

COLORADO HEALTH CARE TASK FORCE

RESOURCE BOOK
2000

A Guide to Major Colorado Health Care Issues
and Programs

HEALTH CARE TASK FORCE

Compiled by:

Stanley Weinberger, Legislative Council Staff Intern

Whitney Gustin, Legislative Council Staff

Jim Hill, Legislative Council Staff

INTRODUCTION

This resource book is intended to serve as a reference guide for information on the most common health care issues in Colorado. The book covers major issues such as the cost of health insurance, the uninsured population and long-term care. The book also reviews the health care programs of executive branch departments which are of legislative interest.

This health resource guide is an ongoing project and will be updated on a yearly basis.

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Table I

Eligibility for many assistance programs is based on poverty guidelines issued by the U.S. Department of Health and Human Services.

Annual Incomes and Percent of Poverty Level						
Household Size	39%	73%	100%	133%	185%	220%
1	\$3,257	\$6,096	\$8,350	\$11,106	\$15,448	\$18,370
2	\$4,388	\$8,213	\$11,250	\$14,963	\$20,813	\$24,750
4	\$6,650	\$12,447	\$17,050	\$22,677	\$31,543	\$37,510

Source: 2000 United States Department of Health & Human Services
Poverty Guidelines

MAJOR HEALTH CARE ISSUES

Health Insurance

Cost of Private Health Insurance. While growth in health insurance premiums has been slow for the past five years, ranging from 0.2 to 3.5 percent, recently premiums have begun to rise faster. Between 1998 and 1999, premiums rose on average 5.2 percent nationwide. In Colorado, the increase for small group health insurance premiums was much more pronounced. Between 1997 and 1998, Colorado HMO premiums rose at an average annual rate of 7.5 percent, while PPO and indemnity plan premiums rose at an annual average rate of 22 to 23 percent. In 1998, in Colorado, average family premiums for the Standard Health Benefit Plans ranged from \$400 per month for HMOs to \$800 per month with some indemnity insurers.¹ These costs make up close to 15 percent of the annual expenses for a family of four with an income of \$32,900 (200 percent of the Federal Poverty Level).²

Approximately 64 percent of the state's non-elderly population (under 65) are able to reduce these costs by purchasing employer-based health insurance. Rising insurance expenses however are forcing employers to seek alternatives, including covering a smaller proportion of premium costs. After adjusting for inflation, the average employee contributions between 1988 and 1996 for employee-only coverage increased 189 percent. The average employee contribution for family coverage increased 85 percent during the same period.³

Mandated Health Coverage. Under Colorado law, all group and individual health insurance policies must provide: coverage for newborn children, maternity coverage, child immunizations, therapies for congenital defects and birth abnormalities of covered children up to five years of age, low-dose mammography, coverage for mental illness, hospice care coverage, coverage for alcoholism, prostate cancer screening, and diabetes coverage.

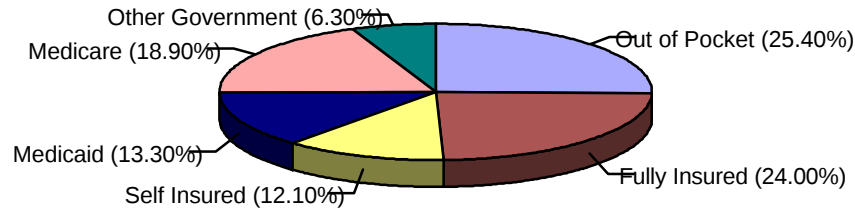
Other consumer protections include: a law requiring health maintenance organizations to maintain a sufficient network of providers; a ban on gag clauses which restrict communication with an enrollee; direct access to OB/GYN; standing referrals to specialists, requiring only a one-time referral for medically necessary treatment; emergency room access 24 hours a day, 7 days a week; and an independent and external review of grievances.

Colorado's Health Insurance Market. The six largest Colorado health insurers - Pacificare of Colorado, Kaiser Foundation Health Plan of Colorado, Blue Cross/Blue Shield of Colorado, Rocky Mountain HMO, HMO Colorado, and Employers Health Insurance Company - cover over half the market. Four of these six insurers are health maintenance organizations. While only 3.5 percent of Colorado insurers are HMO's, they account for over half of Colorado's private health insurance market. The rest of the market is covered by indemnity, sickness, and accident insurers, non-profit corporations and other managed care plans.

