before we all have to hunker down, as they keep telling us. Today's briefing is really a very important continuing study that we do every year to really look at the eligibility levels and the enrollment processes that enable people to gain coverage through the Medicaid and CHIP programs.

The importance of counting how many people enroll that everyone has is not really the issue. The real issue is how do they get to enroll and what are the barriers that might be there and what are the ways that we're trying to make the process more consumer friendly, especially with some of the changes that came from the Affordable Care Act. We're very pleased today to be able to release once again. We keep doing these things, 14 years, 15 years. We'll probably be doing them maybe in 50 years of Medicaid. We won't be around doing them, but I hope someone else will be.

We're going to start with the presentation of findings from the survey and we're going to turn to Samantha Artiga

who's the Associate Director of our Kaiser Commission on Medicaid and the Uninsured, and Tricia Brooks, a Senior Fellow at the Georgetown University Health Policy Institute Center for Children and Families, who are the two lead authors on this report. They're going to present the findings to you so that you can follow along with the handout that's in your packet, as well as the report itself. Then after they conclude, we're going to turn to provide some perspectives from the Federal and State level.

We have with us Vikki Wachino, the Director for the Center for Medicaid and CHIP Services within the Centers for Medicare and Medicaid Service at HHS, and we have Gretel Felton, the Deputy Commissioner for Beneficiary Services for the Alabama Medicaid Agency, and we will be joined by video from Colorado by Chris Underwood, the Office Director of the Health Information Office of the Colorado Department of Health Care Policy and Financing.

We were hoping to have with us today Kathleen Dunn, the Associate Commissioner and Medicaid Director for the State of New Hampshire, but unfortunately, she found some ice in New Hampshire before she got here, slipped, and fell and was unable to make her flight down this morning. We will be missing the New Hampshire perspective, but I'm sure that we will learn a lot from the other participants. I will, without further ado,

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ask Samantha to come up and begin the discussion of our survey findings.

SAMANTHA ARTIGA: Thanks so much. Thanks so much for being here today. Before jumping into the findings, I wanted to take a moment to acknowledge a number of people who contributed to this report. It truly is a team effort every year and wouldn't be possible without the help of these people. First and foremost, I want to thank the many state officials who generously shared their time and expertise to complete the survey this year.

We know your time is scarce and stretched and really appreciate you sharing it to support this work each year. I also wanted to acknowledge my co-authors at Georgetown University Center for Children and Families, Tricia Brooks and Sean Miskell, as well as my colleagues here at Kaiser, Elizabeth Cornachione, Alexandra Gates, as well as Larisa Antonisse and, of course, Barbara Lyons and Diane Rowland for their ongoing leadership and guidance on this project throughout the years.

Next, I wanted to give a brief overview of the survey itself. As Diane mentioned, we've been conducting this annually. This is the 14th year of the survey. It covers eligibility, enrollment, renewal, and cost-sharing policies in all 50 states and D.C. for children, pregnant women, parents, and non-disabled adults. This year's survey presents policies

in place as of January 2016 and also examines changes that occurred during 2015. Together these findings really give us a snapshot of where states are two years into implementation of the key ACA Medicaid provisions which included both the expansion of Medicaid to low-income adults which has now been adopted in 32 states, as well as the new modernized enrollment and renewal procedures outlined in the ACA which all states are implementing regardless of whether or not they expanded their Medicaid program.

As Diane pointed out in her opening remarks, it's really important to track and understand these policies over time because they really shape the ability to reach and enroll eligible individuals into coverage to make sure that they can retain the coverage over time and to ensure that individuals are able to afford and access the care that they need.

Starting first with a summary of the findings on eligibility, in the report you'll find detailed state-level findings on eligibility for each of these groups, but here is a broad overview. In 2015, we saw three additional states, Alaska, Indiana, and Montana, implement the ACA Medicaid expansion to adults which raised their eligibility levels for parents and other adults to 138-percent of the federal poverty level, which is about $20,000 for a family of three or $12,000 for an individual. Otherwise, eligibility remained largely stable across states in 2015 with a few exceptions. As of 2016,

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we see that Medicaid and CHIP remain central sources of coverage for low-income children and Medicaid's role for low-income adults has grown under the ACA Medicaid expansion.

But,as is illustrated in the figure here, eligibility continues to vary across groups and states. You'll see that median eligibility levels for children and pregnant women are higher than that for parents and other adults in both expansion and non-expansion states. Within each eligibility group, eligibility levels are higher in states that have expanded Medicaid than states that have not at this point. As expected, those differences are greatest obviously for the parents and other adults. Further underlying these medians here, there was also continued variation across states. Together these findings mean that there remain substantial differences in individual's ability to access coverage based on their eligibility group and where they live.

