

***A Guide to Major Health Care Issues
and Programs***

**2011
Colorado Health Care
Resource Book**



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Introduction

The Resource Book is intended to serve as a reference guide for information on some of Colorado's major health care issues and programs. The book is divided into four sections to make it easier for the reader to access information. The first section covers issues such as the uninsured, health insurance, and expansions of public health programs. The second section reviews the budgets and health care responsibilities of relevant executive branch departments. The third section provides more detailed program information and is organized by population group. Program summaries include information on eligibility, costs, and services. The fourth section provides contact information for the various programs described in the book. An index appears in the back of the book to assist in finding specific topics. Departmental and program budget figures were drawn primarily from the FY 2011-12 appropriations bill (Long Bill) and the Joint Budget Committee Staff's Appropriations Report. Please note that budget figures have been rounded. At times, figures do not sum due to rounding.

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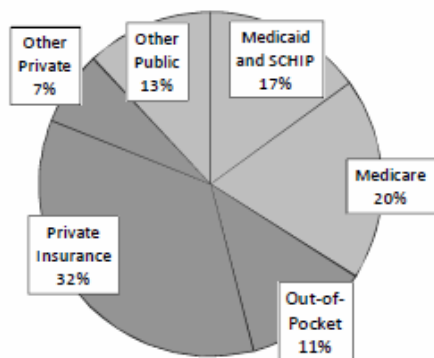
Section I

Major Health Care Issues

Health care is one the most difficult issues lawmakers face; the decisions they make affect people's lives in many ways. This section summarizes some of the policy issues involved with health care, including health insurance, the uninsured, and public health programs. Overarching all of these issues is the price of health care. Nationally, health expenditures are projected to grow to \$2.7 trillion dollars in 2011, or about \$8,666 for each person in the country and 17.4 percent of the Gross Domestic Product (GDP).¹ The 2011 figures represent an average growth rate of about 5 percent per year since 2008, when expenditures were \$2.3 trillion.² In Colorado, the General Fund appropriation for the Department of Health Care Policy and Financing alone is just about \$1.7 billion, or about 24 percent of the state's General Fund budget in FY 2011-12.

Chart I illustrates the sources of payment for the country's health care costs. As shown in the chart, public moneys are projected to account for 50 percent of health care payments in 2011. Private spending is estimated to account for 50 percent.³ The proportion of health care costs paid with public moneys has increased gradually in recent years. For comparison, in 2006, private spending accounted for 54 percent of payments and public moneys made up 46 percent.⁴

**Chart I Projected Sources of Payment for Health Care
in the U.S., 2011**



Source: Centers for Medicare and Medicaid Services

The Uninsured

The 2010-11 Colorado Health Access Survey estimates that there are approximately 829,000 uninsured individuals, or approximately 16 percent of the population in Colorado.⁵ The significant number of uninsured persons is thought to increase the cost of health care in the state, both for public and private health care payers. The state may cover a portion of the health care costs of uninsured persons, but not the entire burden. As a result, the costs of treating the uninsured may be passed on to private payers. For example, health care providers indicate that uninsured patients are increasingly avoiding medical care until their conditions are severe, requiring visits to the emergency room and extensive treatment. This practice in turn impacts the cost of care for insured patients whose premiums and hospital charges frequently reflect the high cost of treating those extremely ill patients without insurance.

In Colorado, there are several consistent characteristics of the uninsured population. About 62 percent of uninsured individuals are in a family with one or more workers.⁶ However, many uninsured individuals either do not earn high enough incomes to afford their portion of health insurance premiums, work in jobs that do not provide health insurance, or don't qualify for health insurance because they are part-time or contract workers. Over half of the individuals who were working and unable to obtain health insurance worked for small businesses.⁷ In Colorado, uninsured individuals may be found in all income levels; however, those with the lowest incomes make up a large share of the uninsured. Seventy-one percent of uninsured Coloradans have incomes below 300 percent of the Federal Poverty Level (FPL).⁸ In recent years, the highest rates of the uninsured in Colorado have been in rural counties such as: Mineral, Ouray, Phillips, San Juan, and San Miguel counties.⁹ In these counties, over 30 percent of residents were uninsured in 2007. Throughout Colorado, young adults between 18 and 34 years of age are the most likely to be uninsured, comprising 40 percent of uninsured individuals in Colorado.¹⁰ In contrast, the elderly, because of the availability of Medicare, are less likely to be uninsured than any other age group.¹¹

Health Insurance

Nationwide, as well as in Colorado, the majority of individuals access health insurance through their employer.¹² Larger employers often self-fund their health insurance plans. These self-funded plans are subject to federal laws and regulations, but are not regulated by Colorado law. According to an annual survey of Colorado employers, approximately 55 percent of employers offer fully insured plans that are regulated by state law.¹³ Fully insured plans are regulated by the state and cover individuals in Colorado's small group market, persons who seek individual coverage outside of their employer, and large groups that do not self-fund their health insurance plans.