Table II

Sources of Payment for Health Care

In Colorado: 1994



This table illustrates the amount of all health care paid for by insurance in comparison to various government programs and through out-of-pocket expenses.

Long-Term Care in Colorado

Cost and Utilization of Long Term Care. Long-term care is one of the fastest growing and most expensive components of health care. Basic nursing home costs in Colorado typically range from \$95 to \$144 per day, with higher costs in the Denver metro area. Personal care services at home cost around \$15 per hour, with most older clients typically needing 2 or 3 hours of service, 3 or 4 days per week.

There are 234 nursing homes in Colorado with close to 18,000 residents. An additional 535 assisted living/personal care boarding homes provide less intense care than in nursing homes. There are also approximately 145 certified home health agencies and 128 personal care/homemaker agencies providing skilled and non-skilled home nursing care.⁴

Medicare and Medicaid Coverage. Medicare, the federal health program for the elderly and disabled, covers only short-term nursing home stays, as well as hospitalization and physician services. Medicaid, the health program for the very poor, is the primary payer of publicly funded long-term care. In 1998, fifty-seven percent of all long-term care costs were paid for by Medicaid. Thirty percent of Colorado's Medicaid dollar is spent on nursing homes (approximately \$590 million) and an additional 11 percent is spent on home health and other long-term care (approximately \$215 million).⁵

Long-Term Care Insurance. Long-term care insurance is a relatively new product designed to pay the cost of personal care for individuals. These policies agree to pay a certain daily dollar maximum for a certain time period. Consumers pay the balance. Colorado requires that long-term care insurers offer two basic packages.

The Colorado Standard Nursing Home/Home Care Policy has these benefits:

- Care settings: nursing home and home care
- Dollar amount of coverage: \$100/day nursing home, \$50/day home care
- Inflation protection: 5 percent compound unless rejected by the consumer
- Length of coverage: \$125,000 at issue
- Deductible period: 60 days

Prices for the standard policy can range from \$750 to \$1,900 per year at age 60 and prices increase rapidly based on age for older consumers. Consumers have many choices in buying a policy, but all of the options selected impact the price of coverage. Consumers are encouraged to buy inflation protection to guard against increases in the cost of care.

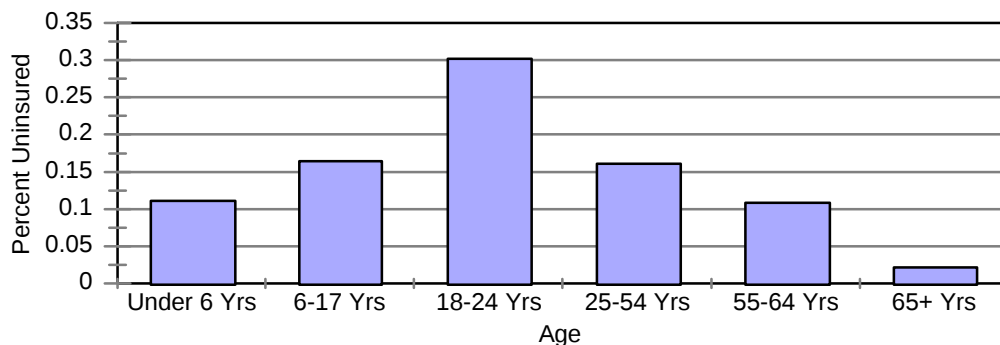
Uninsured Population

There is considerable research showing that lack of health insurance negatively affects health status. For example, the uninsured have a higher risk of death when they go into the hospital⁶ and are more likely to be hospitalized for a condition which could have been managed with good primary care.⁷

In Colorado, more than 580,000, or 15.2 percent of the state's population, do not have health insurance. The number of uninsured continues to grow, although the percentage has remained at approximately 15 percent. Approximately 60 percent of uninsured Coloradans live in families where the head of the household works. Many of these families (43 percent) have a head of the household who works full-time.⁸ Asked why they did not have health insurance, only seven percent of uninsured adults reported they were uninsured by choice or because they did not believe in insurance. Uninsured status is correlated with poverty.⁹