Next I wanted to turn to look at some of the changes that have been taking place in enrollment and renewal that all states are participating in as a result of the ACA. Regardless of whether they've implemented the ACA Medicaid expansion, all states made major changes in their eligibility systems and enrollment processes to provide a more modernized enrollment experience that seeks to harness the use of technology. The federal government supported this work through enhanced federal matching funds to states. One key area of modernization that

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has resulted from these changes is the increased availability of online and telephone applications for Medicaid across states. Here you see, as of 2016, you can apply for Medicaid online or via telephone in nearly all states. This is a notable increase compared to where we were in 2013 just prior to implementation of the ACA.

With this wide spread availability of telephone and online applications, individuals have more options to apply for coverage and more flexibility to apply without having to worry about getting down to an office during business hours or having to wait on the results of a mailed application. Here we're seeing enhanced access to coverage and more options for consumers.

Not only have states made online applications more widely available, they've also continued work to enhance online features available to consumers. With regard to online applications, all but 50 of those applications allow individual—all but one of those 50 applications allow individuals to start, stop, and come back to the application to complete it at a later time, and 33 provide individuals the ability to upload documents with the application. In addition to these online applications, 39 states allow individuals to create an online Medicaid account to manage their Medicaid coverage.

Over the past year, they've increasingly been adding new features to these accounts to allow individuals to do things like report changes, check on the status of their application, renew coverage, upload documentation, and receive notices electronically. These accounts not only enhance individual's ability to manage their Medicaid coverage, but they may also help contribute to state administration efficiencies by reducing mailing costs, call volume, and manual processing of updates to accounts.

The increased use of technology and enhanced system functionality have also led to faster eligibility determinations after people submit their application, allowing individuals to connect to their coverage more quickly. Under the new ACA processes, states are increasingly verifying eligibility criteria through electronic data matches with other systems.

And through these processes, 37 states report they are able to complete real-time eligibility determinations, which we defined as less than 24 hours for this report, for groups who are eligibility based on modified adjusted gross income rules which include children, pregnant women, parents, and non-disabled adults. Among those 37 states that report they can conduct real-time determinations, 27 were able to report to us the share of those MAGI-based applications that are completed in real-time and 11 states told us that over half of those

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applications receive a determination within that time frame. Next I'm going to shift it over to Tricia, who's going to talk a bit more about systems, renewals, and cost-sharing.

TRICIA BROOKS: Thanks, Samantha and Diane, and thank you all for being here. I just want to ditto my appreciation particularly to state officials. I think we hound them a little bit over the process of several weeks of getting interviews with them and having them review our data and we really appreciate their cooperation. It's always great to work with my colleagues and the Kaiser team on this project.

I want to start by talking a little bit about the systems. Modernizing Medicaid simply would not be possible without high-performing IT systems. Prior to the ACA, many states were still relying on decades-old mainframe-based computer systems. Upgrading those systems or adding new capabilities wasn't an option for many of them. On the other hand, designing and deploying these new systems is complex and time-consuming, taking a modular approach and phasing in functionality has proven to be an effective implementation strategy, but there can be a downside. In this case, 45 states had integrated eligibility systems prior to the ACA that determined eligibility for both Medicaid as well as non-health programs such as SNAP and TANF.

Many of those states needed to start first with their MAGI-based eligibility and Medicaid before expanding to other

programs. Now we're beginning to see additional work to bring in those other programs. In 2015, the most progress was seen in adding back the non-MAGI-based Medicaid eligibility. That would be for the dual-eligibles and for people with disabilities. 24 states have now integrated their non-MAGI groups into the new Medicaid systems. Then on the CHIP front, this remained stable this year, but 34 of the 36 states that have separate CHIP programs, also have CHIP integrated into the MAGI-based system.

In the 13 states that operate state-based exchanges, you also see full integration between marketplace coverage and Medicaid and CHIP. That's in all of those 13 states. Then currently, we have 18 states that do have eligibility for non-health programs integrated into their Medicaid systems, but we expect to see significant progress on this front in 2016 and beyond, just as we expect to see additional functionality for consumer features gaining traction in the future.

States are also showing progress and overcoming another ACA implementation challenge, that is, coordination between state Medicaid agencies and HealthCare.gov in the 38 states that rely on the federal marketplace. To ensure a seamless transition of eligibility individuals between programs, states and marketplaces must exchange electronic accounts of individuals transitioning between one source and another. All 38 states that rely on the federal marketplace are now receiving electronic account transfers from it and 36 of those

38 states are sending electronic transfers to the federal marketplace. However, about half of those states do report lingering delays or difficulties with account transfers, although the scope of those challenges really varies across the states.