Colorado's laws and regulations vary based upon the type of plan (e.g., health maintenance organization (HMO), group, individual). State laws require plans to cover certain benefits. For example, there are mandates to cover pregnancy and childbirth, newborn children, mental illness, diabetes, and prostate cancer screening. Health insurers are required to comply with other state laws, including a requirement that carriers file proposed premium changes with the Division of Insurance to ensure that they are not excessive, inadequate, or unfairly discriminatory.

The rising cost of health insurance continues to be an issue in Colorado. The increase in health insurance costs is especially evident in Colorado's small group market (employers with 50 or fewer employees and business groups of one) where a review of insurance premiums illustrates large increases over the past five years. For example, in 2005, the average HMO premium in the small group market for a 34-year-old employee with a family of four in Denver was \$1,155 per month.¹⁴ By 2009, the cost had increased by 33 percent to \$1,541 per month.¹⁵

Enrollment in Colorado's small group market continues to be a focus of interest for Colorado lawmakers. As costs have risen, an increasing number of small employers have dropped out of the small group market. For instance, in 2001, approximately 65,590 groups were covered in Colorado's small group market, but by 2010, this number had declined by 49 percent to 33,734 groups.¹⁶ Responding to reports that insurers were leaving

the state because of Colorado's regulatory environment, in 2003, Colorado adopted legislation to relax restrictions on insurers who sell to the small group market. This legislation allowed insurers to offer plans that do not cover mandated benefits such as mammograms and prostate cancer screening, and to adjust premiums based upon claims experience, health status, and tobacco use. After the enactment of these reforms, enrollment in the small group market continued to decline and costs continued to rise, although a small increase in enrollment in the market was seen from 2005 to 2006.¹⁷ In 2007, the legislature reversed course, adopting House Bill 07-1355, which disallowed the use of claims experience and health status to set rates for small groups beginning January 1, 2009. Since 2009, the number of groups in the small group market has continued to decline.

Colorado Health Care Affordability Act

During the 2009 legislative session, the General Assembly enacted, House Bill 09-1293, the Colorado Health Care Affordability Act. The act aims to address the number of uninsured individuals in Colorado and the cost of uncompensated care as a result of individuals accessing the health care system without insurance. Under the act, the Department of Health Care Policy and Financing (DHCPF) sought and received a waiver from the federal Centers for Medicare and Medicaid Services (CMS) in April 2010, allowing the department to collect a provider fee from hospitals. The fees collected will be matched with federal dollars and be used to reimburse hospitals for uncompensated care costs and to expand public health programs.

The act specifies that the provider fee may not exceed the federal limit on such fees, or 5.5 percent of the net patient revenue. Certain hospitals, such as psychiatric hospitals, long-term care hospitals, and hospitals located in rural communities are exempt from paying the provider fee. In FY 2010-11, the department collected \$441 million from hospitals in Colorado, which was matched with federal dollars for a total of \$882 million in new revenue.

The act establishes a 13-member Hospital Provider Fee Oversight and Advisory Board to provide recommendations to the DHCPF and the state Medical Services Board regarding the formula for calculating the fee to be levied on each hospital, the implementation of the fee structure, and the timing of the implementation of the program expansions.

Medicaid and the Children's Basic Health Plan (CHP+) will be expanded as follows:

- increase the income eligibility limit for the CHP+ from 205 up to 250 percent of the federal poverty level (FPL) for both children and pregnant women;
- increase the income eligibility limit for Medicaid for parents from 60 up to 100 percent of the FPL;
- provide 12-month continuous eligibility for children in Medicaid;
- create a new Medicaid buy-in program for disabled adults and children with incomes up to 450 percent of the FPL. In some instances, individuals may qualify for Medicaid based on medical necessity, but may earn too much money and therefore are not eligible for Medicaid. A Medicaid buy-in program allows for people with disabilities who earn too much to qualify for Medicaid to 'buy-in' to the program by paying all or a percentage of the premium;
- expand Medicaid to cover childless adults with incomes up to 100 percent FPL; and
- increase provider reimbursement payments and hospital rates under Medicaid and the Colorado Indigent Care Program.

The expansion of Medicaid to childless adults and the creation of the Medicaid buy-in program are expected to be implemented in the first half of 2012.

Federal Health Care Reform

In March 2010, federal health care reform, also known as the Patient Protection and Affordable Care Act (PPACA), was adopted

by the U.S. Congress and signed by the President. PPACA expands health care coverage by increasing access to private health insurance and expanding eligibility for Medicaid. The law also increases regulations on health insurance providers and makes changes to how the health insurance market operates. PPACA also requires individuals to have health care coverage and certain employers to offer health insurance to employees. Changes that have already taken effect under PPACA include:

- prohibiting lifetime and annual caps on health insurance benefits;
- allowing children to stay on their parents' health insurance through age 26;
- prohibiting health insurance providers from rescinding coverage, except in cases of fraud; and
- prohibiting health insurance providers from denying coverage to children because of pre-existing conditions.