Table III

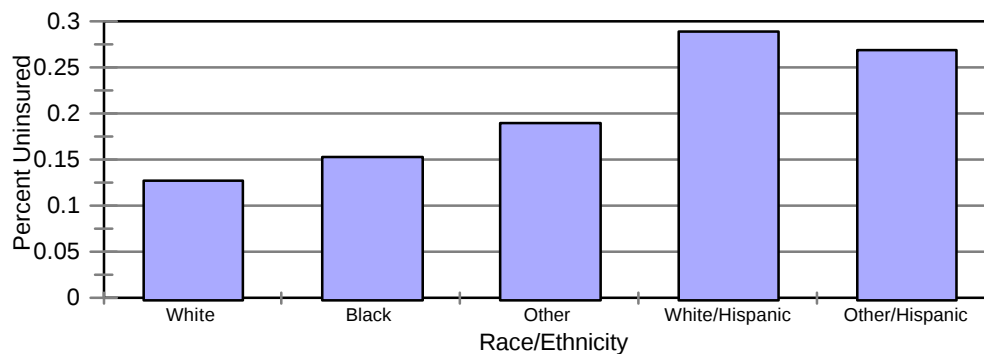
Coloradan's Insurance Status by Age 1995-1997 Average



The percent of uninsured children under 6 years of age decreased from 20 percent in 1991 to 11 percent in 1997.

Table IV

Coloradan's Insurance Status by Race 1995-1997 Average



Under-Insured Population

While health insurance shields people from the full cost of health care, many person's health insurance is insufficient in the case of catastrophic illness. The under-insured are individuals who are younger than

65 years-of-age with private health insurance coverage that, in the case of unusually expensive catastrophic illness, would require the insured to pay over 10 percent of their annual family income in out-of-pocket health expenditures. Close to 20 percent of Americans with health insurance coverage fell into this under-insured category in 1994. The likelihood of under-insurance increases with poverty.¹⁰

MAJOR HEALTH CARE PROGRAMS AND STATE DEPARTMENT FUNCTIONS

Department of Health Care Policy and Financing (HCPF)

The Department of Health Care Policy and Financing is the federally recognized Single State Agency for the Colorado Medicaid program. HCPF also develops and provides policy, program and financial administration oversight for the Children's Basic Health Plan (CBHP), the Colorado Indigent Care Program (CICP), and several other statewide health programs.

Department of Health Care Policy and Financing, Fiscal Year 97-98 Budget

Total Budget FY 97-98	General Funds (millions)	Cash Funds (millions)	Cash Funds Exempt (millions)	Federal Funds (millions)
\$1,963,901,674	\$904 46%	\$10 < 1%	\$77 4%	\$972 49%

Medicaid

Medicaid is a state administered program that provides health care coverage to very poor Coloradans of all ages.

Total budget: The Department of Health Care Policy and Financing's total Medicaid budget was \$1.2 billion in fiscal year 1999. This represents 62 percent of the HCPF's total budget. Colorado receives an approximately one-to-one federal to state dollar match. Medicaid expenditures increased from 10.5 percent of the state general fund in 1990 to 17.9 percent in 1999.