I get really excited about renewals because we know over time research has shown that as many as 30-percent of people lose coverage at renewal, even though they remain eligible and that's largely because of paperwork challenges. We are seeing significant progress, particularly in 2015 on streamlining the renewal process. Two-thirds of the states are now able to determine ongoing eligibility at renewal using trusted electronic sources of income and other information before asking enrollees to submit forms or paperwork. This process, known as ex parte, relies on third-party information to verify eligibility. It is administratively efficient for both the state and the consumer. It may reduce churn and improve the ability of states to measure healthcare quality by promoting continuous coverage.

Of the 34 states that are able to process ex parte renewals, 26 were able to report the share of renewals redetermined automatically. Of those, 10 states report that more than half of their MAGI-based Medicaid enrollees are being renewed via ex parte. While ex parte renewals are the first

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step in the process, states must also have additional processes when ongoing eligibility cannot be established automatically.

As a second step, states are expected to send pre-populated forms requesting needed information from enrollees, which 41 states are now doing. States continue to work toward allowing enrollees to respond through multiple channels including online and over the phone. As Samantha pointed out in Slide Four, 35 states allow enrollees to renew online. As indicated here, 41 are accepting telephone renewals. All of these gains have resulted in 47 states eliminating delays in processing renewals and this is up from 34 in 2015 or at the beginning of 2015.

Moving onto cost-sharing, there are three primary factors that influence the extent to which states charge premiums or service fees: federal rules, the administrative cost of doing so, and the low-income level of most enrollees. As a result, few states charge premiums in Medicaid while cost-sharing for healthcare services is more common, although amounts charged are nominal. Overall, premium and cost-sharing amounts remain largely stable in 2015. As you can see from this slide, only a small number of states charge premiums or cost-sharing to children in Medicaid. However, a majority of the 36 separate CHIP programs have premiums and or cost-sharing which is reflective of the relatively more moderate income eligibility in CHIP.

Adults in Medicaid are much more likely to be charged nominal cost-sharing than premiums, but this year's report does describe how the five states that have expanded Medicaid through Section 1115 waivers are charging expansion adults and in one case, even the poorest parents on Medicaid either premiums or monthly contributions.

This next slide I really love because I think it illustrates across the spectrum of application, enrollment, renewal the kinds of gains that the states have made. The fact that at least two-thirds of the states and in upwards of almost all of the states on some of these particular aspects of the process are there. They have really shown that the vision of the ACA was achievable and I think we will see even further gains in these when we conduct the survey next year.

In closing, and as Sam said before, as we've seen over the years, Medicaid and CHIP continue to be central sources of coverage for low-income children and adults, however, coverage is not universal. Disparities remain between groups and across states. We also know that by accelerating the use of technology to improve eligibility, enrollment, and renewal processes, states may be better able to support that enrollment and retention of eligible individuals, and potentially achieve gains in administrative efficiency as well as new options to support program management like producing good performance data that we have all longed for.

Looking ahead, a number of factors could impact state policies. Funding for CHIP is set to expire in 2017 again, raising questions about the future of the program. In addition, the ACA Maintenance of Effort provisions that currently protect children's coverage will end in 2019. State Medicaid expansion decisions will likely continue to evolve over time, but it remains to be seen how state decisions may be affected by the gradual reduction in federal funding for newly eligible adults which phases down to 95-percent in 2017 and on down to 90-percent in 2020.

We also know that there are continuing to be federal proposals that would look to roll back or tamper down the Medicaid expansion, as well as potentially cut short the Maintenance of Effort provisions protecting children's coverage. Keep it in mind that waiver authority is intended to promote research and demonstration projects. It will be important to examine how Section 1115 waivers that allow states to charge adults premiums and monthly contributions are affecting coverage and program administration. As we look ahead, we know it'll be another busy year for states. We look forward to hearing more comments from our federal and state partners in terms of the work that they're doing.

DIANE ROWLAND, Sc.D.: Thank you, Samantha and Tricia. Now we're going to turn to our panel and we're going to start with the federal perspective with Vikki Wachino.

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VIKKI WACHINO: Thanks, Diane, and thanks, Kaiser, for inviting me. Our accomplishments this year as a nation in improving health coverage have been frankly unprecedented. Fewer than one in 10 Americans now lack health insurance, a historic low. The rate of uninsurance for children is just 6-percent, also historic low and represents decades of progress that Medicaid and CHIP have made in insuring eligible children. Just last week, Tricia's colleagues at Georgetown released new data that showed that the rate of uninsurance for Hispanic children was also at a historic low. What underpins this progress are the two areas that the Kaiser Survey covers, the eligibility levels in coverage that states offer and the eligibility and enrollment processes that states and the federal government use.