Beginning in 2014, health insurance providers cannot deny coverage to adults with pre-existing conditions and cannot set rates based on a person's health status or medical condition. Factors such as age, family size, geographic area, and tobacco use may still be considered when determining rates. In 2014, providers must offer health insurance coverage to all persons who apply or wish to renew their coverage.

In Colorado, several steps have been taken at the state level to implement federal health care reform, including:

- passage of Senate Bill 11-200, which creates a board to establish a state-based health insurance exchange for individuals and small business to purchase health insurance beginning in 2014;
- creation of a federally funded high-risk health insurance pool to cover persons with pre-existing conditions that will provide coverage to this high-cost population through 2014, when health insurance providers can no longer reject applicants due to pre-existing conditions; and

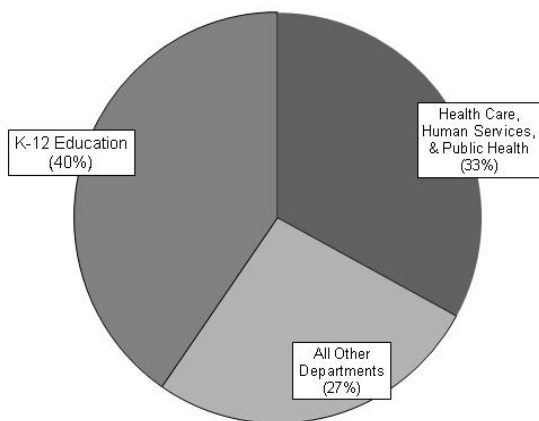
- expansion and alignment of Medicaid eligibility for groups such as children, pregnant women, and childless adults to meet federal coverage requirements. Some of these changes, such as the planned expansion of Medicaid to childless adults with incomes up to 100 percent of FPL through the Colorado Health Care Affordability Act, were independent of passage of PPACA, but constitute steps toward meeting the federal requirements by 2014.

Section II

State Department Functions

The state departments that focus much of their work on health-related issues are Health Care Policy and Financing, Public Health and Environment, Human Services, and Regulatory Agencies. Each department administers several programs to address Coloradans' various health care needs. Table II on page 45 shows the programs described in this book and the departments responsible for their administration. In FY 2011-12, General Fund appropriations for the three primary health and human services departments totaled \$2.3 billion, or 33 percent of the state General Fund budget. Chart II illustrates the size of the General Fund appropriations for all state departments.

Chart II
General Fund Appropriations, FY 2011-12



Department of Health Care Policy and Financing

The Department of Health Care Policy and Financing (DHCPF) is the federally recognized single state agency for administering the Colorado Medicaid program. The department also develops and provides policy, program, and financial oversight for the Child Health Plan Plus (CHP+), the Colorado Indigent Care Program (CICP), and other health programs. Approximately 33 percent of its funding comes from the state's General Fund. Another 17 percent comes from cash funds and from the Hospital Provider Fee. These General Fund and cash fund dollars are used to match and access federal moneys to fund health programs such as Medicaid and to reimburse hospitals for uncompensated care they provide to the state's uninsured. Federal funds comprise about half of the department's budget.

The entire DHCPF budget is used for health-related programs. The budget's cash funds are primarily: (1) provider fees on public hospitals and nursing homes that are used to increase the federal funding to the state; (2) money from the additional tax on tobacco products as a result of Amendment 35, which was passed in 2004; and (3) money transferred from the Tobacco Litigation Settlement Cash Fund and the Children's Basic Health Plan Trust. The trust receives the majority of its funding from the Tobacco Settlement. The DHCPF also receives reappropriated funds. These funds consist primarily of General Fund dollars credited to various cash funds for health services, transfers from other state departments, and transfers of Amendment 35 moneys.

Department of Health Care Policy and Financing Fiscal Year 2011-12 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
\$5,098.2	\$1,669.2	\$877.6	\$10.4	\$2,541.1
100%	33%	17%	<1%	50%

Department of Public Health and Environment

The Department of Public Health and Environment (DPHE) administers public health and environmental protection services. Health program areas include tobacco education and cessation, disease control, local health services, inspection of hospitals and nursing homes, emergency medical services, preventative medical services for children, and suicide prevention. Approximately 71 percent of the department's budget goes toward health-related programs. About 60 percent of the budget is made up of federal funds. Cash funds used for health-related programs are primarily funding from the Tobacco Settlement and money from the additional tax on tobacco products as a result of Amendment 35. Reappropriated funds for health-related programs are primarily transfers from other programs within the department and other state departments.

Department of Public Health and Environment Fiscal Year 2011-12 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
\$442.3	\$27.5	\$121.6	\$26.2	\$267.1
100%	6%	28%	6%	60%

Department of Human Services

The Department of Human Services (DHS) administers health and non-health services provided by 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. Health-related services include those administered by the Division of Behavioral Health Developmental Disability Services, and the Division of Aging and Adult Services.