Table V

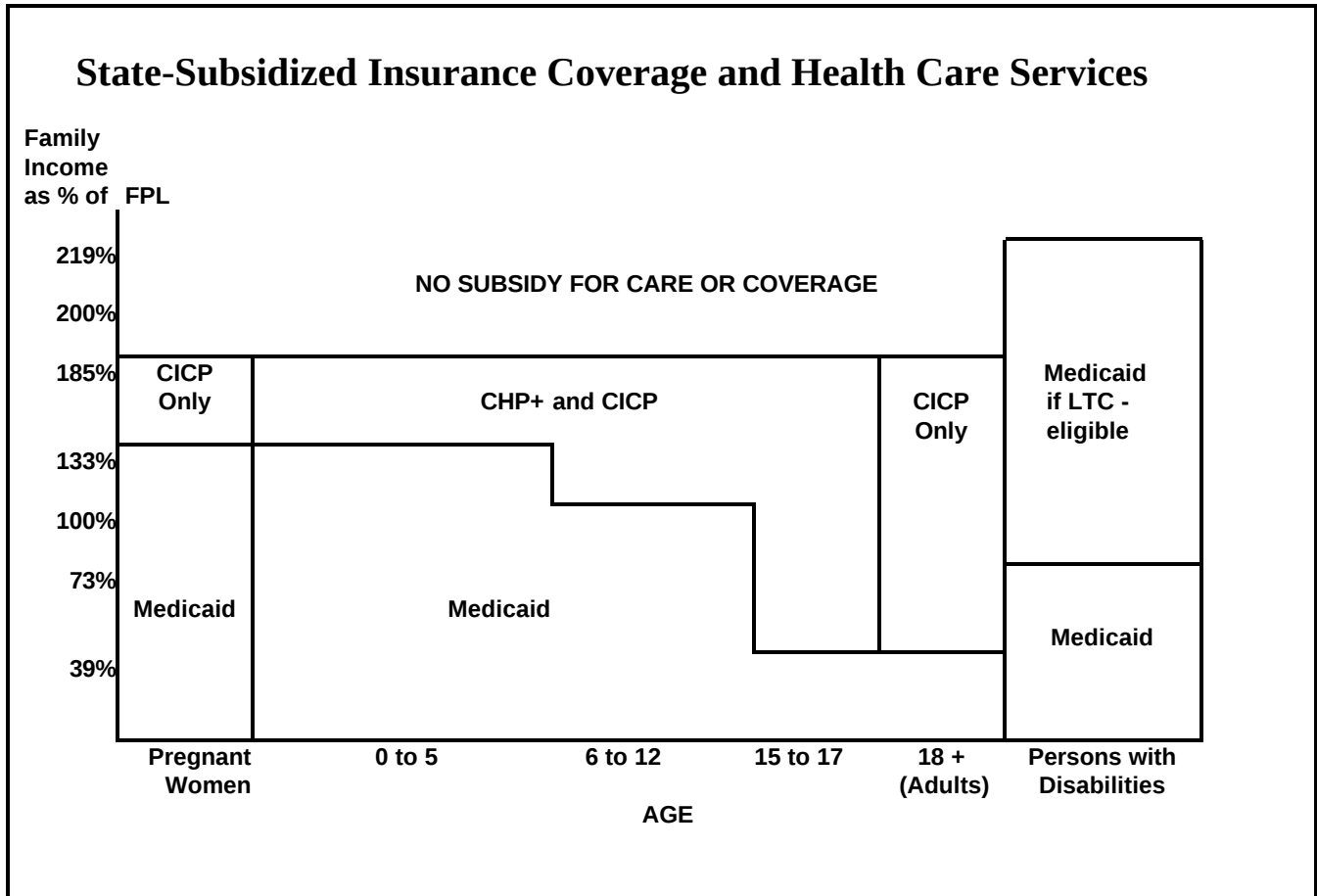
Projected Colorado Medicaid Enrollees and Relevant Expenditures, 1999					
Group	Medicaid Enrollees	Percent of Total Enrollees	Medicaid Expenditures	Percent of Total Expenditures	Average Per Capita Payments
Children (0-17 Yrs)	121,125	45.60%	\$176 Million	14.80%	\$1,452
Adults (18-59 Yrs)	35,401	13.30%	\$115 Million	9.70%	\$3,254
Elderly (60+ Yrs)	47,720	18.00%	\$537 Million	45.30%	\$11,260
Disabled	54,780	20.60%	\$341 Million	28.80%	\$6,231
Other	6,559	2.50%	\$16 Million	1.40%	\$2,571
Total	265,585	100%	\$1.2 Billion	100%	\$4,468 (average)

Funding Sources: 54.2 percent of Medicaid expenditures in Colorado are funded by the federal government. The remainder comes from the state's General Fund.

This table illustrates the different categories of Medicaid enrollees and how much of the total they account for.

Table VI

This chart illustrates which state health insurance program one would qualify for based on one's age and income level.



Medicaid continued

Eligibility: Persons qualify for Medicaid through various programs such as Temporary Aid to Needy Families (TANF), Supplemental Social Security Income (SSI), and Old Age Pension (OAP). Individuals may also qualify by meeting specific income requirements which vary based upon the age and health status of the applicant (see graph on page 10). County Departments of Social Services determine if persons qualify for Medicaid.

Services/Benefits: Enrollees are provided physician and clinic services, hospital care, prescriptions, home health care, and mental health services. Additional coverage for children includes early and periodic screening diagnosis and treatment (EPSDT), dental and vision services, and immunizations. Additional services to meet the needs of elderly and disabled persons are transportation to medical appointments, services for technologically dependent and homebound patients, and long-term care services.