The survey clearly documents strong progress on both. I wanted to spend a few minutes reflecting on that. I'll start with coverage and particularly focusing on Medicaid coverage through the expansion of coverage for low-income adults. Last week with Louisiana's announcement that it is moving forward with Medicaid expansion, we saw for the first time that half of the newly eligible population, just over half, will now be enrolled in Medicaid coverage. For the first time, more people who are eligible for the expansion will be enrolled in it than not.

That's historic and attributable to the leadership of Governor Edwards who is making Louisiana the 31st state, plus D.C., to move forward with Medicaid expansion. We know and expect that in Louisiana, as in other states, the providers will see a reduction in uncompensated care costs. Individuals will see benefits to their healthcare. We just saw research this month from Harvard and Health Affairs that shows that in states that expanded Medicaid, fewer people skip taking their medications, more people with chronic conditions access care that they need, and fewer people have trouble paying medical bills. Soon Louisianans will get to experience many of those benefits as well.

Progress continues. I just came back from South Dakota last night where a coalition of the state and tribal leaders and legislators is working hard on expansion. From the particular standpoint of using the opportunity of expansion to improve the health of Native Americans in South Dakota, that coalition is unprecedented and very exciting. There's still a lot of work to be done there. There'll be a discussion in their legislature over the next few months, but I can tell you from having been there, that the sense of excitement there and the sense of opportunity in potentially reducing health disparities between Native Americans and other groups is really palpable and very, very exciting.

I'll say to continue state progress, you may have all heard last week that the President's budget this year will include a new legislative proposal to extend the opportunity of 100-percent federal matching to states that newly expand which we're very excited about as another potential tool to support additional state progress and expansion.

Now let's turn to the second area of the Kaiser study, which is the strong progress that states and the federal government have made in simplifying the eligibility and enrollment process. When the ACA was enacted in 2010 it laid out the promise of a modernized eligibility system for Medicaid and CHIP and marketplace coverage that replaced administratively burdensome processes with simpler electronic driven, faster policies. I think that the work that Kaiser and Georgetown have done show that that is on the cusp of being fully realized.

I wanted to pull out just two areas of the study to reflect on. The first is the number of states, 37, that are now making eligibility determinations in real-time. It used to be in the Medicaid program that eligibility determinations were a time-consuming, paper-driven process, administratively burdensome for state agencies, administratively burdensome for consumers. We see in the work that Tricia and Samantha and their colleagues have done that that is no longer the case in Medicaid. States are making real-time eligibility

determinations and in 11 states more than half of determinations for people whose eligibility is determined based modified adjusted gross income are being made which is very, very exciting progress.

The other area to call out is the progress on renewing coverage. That's important from a beneficiary standpoint because for many years in Medicaid we have been trying to work towards the point where people who are eligible for Medicaid retain coverage for as long as they're eligible. The progress that the survey demonstrates along those lines is heartening for consumers and also I think heartening for states.

When we talk about the renewal process with states, what we hear is that having ex parte renewals and relying on electronic information really does reduce administrative barriers compared to the old way of doing things which relied heavily on time-consuming manual work. We also hear from states about the relief that families feel as they approach renewal. Having electronic and seamless renewal reduces the anxiety that families long felt as they approached the one-year mark, uncertain as to whether their coverage would continue.

Clearly, the Kaiser Survey also documents that we have more work to do. We have more work to spread the type of progress that some states have seen across all states. We have more work to do at the federal level on strengthening our coordination with states and I think we are making good

progress on that front. I think the Kaiser Survey points in directions that we'll see in 2016 as we try to solidify the progress, broaden it, and also move to the next frontiers which Tricia and Samantha's work clearly shows, the number of states that are extending their eligibility systems to people, to seniors and people with disabilities who are outside of MAGI, and also the numbers of states that are integrating their eligibility systems across Medicaid and other low-income programs, particularly SNAP and TANF. I would expect that when we're here a year from now, we'll see even more progress on all of those fronts.

In closing, I want to be brief because I really would like to hear from my state colleagues, I'll just thank Kaiser for doing the study. I look forward to it every year and it never disappoints.

DIANE ROWLAND, Sc.D.: Thank you, Vikki. Now we're going to turn to a state perspective in Gretel Felton, the Deputy Commissioner for Beneficiary Services in the state of Alabama, who has come up from the south to the weather of the north to join us.

GRETEL FELTON: Okay. Hi and I think the biggest thing that I dreaded today was the snow which we don't have in Alabama. I will say it is really great to hear the results of the survey. We look forward to it every year. I think states want to find out where other states are and what is being done

in other states. To be honest, we beg, borrow, or steal new ideas and great ways to do things. We are all doing great things and so we're glad to hear that. It's exciting to hear that states are doing real-time verification, real-time eligibility, express lane eligibility, facilitated renewals, automated renewals, and that people in most states can now apply online, in person, by phone, by mail, by fax, so many different ways.