Because some DHS programs incorporate both health and non-health aspects, it is difficult to specify exactly how much of the department's budget goes toward health-related services. A large portion of the budget is funded through reappropriated funds due to transfers of various Medicaid dollars from the Department of Health Care Policy and Financing. Cash funds are primarily from the Old Age Pension Fund for non-health related cash assistance, local funds, and various other sources.

Department of Human Services
Fiscal Year 2011-12 Budget
(millions)

Total Appropriation	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
\$2,061.4	\$614.7	\$328.0	\$449.8	\$669.0
100%	30%	16%	22%	32%

Department of Regulatory Agencies

The Department of Regulatory Agencies (DORA) addresses the health care needs of the state through the Division of Insurance and the Division of Registrations. About 30 percent of the department's \$77 million budget is allocated to these two divisions.

The **Division of Insurance** (DOI) works to promote a competitive insurance marketplace which allows for affordable insurance and adequate consumer choice. The division regulates insurance companies, health maintenance organizations, and workers' compensation self-insurance pools through financial examinations, inspections, and enforcement of regulations. The division also acts as a consumer advocate, responding to and investigating complaints from consumers. The Division of Insurance is funded almost entirely through tax assessments on insurers and various fees paid by regulated entities (e.g., licensing fees for insurers).

Division of Insurance
Fiscal Year 2011-12 Budget
(millions)

Total Appropriation	Cash Funds	Federal Funds
\$7.2	\$6.7	\$0.5
100%	93%	7%

The **Division of Registrations** works to protect health care consumers through licensure of qualified medical practitioners, facilities, and programs. Its occupational boards and licensing programs have been created by the General Assembly to ensure a minimum level of competency among licensees and to protect the public welfare. The division conducts inspections, investigates complaints, and restricts or revokes licenses when standards of practice have not been met. The budget is primarily funded through fees paid for licensure or registration by those professions regulated by the division. Reappropriated funds are cost recoveries conducted by the division and transfers from other state departments.

Division of Registrations
Fiscal Year 2011-12 Budget
(millions)

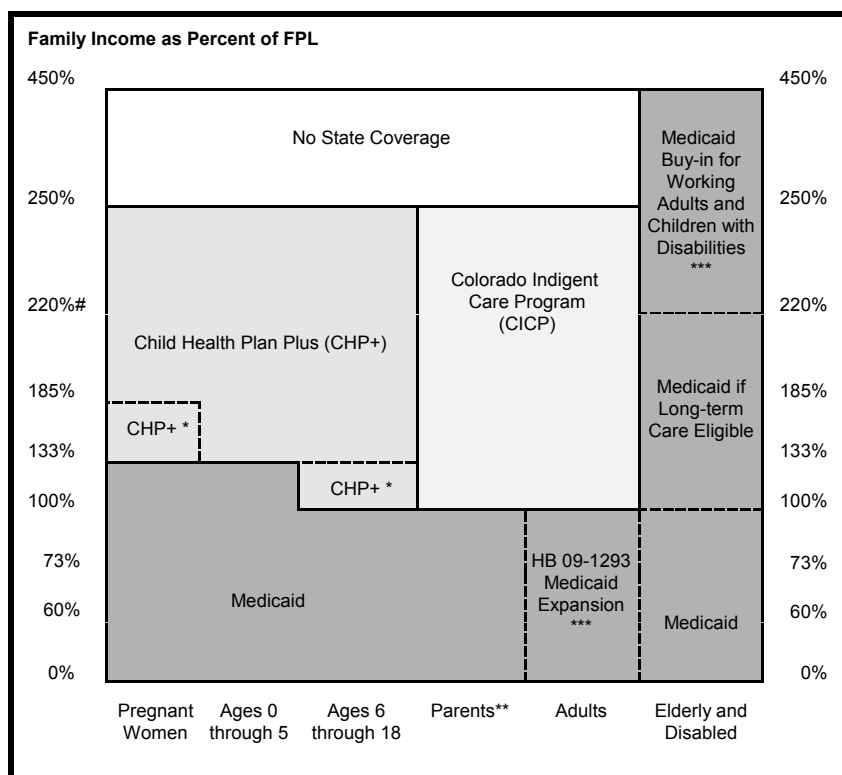
Total Appropriation	Cash Funds	Reappropriated Funds
\$15.6	\$15.0	\$0.6
100%	96%	4%

Section III

Major Health Care Programs and Services

Colorado provides health care programs and services for low-income citizens of all ages with various needs. Clients include the elderly, women, children, the mentally ill, substance abusers, the disabled, and the uninsured. This section provides program-specific information and is organized by recipient group. Eligibility for services is determined primarily by county departments of social services and depends largely upon family income. Table I on page 43 lists annual incomes associated with different federal poverty levels (FPL). Chart III illustrates income eligibility requirements for the state's primary medical coverage programs.