Medicaid Managed Care: State law requires 75 percent of Medicaid clients be enrolled in a managed care plan by July 1, 2000. Approximately 70 percent of Medicaid clients were enrolled in managed care as of January 2000.

Home and Community Based Services Medicaid Waivers (HCBS): Colorado has 10 different HCBS waivers providing Medicaid funded, specialized services to disabled children, the mentally ill, the blind and disabled, and those living with AIDS. Services to those individuals eligible for these programs are delivered in the home or by other community providers.

Children's Basic Health Plan/Child Health Plan Plus (CBHP/CHP+)

The Children's Basic Health Plan subsidizes health insurance coverage for low-income families with children who do not qualify for Medicaid.

Total budget: Colorado receives a two-to-one federal to state dollar match. The total budget for FY 99-00 is \$30.6 million. Of this, \$10.7 million is from the state through a Children's Basic Health Plan Trust funded by the General Fund and Cash Funds Exempt. The matching federal grant is \$19.9 million.

Number of enrollees: Enrollment as of November 1999 was 22,800 children. Approximately 72,000 children in Colorado are eligible for the plan.

Cost per enrollee: The average cost for health care per child per month is \$67.86.

Eligibility: Eligible children are under 19 years of age, live in a family earning less than 185 percent of the federal poverty level (\$31,543 for a family of four), and are not eligible for Medicaid. Families earning more than 100 percent of the federal poverty level pay a state-subsidized monthly premium for covered benefits.

Services/Benefits: Benefits include inpatient and outpatient hospital services, physician services, prescription drugs, mental health and other medical services which may be necessary for the health of enrollees. Dental services are excluded.

Providers: Depending on the geographic area in which the child lives, services are provided either by an HMO or by a fee-for-service network, in which providers are reimbursed directly for services provided. As of November 1999, 63 percent of enrollees were in HMO enrollment and the remaining 37 percent were in fee-for-service enrollment.

Colorado Indigent Care Program (CICP)

The Colorado Indigent Care Program serves uninsured Coloradans not eligible for Medicaid. Participating hospitals and clinics provide on-site eligibility and sliding fee co-payment determination. CICP then reimburses those providers for part of the cost of treatment.

Total budget: The total budget for FY 99-00 is approximately \$163 million.

Funding sources: CICP payments are funded through the General Fund and federal dollars in an approximately one-to-one ratio.

Number of enrollees: In FY 97-98, about 160,117 CICP clients received over 13,000 inpatient admissions and over 512,176 outpatient visits.

Eligibility: Eligible persons have income and assets lower than 185 percent of the federal poverty level and are ineligible for assistance from the Medicaid program.

Providers: In FY 97-98, there were 64 participating hospitals and clinics, providing care in 114 facilities across the state.

Services/Benefits: CICP services are prioritized on site according to the following guidelines:

- At a minimum, providers must give emergency and urgent care to persons presenting themselves to the facility.
- Additional medical care may include prenatal care, lab, x-ray, on-site pharmacy, and transportation.
- Providers may give any other additional medical care to the extent of their resources.

Department of Human Services¹¹

The Department of Human Services (DHS) provides health-related services through the county departments of social services, state mental health institutes, youth corrections facilities, nursing homes, vocational rehabilitation offices, regional centers for persons with developmental disabilities, and numerous community-based public and private providers. Through various programs the department tries to ensure that employment is obtained, self-sufficiency is maintained, and that people live in environments that are safe and stable.

Department of Human Services, Fiscal Year 97-98 Budget

Total Budget FY 97-98	General Funds (millions)	Cash Funds (millions)	Cash Funds Exempt (millions)	Federal Funds (millions)
\$1,245,998,000	\$423 34%	\$63 5%	\$445 36%	\$315 25%

Alcohol and Drug Abuse Division (ADAD)

This division develops, supports, and advocates for comprehensive prevention and treatment services to reduce alcohol, tobacco, and drug abuse.

Total budget: The total budget for FY 99-00 is approximately \$34 million.

Funding sources: Approximately 73 percent of the budget comes from the federal Substance Abuse Block Grant out of the federal Department of Health and Human Services and other federal grants. Twenty-three percent of the budget is from the general fund, and the remaining four percent is from cash funds.

Number of enrollees: In FY 98-99, there were 63,375 admissions. Of these, almost 27,000 were for DUI programs.