We have to go back and remember what it used to be like a long time ago to just take that in. That is, when I was an eligibility worker back in the '90s, there was no such thing as real-time eligibility. What you called real-time eligibility was where the worker could actually key in the information in the system and they could see it in the system because really and truly what you had was you had people going to a Welfare office where Welfare and Food Stamps were the main items on the menu. Medicaid was just really a side item that you just got for free. The eligibility workers took the application by paper. They wrote the information down on a piece of paper and put it in a stack where a bunch of workers would go in and key it in a few days before the end of the month, so that those benefits would be available the next month. I can say we have come a long way, baby.

I don't want everybody to just sit down and think we're there because we haven't arrived. We still have a long way to

go. We still, as I think someone mentioned, that we still have to bring along our elderly and disabled populations. In none of those survey results did you see all states doing all things. States are still fixing their systems. They're still making sure that the things that need to be done are done. We still have a long way to go. It is refreshing to hear this and see this, but in the state, most of the time you really don't have time to look up from your work because you're just busy all the time, working things out and making sure that you can do the best job that you can in the states. We all want to make it more user-friendly for our clients.

I do want to mention as a state perspective, it's different because we have so much to do in the states and to let you know what we've done, if you don't know. What we've had to deal with is, not just getting new systems up, but getting new systems up in a new way. The other thing is that we did not know MAGI. You've got to tell somebody that's building your system how to put in rules that you really don't know yourself. That's the first thing, MAGI rules, IRS tax rules, changing our state administrative rules, and then for the federal government, putting in the state plan amendments, hospital presumptive eligibility that we didn't want to do.

We sent in a SPA that says no, we do not select this. They sent it back and said you have to check yes. We said well, why do you have no on there when you can't do that? Anyway, IRS

implementation of 1095-B rules, our rolling MCHIP back to Medicaid, setting up static changes or the FFM, new former foster care, IRS Security, account transfers, systems problems, minimal essential coverage, essential health benefits for some states, basic health plans for some states, staff resignations and retirements. In the midst of all of this, people were jumping ship left and right. They felt it at the federal end too, probably. Verification plans. Did I say policy manuals, training staff? Did I say IRS rules?

A lot of times it felt like all hell, can I say that, was breaking loose. In the midst of that, we saw that a lot of things got done anyway. A lot of states made very, very bold moves and things that you didn't expect which made you think that not only was hell breaking loose, but it was freezing over too. Anyway, I do want to put everything in perspective. I want to tell you something that my IT people taught me a long time ago to put things in perspective, about getting things done.

They gave me three sheets. They said, when you want us to do something, look at these three things. You can have it cheap. You can have it fast. You can have it right, but you usually can only get two. If it's fast and it's cheap, it may not be right. If it's right and it's fast, it's not going to be cheap. If it's right and it's cheap, it's not going to be fast. Everything that we're asking for is not going to be cheap based on that long list of things that we've had to deal with because

we've had to put in a lot of money and effort and time and frustration to get it done. When I say we, I mean everybody that's involved because it took a lot of partnerships. Even with CMS, I can say, we call each other partners now. Anyway, I won't say what people called them before. I didn't say me. I said people.

Anyway, it has taken a long road for us to get where we are. It hasn't been cheap and it definitely hasn't been fast because actually the states have been working on it a very long time. We've had pioneer states like Louisiana with ex parte and we've had Oklahoma with real-time eligibility and we had Utah with real-time verification and so many others that have had online systems and have been forging and pushing forward. Like I said, other states saw what they were doing and said, we can do that too and let's tweak it this way for our state. We've had to forge our own way and do what we could in our states.

It hasn't been cheap. It hasn't been fast, but these surveys show that we are doing things right. Not only are we doing things right, but we are doing the right thing. As was spoken by others, now we're turning towards new things that we still have to do, things that we have to finish up on this front and even to the point where states are a lot more focused now on managing the care of the recipients on getting quality measures and those sorts of things. Thanks to everybody that helped us. Thanks to everybody that gave us position papers,

policy papers, and other things that have assisted us, focus groups. Whatever has been done, it has helped and keep helping us. Thank you.

DIANE ROWLAND, Sc.D: Thank you, Gretel. Now we're going to turn to our video participant who's joining us. We can now see you, Chris. Chris Underwood from Colorado to reflect on Colorado's experiences, both as an expansion state and as an implementer of many of these outreach and enrollment processes. Chris?

