Colorado Health Care Coverage Easy Enrollment Advisory Committee Meeting

Meeting #8

February 17, 2021

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Opening Remarks from the Easy Enrollment Advisory Committee Co-Chairs

Roll Call and Introductions; Approval of Prior Meeting Minutes

Co-Chairs:

- Monica VanBuskirk, Chief Policy and Relationships Officer, Connect for Health Colorado

- Amber Egbert, Legislative, Tax Business Rule, and Forms Coordinator, Taxation Division, Colorado Department of Revenue

Members:

- Colorado Department of Health Care Policy & Financing (HCPF) Representative: Marivel Klueckman, Eligibility Division Director

- Colorado Division of Insurance (DOI) Representative: Debra Judy, Deputy Commissioner of Policy Affairs

- Consumer Advocate Representative: Allison Neswood, Deputy Director of Strategic Priorities, Colorado Center on Law and Policy (CCLP)

- Small Employer Representative: Frances Coet, Partner, ATLAS CPAs & Advisors

- Insurer Representative: Jared Colturi, Operations Manager, Cigna

- Health Coverage Guide Representative: Tanya Trujillo-Martinez, Director of Community Health Development, North Colorado Health Alliance

- Insurance Producer Representative: Melanie Herrman, Seasons Insurance Agency

- Income Tax Preparer Representative: David Sullivan, Vice President, Stakeholder Relations, Intuit, Inc.

- Health Care Consumer Representative: Jeanine Draut, Owner, InPraxis Communications

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Guiding Principles

When asked what C4HCO and DOR need to do well to decrease the number of uninsured individuals and maximize enrollment in this program, you said:
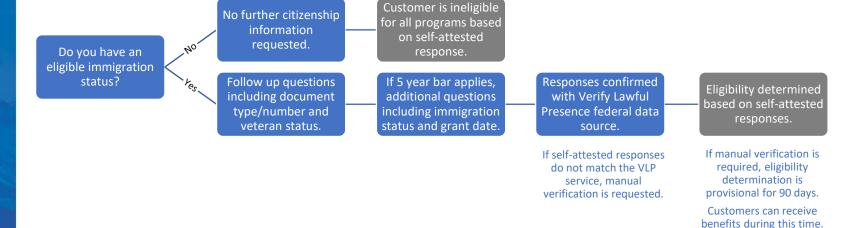
- Process must be user-friendly. Including simple language and minimal administrative burden

- Outreach should be targeted to areas of the state with higher uninsured rates
    - Communications to individuals who are newly eligible should describe what benefits could look like

- Tax preparers must be educated on EE so that they can speak to the program

- Marginalized communities' fears around immigration must be addressed

- Prioritize health equity by addressing structural barriers faced by populations frequently excluded from the health care system
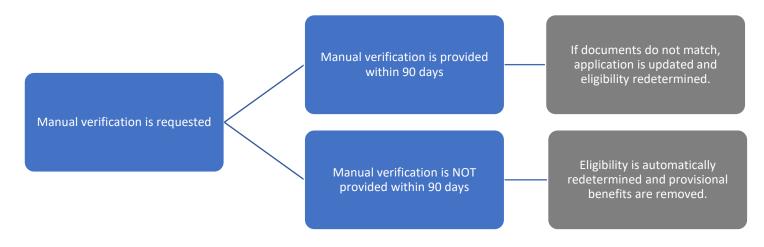
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Processes for Non-Citizens

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Non-Citizen Eligibility Process

Do you have an eligible immigration status?

No → No further citizenship information requested. → Customer is ineligible for all programs based on self-attested response.

Yes → Follow up questions including document type/number and veteran status. → If 5 year bar applies, additional questions including immigration status and grant date. → Responses confirmed with Verify Lawful Presence federal data source. → Eligibility determined based on self-attested responses.

If self-attested responses do not match the VLP service, manual verification is requested.

If manual verification is required, eligibility determination is provisional for 90 days.

Customers can receive benefits during this time.

- When self-attested responses do not match federal data sources, **manual verification** is requested
  - Customers are informed on their eligibility notice that their determination is valid for 90 days and is **dependent** on the ability to produce all necessary documents
- In all cases, real-time eligibility is determined based on **self-attested** responses

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Non-Citizen Verification Process