Cost per enrollee: The average cost per enrollee figures are broken down into four categories:

- Detoxification: \$298/enrollee
- Outpatient Treatment: \$873/enrollee
- Intensive Outpatient Treatment: \$1,113/enrollee
- Residential Treatment: \$2,759/enrollee

For outpatient, intensive outpatient and residential treatment, ADAD reimburses on average 49 percent of the cost of treatment to providers.

Services: Prevention services include information dissemination, education, alternative activities, problem identification and referral. They also approve, monitor, and investigate treatment programs and set standards for alcohol and drug abuse counselors.

Providers: Prevention services are provided through both statewide and local community agency contracts. ADAD contracts with four managed care service organizations for the delivery of treatment services.

Developmental Disabled Services

Developmental Disabilities Services is responsible for managing the provision of state and Medicaid-funded services and supports for persons with developmental disabilities.

Total budget: The total budget in FY 99-00 is \$226.9 million.

Funding sources: Approximately 90 percent of the total budget comes from Cash Funds Exempt. The remaining 10 percent is from the General Fund.

Number of enrollees: The Developmental Disabilities Services operates many different programs which vary greatly in cost and intensity.

Services: Services include family and child support services, case management and ancillary services, day and residential services, and supported living services.

Eligibility: Eligibility is determined by Medicaid eligibility rules and a diagnosis of developmental disability.

Providers: Services are provided through 20 Community Centered Boards and 230 service providers.

Division of Aging and Adult Services

This Division serves disabled or vulnerable adults who require some level of assistance to maintain their independence. The five major program areas include Adult Income and Medical Support, Adult Protection, Older Americans Act, Supportive Housing and Homeless Programs, and a computerized information and referral program.

Total budget: The total budget for FY 99-00 is \$14.2 million

Funding sources: Eighty percent of the funds for the Aid to the Needy Disabled and Adult Protection programs comes from the General Fund with the remaining 20 percent from County Funds Exempt. The Old Age Pension programs are funded entirely from Cash Funds. The ombudsman programs are 100 percent federally funded.

Services: Services include cash grants to low-income elderly, blind, and disabled persons, employment programs, nutrition programs, transportation and information services, affordable housing programs, and ombudsman services.

Eligibility: Eligibility is determined on a program basis.

Providers: The Division administers programs through the County Departments of Social Services, Area Agencies on Aging, and other community-based contract agencies.

Mental Health Services (MHS)

The Colorado MHS supports community-based mental health treatment by purchasing services from 17 community mental health centers and from five specialty clinics. In FY 1997-98, there were 68,616 individuals served in community programs.

Total budget: The total budget for FY 99-00 is approximately \$175 million.

In June 1998, the Medicaid Mental Health Capitation Program became operational statewide. The Department of Health Care Policy and Financing contracts with MHS to provide mental health care to the Medicaid population. To do this, MHS purchases services from seven Mental Health Assessment and Services Agencies (MHASAs), who are responsible for implementing Medicaid mental health capitation and case management programs.

Total budget: The total capitation budget for Medicaid Mental Health is about \$125 million.

Number of enrollees: There are about 240,000 Medicaid clients eligible for Medicaid Mental Health services. There are approximately 31,000 Medicaid clients receiving mental health services.

Cost per enrollee: The capitation rate for a Medicaid Mental Health enrollee varies greatly depending on the eligibility category as well as the geographic location. The capitation rate for persons eligible through AFDC/TANF, for example, is about \$15-20 per member per month. The capitation rate for foster children is about \$400 per member per month.

Services: A wide range of services, including hospitalizations, are provided by the MHASAs, who determine the appropriate level of service provision.

Eligibility: Eligibility is determined by Medicaid eligibility rules. Certain groups are excluded by state law, such as undocumented aliens and state-only Aid to Needy Disabled (AND) enrollees.

Old Age Pension Health and Medical Care Fund

This fund is for those low-income persons aged 60 and older receiving Old Age Pension payments who are not eligible for Medicaid.

Total budget: The total budget for FY 99-00 is approximately \$9.9 million.

Funding sources: The Old Age Pension Fund and Health and Medical Care Fund is taken out of tax dollars before they reach the general fund. The Health and Medical Care Fund has been capped at \$10 million.

Number of enrollees: In FY 99-00, there were 3,300 recipients of this fund.