Chart III Income Eligibility for State Health Programs



* Under SB11-008 and SB11-250, children age 6-18 and pregnant women, respectively, will shift from CHP+ to Medicaid for these income ranges. However, these groups will remain on CHP+ until computer system changes have been implemented to allow them to enroll in Medicaid, which is estimated to occur in January 2013.

** Parents of children enrolled in Medicaid or CHP+.

*** HB09-1293 authorizes Medicaid to serve childless adults with incomes up to 100 percent of FPL and creates a Medicaid Buy-in Program. Children with disabilities in families with incomes up to 450 percent of FPL and working adults with disabilities may participate in the buy-in program. Eligibility for childless adults will begin in 2012 for persons with incomes up to 10 percent of FPL. The Medicaid Buy-in Program is also expected to begin in 2012.

Approximately three times the Supplemental Security Income limit.

Elderly

Colorado has three major programs to provide health care assistance to the elderly. In FY 2011-12, about \$970 million was appropriated for the programs highlighted here. Approximately \$474 million, or 48 percent, of the total appropriation comes from the state's General Fund.

Medicaid

Elderly persons typically qualify for Medicaid by first qualifying for the Supplemental Security Income (SSI) or Old Age Pension (OAP) programs. Qualifying for OAP is based on income and resources, while SSI requires a disability diagnosis and includes income and resource limitations. Medicaid is administered by the Department of Health Care Policy and Financing.

Medicaid for the Elderly Fiscal Year 2011-12 Budget (millions)

Total Appropriation	General Fund	Federal Funds
\$926.7	\$463.4	\$463.4
100%	50%	50%

Budget: For every dollar Colorado spends on Medicaid, the federal government contributes one dollar.

Number of enrollees: FY 2011-12 is estimated at 57,766.

Cost per enrollee: FY 2011-12 ranges from \$22,739 for individuals with full benefits to \$1,498 for individuals with partial benefits.

Services: Benefits vary based upon the category of eligibility, but most elderly clients receive full Medicaid benefits. Benefits include nursing facility services, community long-term care, physician care,

home health care, pharmaceuticals, the Program for All-Inclusive Care for the Elderly (PACE), inpatient and outpatient hospital care, hospice care, nursing care, and durable medical equipment. Some clients receive assistance in paying Medicare premiums, coinsurance, and deductibles.

Eligibility: There are a number of categories of eligibility for Medicaid that vary based upon criteria such as level of disability. Depending upon a client's category, the maximum allowable income for elderly persons may be as low as \$674 per month or as high as \$2,022 per month.

Old Age Pension Health and Medical Care Program

This program assists low-income persons 60 and older who are receiving Old Age Pension payments and who do not qualify for Medicaid due to a disability. The Old Age Pension program is a state-funded program that provides monthly cash assistance to elderly persons. The Old Age Pension Health and Medical Care Program is administered by the Department of Health Care Policy and Financing.

Old Age Pension Health and Medical Care Fund
Fiscal Year 2011-12 Budget
(millions)

Total Appropriation	Sales and Use Taxes	Tobacco Tax Revenue
\$11.0	\$9.9	\$1.1
100%	90%	10%

Budget: The program is funded primarily through sales and use taxes. Eighty-five percent of all sales and use tax revenue is diverted to the Old Age Pension Fund before being allocated to other program funds and the General Fund. Up to \$10 million of the fund's money may be transferred to the Health and Medical Care Fund. The General Assembly may also appropriate additional funding for medical services through a supplemental fund. Funding for the supplemental fund is primarily from the additional tax on tobacco products as a result of Amendment 35.

Number of enrollees: FY 2011-12 is estimated at 3,200.

Cost per enrollee: FY 2011-12 is estimated at \$3,438.

Services: Services available to this population are the same as Medicaid, except that recipients do not have coverage for inpatient psychiatric care, nursing home care, or home- and community-based services.

Eligibility: The income eligibility test for this program is constitutionally established and adjusted for cost of living. In 2011, the maximum allowable income is \$674 per month, or approximately 74 percent of the federal poverty level. Qualifying individuals must also have available resources of less than \$2,000 for a single person, or \$3,000 for married couples.

Older Americans/Coloradans Act Programs

The Aging and Adult Services programs of the Department of Human Services provide health and non-health services for disabled or vulnerable adults who require some level of assistance to maintain their independence. The federal Older Americans Act and the Older Coloradans Act programs are administered by 16 Area Agencies on Aging throughout the state.

Older Americans/Coloradans Act Programs Fiscal Year 2011-12 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Local Funding	Federal Funds
\$32.3	\$1.7	\$8.3	\$3.5	\$18.8
100%	5%	26%	11%	58%

Budget: Cash funds are sales and use tax revenue that is statutorily diverted to the Older Coloradans Cash Fund.

Number of persons served: FY 2011-12 is estimated at 39,284.

Cost per person: FY 2011-12 is estimated at \$661 per consumer.