CHRIS UNDERWOOD: Well, thank you to the Kaiser Family for allowing me to participate by video to avoid the snow and the ice in D.C. In Colorado, we have a beautiful Bronco orange sunrise going on and our 21st day of sunshine in the state this year. Thank you so much for letting me participate this way. Since we began implementing the Affordable Care Act in October of 2013, Colorado has made numerous policy changes and system enhancements on an ongoing basis to make it easier for individuals to apply for access to healthcare coverage for Colorado Medicaid and CHIP.

While we still accept applications through phone, mail, and in person, the majority of our applications now come through our online application tool which we call PEAK. We are now approaching 800,000 established PEAK accounts through which Coloradoans can apply for benefits, report changes, print their medical assistance cards, make online payments, upload

documents electronically, view correspondence, and manage their accounts. More than 80-percent of our Medicaid applicants through PEAK get real-time eligibility. Our definition of real-time eligibility is no human interaction, no touch is necessary. While they sit in front of their computer, they get a real-time determination.

The process of eligibility determination once took as long as 45 days. Now because of our online application and our real-time eligibility tools, we're now down to 45 minutes in most cases. Even when those cases do not get a real-time eligibility, even those that require disability determination, they are now generally processed within two weeks and often more quickly. In addition to the PEAK online application, Colorado Medicaid and CHIP members can now download our PEAK Health Mobile app for free. Using this mobile app, applicants can update their job information, upload pay stubs, find a provider, access their Medicaid card, learn more about their benefits and copayments, and view and make Medicaid premium payments when they have a premium or they have a CHIP enrollment fee.

The department is working closely with Connect for Health Colorado, our state-based exchange, to streamline the process even more over the last year. Leading up to the current open-enrollment period, Connect for Health and the department made several enhancements to the shared eligibility system to

make it easier for individuals to submit an online application. One of those enhancements was the introduction of eKyla an Avatar to help applicants navigate and complete the application for healthcare coverage. eKyla appears in several parts of the online application where they were previously identified as challenging for applicants.

Other systems enhancements include enabling applicants to review and change information prior to hitting the submit button, in addition to an expedited income path to reduce the number of questions that consumers have to complete and improve the process for consumers to report an online change. We have received significant positive feedback from brokers, consumers, advocacy organizations, county partners and other stakeholders about these changes. What's important about making changes in our online application last year and going forward is engaging our stakeholders and our brokers to understand where they were having issues and then focusing our efforts to resolve those issues.

In addition to the system enhancements, the department has made important policy changes in 2015. We lifted the five-year bar. Now Medicaid and CHIP kids and pregnant women who are lawfully residing in Colorado can get on our programs. In addition, we've implemented continuous eligibility. We now have continuous eligibility for children up to 12 months for Medicaid and CHIP. Both of these implementations in these

projects were done in phases to help balance the budget and not have a significant impact at one time. Coming this year, we're going to start using annualized income, as opposed to monthly income, to determine eligibility for applicants who have fluctuations in their income such as seasonal employees. All this will help reduce churn and keep our applicants on our programs.

Implementing these changes in Colorado has made a difference. According to our Colorado Health Institute, we now have more than 93-percent of Coloradoans have health insurance. The uninsured rate for children is about 2-percent. All of this work is far from done, but we are very proud of our advances we've made in our systems and our policies in Colorado. It's one thing to streamline your application and make system changes, but you can't do that without having an administration and a federal government that supports those initiatives. In our state, our goal is to become the healthiest state in the nation. Access to healthcare through coverage is one of those key initiatives to make that happen.

As part of our strategic plan is an investment in health IT which includes our eligibility systems going forward. Without the funding investments from our administration, our governor's office, and the enhanced federal funding from CMS, none of this would've been possible. Thank you for that.

DIANE ROWLAND, Sc.D.: We're now going to turn to enable you to ask questions, both of Chris via the video and of our panel here because I think what you've really seen is that we are embarking on a very new way of finding and enrolling individuals in the Medicaid program. I reflect on, over the years, in the beginning, it was not only the processes were difficult, but the processes were also set up to try and keep people off the rolls rather than to put them on. What we now see is we've gone from minimizing enrollment to maximizing enrollment and retaining enrollment so that we really can make sure that the Medicaid program and CHIP are offering the coverage to the eligible populations that they were designed to do.

With that, I'm going to ask you to please raise your hand so that one of our mics can get to you. If you have anyone in particular to address your question to, please do so.

JOAN ALKER: Hi. Joan Alker from Georgetown and thanks everybody for your hard work. Since I know you've put so much work into this, I was wondering if, Samantha and Tricia and also Vikki from your national perspective, if you could comment on what you see in the year ahead, both in terms of where states'll be spending their time and energy and what will be the most important thing on the eligibility enrollment side, not the Medicaid expansion. We all talk about that a lot, but

on this piece, what you see is the most important thing for states to focus their energies on.