Cost per enrollee: The projected annual cost per client for FY 1998-99 was \$2,986.

Services: Recipients receive the same level of services as do Medicaid recipients with nursing home and psychiatric care excluded.

Eligibility: Program eligibility decisions are made by County Departments of Social Services.

Department of Public Health and Environment ¹²

Provides public health and environmental protection services for the entire state.

Department of Public Health & Environment, Fiscal Year 97-98 Budget

Total Budget FY 97-98	General Fund (millions)	Cash Fund (millions)	Cash Exempt Fund (Millions)	Federal Fund (millions)
\$207,197,790	\$21 10%	\$16 8%	\$30 14%	\$140 68%

Disease Control & Environmental Epidemiology Division (DCEED)

The mission of the DCEED is to collect data on infectious diseases, birth defects and environmental/chronic conditions; to prevent and control the spread of infectious diseases; and to evaluate the health risk of toxic substances and environmentally-related disease.

Total budget: The total budget for FY 99-00 is \$28,472,837.

Emergency Medical Services and Prevention Division

The division works to prevent and control disease and injury and to create emergency response for those individuals affected by sudden illness or injury.

Total budget: The total budget for FY 99-00 is \$13,112,882.

Providers: The division works in partnership with public and private organizations to provide emergency response.

Family and Community Health Services Division

Maternal and Child Health

The Family and Community Health Services Division provides services directed towards the health of mothers, infants, children, and adolescents in Colorado. This division supports and provides funding for school-based health centers, abstinence education efforts, healthy child care, and other programs. This division also provides funds for the Medicaid Early and Periodic Screening, Diagnosis and Treatment program. The division works closely with the CHBP/CHP+ program, helping to promote enrollment. The division also works with local county

health departments, local county nursing services, and other agencies to provide limited direct personal health care services.

Early and Periodic Screening Diagnosis and Treatment (EPSDT): The EPSDT program attempts to improve the health status of Medicaid-eligible pregnant women and children.

Total budget: The total budget for FY 99-00 is \$3,104,900. The program is funded by the Department of HCPF through Medicaid.

Number of enrollees: In FY 99, 143,753 clients were served.

Cost per enrollee: The average cost per client was \$20.74.

Services: Services include non-medical outreach and case management to those requesting/requiring assistance in accessing health care delivery systems.

Eligibility: Eligibility for EPSDT is determined through Medicaid rules.

Providers: EPSDT services are provided through subcontracts with health agencies, county health services, and organized health departments.

Women, Infants, and Children (WIC): The Special Supplemental Food Program for Women, Infants, and Children is a federal nutrition program for pregnant women and children up to age 5. The goal of the WIC program is to decrease the incidence of anemia, height/weight deviations and low birth weight through maximizing nutrition services to high-risk populations.

Total budget: The WIC program is funded by the United States Department of Agriculture. The total budget for Colorado for FY 99-00 is \$52.6 million.

Number of enrollees: The monthly caseload is approximately 74,200, and the program annually serves approximately 120,000 Coloradans.¹³

Cost per enrollee: The average cost per enrollee is \$58 per month. The food benefit varies, but averages \$45 and the average cost for administration and nutrition education is \$13.

Services: Provides nutrition education, referrals, and nutritious food to supplement the regular diet of pregnant and breast-feeding women, and infants and children under the age of five.

Eligibility: Enrollees must have income under 185 percent of the FPL and qualify as "nutritionally at risk," which is determined during a WIC visit.

Providers: WIC is provided through local health departments and county nursing services. There are approximately 125 clinics throughout the state that provide WIC services.

Women's Health Section (WHS)

The Women's Health Section mission is to improve the reproductive and perinatal health status of Coloradans through promoting healthy lifestyles, emphasizing the value of family planning and assuring access to comprehensive women's health services.

Family Planning Program: The Program's services emphasize prevention through clinical exams and patient education.

Total budget: The Family Planning Program is funded through state general funds, local support, patient fees, and Title X, the federal grant which makes family planning services available to low income individuals. The total budget for FY 99-00 is almost \$3.7 million. This includes approximately \$1.6 million from state funds and \$2 million from the Title X grant.

Services: Services include gynecological and male exams, cervical, breast and testicular cancer screening, contraceptive information and supplies, sexually transmitted disease testing and treatment, health education and counseling, and referrals. No abortion services are paid for by the program.