Services: Services include senior centers, nutrition services, in-home services for persons not eligible for Medicaid, transportation, elder abuse prevention, disease prevention and health promotion services, the National Family Caregiver Support Program, and the State Long-term Care Ombudsman Program.

Eligibility: The programs are available to individuals who are age 60 or older and have difficulty with some aspects of daily living.

Children and Pregnant Women

Two major programs provide health care services to children and pregnant women. In FY 2011-12, over \$1.0 billion was appropriated for the programs discussed here. Approximately \$452 million of the total comes from the state's General Fund.

Medicaid

Children typically qualify for Medicaid through enrollment in Temporary Assistance for Needy Families (TANF), the cash assistance welfare program, or by meeting specific income and resource criteria. Pregnant women also must meet income and resource requirements to receive benefits. Medicaid is administered by the Department of Health Care Policy and Financing.

Medicaid for Children
Fiscal Year 2011-12 Budget
(millions)

Total Appropriation	General Fund	Federal Funds
\$844.4	\$422.2	\$422.2
100%	50%	50%

Budget: For every dollar Colorado spends on Medicaid, the federal government contributes one dollar.

Number of enrollees and cost per enrollee: The number of eligible children and pregnant women are shown in the table below.

Category	Enrollees	Cost per Enrollee
Children and Pregnant Women - Total Enrollees: 342,927		
Eligible Children	316,392	\$2,095
Foster Care	18,878	\$4,953
Pregnant Women	7,657	\$11,491

Services: Enrollee benefits include physician and clinic services, hospital care, prescriptions, home health care, mental health services, prenatal care, and other services. Children may receive additional coverage through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, including dental care, vision and hearing screening, and immunizations.

Eligibility: In FY 2011-12, the Medicaid eligibility threshold for children up to age 6 and pregnant women is 133 percent of the FPL and for children between 6 to 19 years of age is 100 percent of the FPL. (Note: beginning in January 2013, the limit will change to 133 percent of the FPL for all children up to 19 years of age and to 185 percent of the FPL for pregnant women). Chart III - Income Eligibility for State Health Programs on page 16 depicts the various eligibility populations. Table I on page 43 lists annual incomes associated with specific federal poverty levels.

Child Health Plan Plus (CHP+)

The Child Health Plan Plus (CHP+), also known administratively as the Children's Basic Health Plan, provides health insurance to low-income children and pregnant and post-partum women who are not eligible for Medicaid. The Department of Health Care Policy and Financing administers the plan. Depending upon income and type of care received, families may pay an annual enrollment fee up to \$35 and office visit co-payments up to \$15.

Children's Basic Health Plan Fiscal Year 2011-12 Budget (millions)

Total Appropriation	General Fund	Transfers from Funds and Trusts	Federal Funds
\$213.0	\$30.0	\$44.6	\$138.5
100%	14%	21%	65%

Budget: For every dollar Colorado spends on CHP+, the federal government contributes about \$1.85. The transfers are moneys received from two sources: the Children's Basic Health Plan Trust, which is primarily funded with Tobacco Settlement dollars, and the Health Care Expansion Fund, which is funded with Amendment 35 revenue.

Number of enrollees: FY 2011-12 estimated average monthly enrollment is 75,811 children. The program is expected to provide care for 2,391 pregnant women.

Cost per enrollee: FY 2011-12 estimated costs per child are \$2,459 per year. The estimated costs per woman are \$14,711 per year.

Services: Services include inpatient and outpatient hospital services, physician services, prescription drugs, prenatal care, labor and delivery, and mental health services. Coverage for dental care is available to children.

Eligibility: Eligible women and children must have family incomes that do not exceed 250 percent of the federal poverty level and may not be eligible for Medicaid. Children can be as old as 18. Women must be pregnant or less than 60 days post-partum. Table I on page 43 lists annual incomes associated with specific federal poverty levels.

Low-Income Adults

Medicaid is the primary program in Colorado to provide health services to low-income adults. In FY 2011-12, over \$502 million was appropriated to Medicaid to serve the populations discussed here. Approximately \$251 million of the total comes from the state's General Fund.

Medicaid

Low-income adults may qualify for Medicaid if they have children and are TANF-eligible, have certain medical conditions, and/or meet income requirements. Medicaid is administered by the Department of Health Care Policy and Financing.

Medicaid for Low-Income Adults Fiscal Year 2011-12 Budget (millions)

Total Appropriation	General Fund	Federal Funds
\$502.3	\$251.2	\$251.2
100%	50%	50%

Budget: For every dollar Colorado spends on Medicaid, the federal government contributes one dollar.

Number of enrollees and cost per enrollee: Because the number of adults and cost per enrollee differs significantly among the different enrollment categories, each category is listed separately in the table that follows:

Low-Income Adults - Total Enrollees: 139,105		
Parents	122,110	\$3,584
Adults without Dependent Children	16,400	\$3,139
Breast and Cervical Cancer Treatment	595	\$22,187

Services: Enrollee benefits include physician and clinic services, hospital care, prescriptions, home health care, mental health services, laboratory and x-ray services, and other services.