SAMANTHA ARTIGA: I think some of the findings that we were most excited to report this year and which Vikki picked up on in her remarks is the data on the number of states completing real-time determinations and automated renewals. I think what we're anticipating seeing in the coming year is that more states falling into that group of saying that they can complete determinations and renewals that way, but also an increase in the share of applications and renewals that are completed through those processes.

That's one area of change that I think we'll be really focused on. Then the other, as I think was mentioned by several people, was the continued reintegration of non-health programs into the newly modernized Medicaid systems which I think will offer broader benefits to individuals so that they can access other services through these new improved systems. Those are the two areas I think we'll really be watching.

TRICIA BROOKS: I think the other thing is to take a look at leader states and what they are now going to do if they have fundamentally achieved the vision of the ACA. I think we'll start to see more mobile apps emerging in states. I'm only aware that Colorado and Connecticut now have anything on the smartphone front. As all of this settles down, I think what's really encouraging is the fact that CMS has made that

commitment to permanent 90-percent funding of systems and 75-percent for ongoing maintenance. What that means is that 20 years from now we're not necessarily going to see states saying, well, I built my system 20 years ago because we have no idea how technology is going to evolve in the future. I am hopeful that where we are now means that we won't necessarily see these systems slip and become outdated the way that they were when we started this process.

VIKKI WACHINO: Joan, I won't speak in behalf of states, but reflecting on our own goals for this year and to pick up where Tricia left off. I mean, I think there is a really strong opportunity supported by the enhanced matching rate for systems to really make sure that we use the opportunity over the next year to develop and solidify strong streamline systems in every state. Right now we have states are in different places. Some of them have systems that are, as Tricia says, they're very close to achieving the vision and some of them are still working towards the vision. I think a year from now I'd love to see us sitting here and saying every state has a modernized system that will stand the test of time.

DIANE ROWLAND, Sc.D.: I'd like to follow up by asking our two state representatives what is the top, since Gretel's given us so many thousands of things that the states are working on, what are your top two priorities for the coming year?

GRETEL FELTON: I think in Alabama, the top two are to integrate our Aged, Blind, and Disabled and then we're also working towards integrating our SNAP, TANF, and Child Care into our system. Systematically, those would be our top goals.

DIANE ROWLAND, Sc.D.: Chris?

CHRIS UNDERWOOD: For Colorado our top goal is to focus on client correspondence. We need to streamline that and make sure more of it is online. We have a significant mailing cost that we would like to reduce, especially with our 1095-Bs going out this month. We would like to figure out how we can automate and reduce those mailing costs. In addition, we would like to continue to work with—

DIANE ROWLAND, Sc.D.: Could you explain what the mailing cost is for the 1095-Bs, what they are?

CHRIS UNDERWOOD: From our state perspective, we will spend close to $2 million to send out 1095-B to our clients this year and these are the tax forms that prove that people have Medicaid and CHIP enrollment over the year. Our second initiative is to continue to work with our state-based exchange. That will help streamline the application process, once again receiving feedback from our brokers and our advocates of where they got hung up in the application, why they didn't get a real-time determination. Our goal is to increase that and make the application even simpler for

everyone and have one true unified application system that really streamlines that whole process for the client.

DIANE ROWLAND, Sc.D.: Great. Another question?

LYNN MOUDEN, DDS, MPH: Good morning. Am I on? Yes, I am. Good morning. I'm Lynn Mouden. I'm the Chief Dental Officer for CMS and I'm going to refrain from asking a dental question. First of all, for anybody from Kaiser, Apple keeps telling us there's an app for that and I was pleased to hear Chris talk about PEAK, but will in the future Kaiser be asking about apps, not just online applications? For Vikki, you mentioned the proposal for 100-percent FMAP. Will that apply just to newly eligibles?

SAMANTHA ARTIGA: On the app question, each year we revisit the questionnaire and think about where states are moving in terms of trends. I certainly could foresee that being an area that we would explore in the future as more states begin to further their work in that area.

VIKKI WACHINO: The proposal in the budget is to give states that are coming in on expansion newly the opportunity of having 100-percent FMAP, the same opportunity that states that have already expanded have. People want to see details on that. There's a blog on the White House webpage that spells out the proposal and its impact.

DIANE ROWLAND, Sc.D.: Vikki, would a state that came in late, like only got one year of the 100-percent, get two more?

VIKKI WACHINO: I believe that's the intent, but there'll be more details in the President's budget. I'll try not to get too far out ahead of that.

DIANE ROWLAND, Sc.D.: Okay. We'll see the President's budget soon.

VIKKI WACHINO: February 9th, I think.