Eligibility: Patient fees are determined by the patient's income level. Eighty-six percent of the patients served have incomes at or below 150 percent of poverty.

Number of enrollees: Over 52,000 women and men receive services annually.

Cost per enrollee: The average cost for a year's worth of services is \$168. Patient fees are determined by patient income levels.

Providers: There are 61 non-profit and county health department clinics throughout Colorado receiving federal and/or state family planning funding.

Health Facilities Division

The Health Facilities Division assures that patients and residents receive quality care from health facilities and programs.

Total budget: The total budget for FY 99-00 is \$7,075,997. Approximately 50 percent of this is a pass-through from the department of HCPF.

Services: Services include state licensure and federal certification of health facilities and programs through on-site inspections and complaint investigations. Facilities under the Division's purview include, but are not limited to: ambulatory surgical centers, community clinics, community mental health centers, home health agencies, hospices, personal care boarding homes and nursing homes.

Trauma Program

The program provides services related to the development of the infrastructure of the state's trauma system to reduce morbidity and mortality of injured patients.

Total budget: The total budget for FY 99-00 is \$1,157,219. Funding sources include the emergency medical services highway user tax fund account and fees for designation of trauma centers.

Services: Services include the designation of trauma centers in the state, providing technical assistance to local agencies, and defining the role of facilities contributing to the trauma registry.

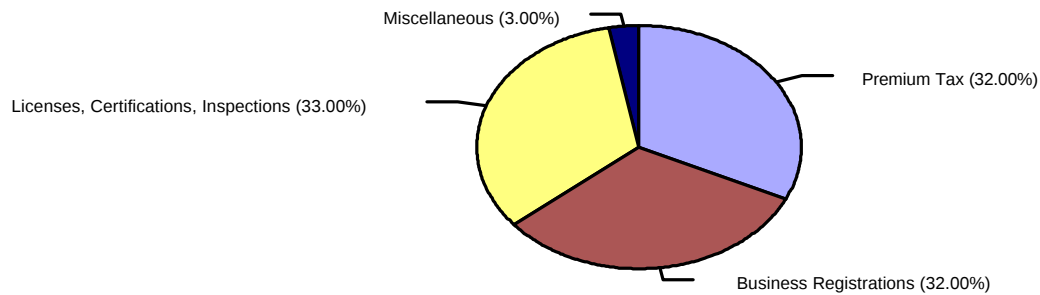
Division of Insurance

The Division of Insurance works to promote a competitive insurance marketplace, which allows for affordable insurance and adequate consumer choice, and to provide prompt and effective service to Colorado consumers. It does this by licensing and regulating health insurance companies. The Division of Insurance also acts as a consumer advocate, responding to and investigating complaints brought forth by consumers.

Table VII

Division of Insurance Estimated Revenue, FY 1999-2000

Total: \$8,298,006



Colorado Uninsurable Health Insurance Plan (CUHIP)

Provides individual, major medical health insurance to Colorado residents who have been denied access to affordable health insurance because of pre-existing medical conditions.

Total budget: \$2,106,993 in FY 1997-98¹⁴

Funding sources: The CUHIP is funded through Cash Funds Exempt and is subsidized by the Business Associations Unclaimed Moneys Fund and Unclaimed Plan in addition to enrolled premiums.

Number of enrollees: There were 991 enrollees as of January, 2000.

Cost per enrollee: In 1999, the average annual medical expenses per enrollee were \$5,960. The average premium paid by enrollees is \$254 per month.

Benefits/Services: Services include: hospital, both inpatient and outpatient, skilled nursing facility, transplants, home health care, prescription drugs, preventive care, mental health and substance abuse, and hospice care.

Eligibility: To take part in the CUHIP program, you must have been a resident of Colorado for at least six months and meet one of these conditions:

- You have applied for health insurance but the application has been rejected because of a medical condition, the premium was too high, or treatment of pre-existing health conditions has been excluded for more than six months under the application.
- You have had health insurance coverage involuntarily terminated by an insurer for reasons other than nonpayment of premiums.
- You have a pre-qualifying medical condition, such as AIDS or HIV+, metastatic cancer, cystic fibrosis, etc.

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14. Discussion with Bill Leade, Director of WIC program. Appropriations Report, Fiscal Year 1999-00.