Eligibility: Parents of children enrolled in Medicaid or the CHP+ are eligible up to 100 percent of the FPL. Medicaid is authorized to serve adults without dependent children with incomes up to 100 percent of FPL, but in FY 2011-12 eligibility for this group will be limited to persons with incomes up to 10 percent of the FPL. The Breast and Cervical Cancer Program serves women age 40 to 64 with incomes up to 250 percent of the FPL. Chart III - Income Eligibility for State Health Programs on page 19 depicts the various eligibility populations. Table I on page 43 lists annual incomes associated with specific federal poverty levels.

Mentally Ill And Substance Abusers

Colorado has four major resources for mental health and substance abuse treatment. Approximately \$463 million was appropriated in FY 2011-12 to administer the programs highlighted here. Approximately \$256 million of that total comes from the state's General Fund.

Mental Health Services

Medicaid Mental Health Services

The Department of Health Care Policy and Financing administers mental health services for Medicaid enrollees. These

services are primarily delivered through contracts with five Behavioral Health Organizations (BHOs). The BHOs are responsible for implementing Medicaid mental health managed care.

**Medicaid Mental Health Services
Fiscal Year 2011-12 Budget
(millions)**

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$276.4	\$127.8	\$10.5	\$138.1
100%	46%	4%	50%

Budget: For every dollar Colorado spends on Medicaid, the federal government contributes about one dollar. The cash funds are transfers of Amendment 35 and Hospital Provider Fee moneys.

Number of persons served: In FY 2011-12, an estimated 591,856 persons are eligible for Medicaid mental health services. Of this number, it is estimated approximately 10 to 12 percent will seek services.

Cost per person served: Each BHO is paid a rate to serve persons in its service area who are eligible for Medicaid mental health services. In FY 2011-12, statewide average rates paid to the BHOs range from approximately \$159 to \$2,289 per person annually.

Services: A wide range of services is provided by the BHOs, which determine the appropriate level of service. Services include assessment, a treatment plan, case management, and inpatient and outpatient care.

Eligibility: Persons enrolled in Medicaid are eligible to receive coverage for mental health services, if needed.

Non-Medicaid Mental Health Services

The Division of Behavioral Health in the Department of Human Services administers services for persons who are not eligible for Medicaid and do not have mental health insurance coverage. These non-Medicaid, community-based mental health treatment services are provided by 17 community mental health centers and 6 specialty clinics. Specialized services are also available to youth requiring residential treatment, juvenile and adult offenders in state correctional facilities, and persons with chronic mental illness.

Non-Medicaid Mental Health Services Fiscal Year 2011-12 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Transfers from State Agencies	Federal Funds
\$50.9	\$40.0	\$4.4	\$0.3	\$6.2
100%	79%	9%	<1%	12%

Budget: Cash funds include tobacco settlement moneys, transfers of Medicaid funds, and local funds. Federal funds are primarily from the Mental Health Services Block Grant.

Number of persons served: In FY 2011-12, an estimated 12,635 indigent persons will receive mental health services.

Cost per person served: In FY 2011-12, costs are \$3,100 per client, excluding costs for medication and other specialized services.

Services: Individuals may receive a range of outpatient, case management, residential, and acute stabilization services.

Eligibility: Anyone may take advantage of services at a community mental health agency. To qualify for financial assistance, individuals' incomes are evaluated according to a sliding scale. State funds are targeted to individuals with incomes under 300 percent FPL who do not qualify for other public programs.

Mental Health Institutes

The Mental Health Institute Division in the Department of Human Services oversees the two state inpatient mental health institutes for seriously mentally ill persons: the Colorado Mental Health Institute at Fort Logan and the Colorado Mental Health Institute at Pueblo.

Mental Health Institutes Fiscal Year 2011-12 Budget (millions)

Total Appropriation	General Fund	Patient Revenues & Payments from Counties & School Districts	Transfers from State Agencies
\$87.8	\$73.8	\$7.6	\$6.4
100%	84%	9%	7%

Budget: The transfers from state departments are primarily Medicaid payments for qualifying patients and payments from the Department of Corrections for medical services.

Number of persons served: In FY 2011-12, the institutes have a combined total of 568 beds and, based on past caseload, will serve approximately 1,890 patients throughout the course of the year.

Cost per person served: The average cost per bed is estimated at \$227,162 in FY 2011-12.

Services: The mental health institutes provide long- and short-term inpatient hospital care for seriously mentally ill citizens of Colorado.

Eligibility: Patients are referred to the institutes by their mental health care provider for inpatient hospitalization if their illness is too severe to be treated in a community setting. Persons also enter the institute at Pueblo through involvement with the criminal justice system.