ROBERT NELB, MPH: Hi. Rob Nelb from MACPAC, the Medicaid and CHIP Payment Access Commission. I wanted to ask what the 90/10 funding for eligibility systems, one of the requirements is to put more standards around it being modular and this idea that it's easier for other states to pick up what's working. I'm just curious from the state perspective or if others have ideas about how well is that working? Once you develop a system in one state, how easy is it to pass that onto another?

GRETEL FELTON: Well, I can say that there's a lot of discussion. It is a little bit different with systems because everybody's down there trying to get their own system done. The system builders also have forums. There are many states that have one group that's building their system, that's building it in several states. They are able to utilize the knowledge base from that company to build their systems and to replicate

what's being done in other states, but also some of the system builders I know, have contacted us in Alabama about certain things we're doing and how we do account transfers and how it's working. I think states have always collaborated and talked to each other. As I said, beg, borrow, and steal, but literally, we do talk to each other a lot. If somebody's doing it right, then the states contact each other about it.

DIANE ROWLAND, Sc.D.: Okay. Yes.

SHAREL NEILLAND: I'm Sharel Neilland from Health Partners Plans in Philadelphia. Tricia, you mentioned the future of CHIP, that funding ends in or will end for now 2017. Will you all speak to renewal of the funding and any other comments you have on the future of CHIP? [Crosstalk]

TRICIA BROOKS: I think a lot of people were surprised at how quickly we got the refunding done last year that extended from 2015 to 2017. I'm not sure that we're anticipating that that will happen again, partially because of the election and where things may turn in the future. I think it's fair to say that the same arguments that were used to keep CHIP refunded in this past two years will still apply because the options for children which largely would be the marketplace are not as robust as CHIP. We know that affordability as well as benefits are not as good in the marketplace for kids and until which time we can make improvements to that coverage, I

think that there will be a strong voice for keeping CHIP as part of the mix.

VIKKI WACHINO: I'll just say from the administration perspective, obviously quality, affordable coverage for kids continues to be important to us. It was why we made last year's budget proposal to extend CHIP funding and we're happy to see Congress act so quickly. We've been working hard at implementing that and working with states to keep kids covered.

CARRIE FITZGERALD: Hi, Carrie Fitzgerald, First Focus. Thanks so much for this. It's always so helpful. I keep it on my desk and look at it probably twice a day. I have a question specifically about CHIP and I just am wondering about all your good thoughts. Say there's a state that's going to take on one policy or administrative change this year for kids. What do you guys recommend? Is it eliminate the waiting periods? Is it reduce cost-sharing? Is it a renewal issue? I mean, what do you think for a state that maybe is going to do something, what should we talk to the advocates about? What do you think they can get in the door with?

TRICIA BROOKS: I think there's no one answer because it depends on where a particular state is. I think there is a tremendous opportunity for states to expand coverage to lawfully residing immigrant kids. Only about half of the states have picked up the option to do that. The fact is that with the enhanced CHIP match, in some states that's 100-percent funding

right now and it would always be with the CHIP enhanced match, so I think that would be a big deal in states that don't have that. 12-month continuous eligibility, also only about half of the states have picked that up. If we really are ever going to get where we want to go in terms of the quality of healthcare, we have to keep kids continuously enrolled. Then I think the third really is starting to produce the performance data that we need to really get underneath some of the high-level statistics that we have.

I go back to, Gretel mentioned Louisiana. We've studied Louisiana's experience in getting their renewals for non-eligibility reasons, for procedural reasons. You didn't get the paperwork in. You didn't get the form in. Less than 1-percent of their kids lose coverage for non-eligibility reasons. We need to get there in all of our states, but the only way to get there is to have the underlying data. It's not good enough to know, did they or did they not renew? We want to know why they didn't renew.

If it's for not an eligibility reason, if we didn't know whether they were eligibility or not, then we should be looking at some of those reasons. I write a lot about pushing on having some standardized reason codes so that we can know why people are being denied coverage or why they're losing coverage at renewal or when they report a change so that we can

address those issues that would mean that we'd be able to get more kids in and keep them in.

DIANE ROWLAND, Sc.D.: Other questions? We've exhausted an exhaustive study that has very clear findings. I think it's always helpful. I do really think that this study and the information in it is a great tool to share across the states about what works and what doesn't. I think you've been given a bit of a roadmap of where we have yet to go. The importance of really changing the way in which the eligibility process itself works in order to really reach out and obtain coverage for those who are eligible. Many of them probably don't even know that they're eligible so I think in addition to all these processes the importance of outreach of getting the message out that this program is there and available also is a big part of making this whole system work.

I want to thank Chris for joining us from Colorado. I want to send my sympathy to New Hampshire to Kathy Dunn and to thank all of the panelists, especially the one who came all the way from Alabama to see our snow and the authors of the report for the terrific work. I hope you'll all find this report to be very useful going forward. Thank you.

[END RECORDING]