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Manual verification is requested ──┬── Manual verification is provided within 90 days ──── If documents do not match, application is updated and eligibility redetermined.
                                   │
                                   └── Manual verification is NOT provided within 90 days ──── Eligibility is automatically redetermined and provisional benefits are removed.
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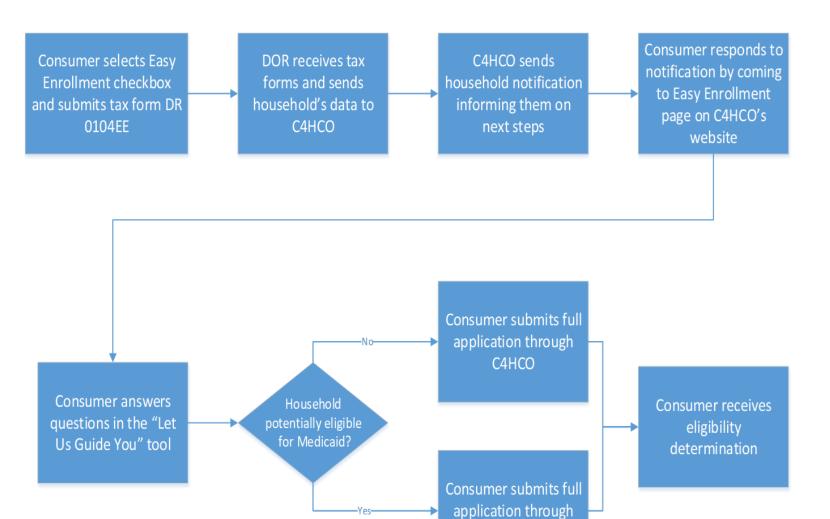
- Connect for Health Colorado uses information on the documents provided to **update eligibility**

- If documentation is not provided within 90 days, provisional benefits are removed

- Even if verification is requested, customers can access provisional eligibility in **real time** based on their self-attested responses.

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Continue Discussion from Last Meeting

Reminder: Process Flow for Recommended Approach

Consumer selects Easy Enrollment checkbox and submits tax form DR 0104EE → DOR receives tax forms and sends household's data to C4HCO → C4HCO sends household notification informing them on next steps → Consumer responds to notification by coming to Easy Enrollment page on C4HCO's website → Consumer answers questions in the "Let Us Guide You" tool → Household potentially eligible for Medicaid?

No → Consumer submits full application through C4HCO

Yes → Consumer submits full application through PEAK

→ Consumer receives eligibility determination

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Decision Point on the EE Special Enrollment Period

- Should the tax filer have the calendar year to proceed to Connect for Health Colorado's website for an eligibility determination?

- Alternatively, should the tax filer have a limited period of time to proceed to Connect for Health Colorado's website for an eligibility determination?

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AC Members in Support of Customer Flexibility

"My recommendation would be to put target dates in our communications to spur immediate action, but they would not be 'hard' deadlines, especially with our concerns about connecting with customers through several follow-up attempts and how long that can take"

-Jared Coulturi

"I don't think we should necessarily limit ourselves. As a consumer, I don't know why we would need to limit the time period for reaching out to C4"

-Jeanine Draut

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AC Members in Support of a Limited Window to Apply

"I am concerned that we will lose people [potentially eligible for coverage] with an open-ended timeframe"

-Allison Neswood

"Once people know they're eligible, a 60-day window is plausible. I'm concerned with how it's set up prior to the 60-day window. People have to file by April 15th. There should also be a deadline for sometime after that period where people can apply after they receive their tax refund or something like that"

-Melanie Herrman

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Different Language in Notice and System Functionality

- Tax filers who check the box will receive a notification urging them to take immediate action to determine eligibility and potential enrollment

- However, C4HCO's system will allow tax filers to come in throughout the calendar year

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Additional Considerations

- A time constraint departs from the plain language of the legislative text and may need additional codification

- Extended enrollment timeframes reduce inequities by providing vulnerable customers with more time to understand their health coverage options

- SEPs that target the broader population (COVID SEP) may be more likely to capture younger customers

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Maryland Experience

Month	Total Consumers
Jan	48
Feb	115
Mar	1213
Apr	933
May	599
Jun	359
Jul	278
Aug	338
Sep	132
Grand Total	4015

Majority of Maryland Easy Enrollment customers accessed the Maryland Exchange website shortly upon filing and receiving their notice.

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Public Comment Period Before Vote

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Advisory Committee Votes on Length of Time to Apply for Coverage

2021 Easy Enrollment
Advisory Committee Schedule

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2021 Easy Enrollment Advisory Committee Schedule

Date	Agenda topics
January 4, 2021	Finalize DOR documents, including the checkbox language, DR0104EE (schedule), and instructions
January 20, 2021	Discuss C4HCO's recommended implementation approach, including noticing/outreach/landing page options, and time limit to apply after receiving initial notification from C4HCO
February 17, 2021	Continue discussing time limit to apply after receiving initial notification from C4HCO, discuss the verification process for non-citizens, and the proposed Advisory Committee calendar for 2021
March	*No meeting required*
April	*No meeting required*
May 3, 2021	Discuss DOR development, review noticing and landing page language
June 7, 2021	Introduce C4HCO-DOR outreach plan
July 5, 2021	Reporting and success measures
August 8, 2021	Discuss the bill topics about the feasibility study for automatic enrollment
September 6, 2021	Update on getting ready for 2022
October 4, 2021	
November 1, 2021	
December 6, 2021	

Questions and Public Comment

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Thank you!

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