Substance Abuse Services

Alcohol and Drug Abuse Services

The Division of Behavioral Health within the Department of Human Services develops and oversees comprehensive prevention, intervention, and treatment services for residents of the state. Alcohol and drug abuse services administered by the division are provided primarily through four managed service organizations, each of which administers treatment for residents of a specified geographic area of the state.

Alcohol and Drug Abuse Services
Fiscal Year 2011-12 Budget
(millions)

Total Appropriation	General Fund	Fines for Substance Abuse Convictions	Transfers From State Agencies	Federal Funds
\$47.5	\$14.5	\$4.5	\$2.6	\$25.9
100%	31%	9%	6%	55%

Budget: The majority of funds come from a federal Substance Abuse Prevention and Treatment Block Grant and other federal grants. Transfers from other state agencies include funds from the Judicial Department's Alcohol and Drug Driving Safety Program, the Department of Revenue's Persistent Drunk Driver Cash Fund, federal and state substance abuse treatment funds transferred by

the Department of Public Safety, Medicaid dollars transferred by the Department of Health Care Policy and Financing, and transfers of tobacco settlement moneys.

Number of persons served: FY 2011-12 is estimated at about 48,500 detoxification admissions and 17,000 substance abuse treatment admissions.

Cost per person served: Cost varies according to services provided, ranging from approximately \$450 for detoxification to \$1,732 for a residential treatment program.

Services: Prevention services include information dissemination, education, problem identification, and referral. Treatment services include inpatient and outpatient care. The division also funds and oversees involuntary commitments into detoxification facilities and substance abuse treatment programs. Finally, the division also approves, monitors, and investigates treatment programs and sets standards for alcohol and drug abuse counselors

Eligibility: Anyone needing alcohol and drug abuse services is eligible to participate.

Disabled

Colorado has two major resources to address the needs of the physically and developmentally disabled populations. In FY 2011-12, more than \$1.6 billion was appropriated for the programs described here. Approximately \$619 million is directly from the state's General Fund. An additional \$189 million is transferred General Fund moneys fund Medicaid services for individuals with developmental disabilities.

Medicaid

Individuals who receive Medicaid disabled assistance have been deemed permanently and totally disabled by the federal Disability Determination Service and are eligible for federal Supplemental Security Income (SSI) benefits. Eligible persons must have limited income and financial resources. Beginning in FY 2011-12, working adults and children with disabilities may participate in a Medicaid Buy-in Program. This program allows working adults and families with children with disabilities who have income above the regular Medicaid limits to pay a portion of the Medicaid medical service premium and receive benefits. Medicaid is administered by the Department of Health Care Policy and Financing.

Medicaid for the Disabled
Fiscal Year 2011-12 Budget
(millions)

Total Appropriation	General Fund	Federal Funds
\$1,176.9	\$588.4	\$588.4
100%	50%	50%

Budget: For every dollar Colorado spends on Medicaid, the federal government contributes one dollar.

Number of persons served: FY 2011-12 is estimated at 70,268.

Cost per person served: FY 2011-12 is estimated at \$16,748.

Services: Persons who qualify for Medicaid through an SSI disability determination receive full Medicaid benefits except for nursing facility care and home- and community-based services. Enrollees who need those benefits must meet specific eligibility and level-of-care criteria. Medicaid buy-in participants also receive regular Medicaid benefits.

Eligibility: The income limit for enrollees is \$674 per month, or approximately 75 percent of the federal poverty level in 2011. Families with children with disabilities who wish to participate in the Medicaid Buy-in Program may have incomes up to 450 percent of the FPL and not otherwise be eligible for Medicaid. There is no income limit for working adults with disabilities to participate in the buy-in program, but premiums are set on a sliding scale, and the subsidy to buy into the Medicaid program phases out at higher income levels.

Developmental Disability Services

The Division for Developmental Disabilities within the Department of Human Services administers residential and family support services for persons with developmental disabilities. Most state-funded services for children and adults with developmental disabilities are provided by 20 local nonprofit agencies known as community centered boards. The division also operates three regional centers that provide institutional programs for persons with developmental disabilities.

Developmental Disability Services Fiscal Year 2011-12 Budget (millions)

Total Appropriation	General Fund	Local Funds/ Patient Fees	Transferred Medicaid Dollars	Federal Funds
\$452.9	\$30.3	\$36.4	\$378.4	\$7.9
100%	7%	8%	84%	2%

Budget: The great majority of Developmental Disability Services' budget is funded by transfers of Medicaid dollars from the Department of Health Care Policy and Financing. These transferred Medicaid funds are half General Fund and half federal funds.

Number of persons served: FY 2011-12 is estimated at 22,745 adults and children.

Cost per person served: Costs vary from an average annual cost of \$213,021 for adults served in regional centers to \$4,830 for early intervention resources for children.

Services: A wide array of services are available depending upon an individual's specific needs. Services include case management, residential placements, homemaker care, skilled nursing services, and supported living services.

Eligibility: Adults must have a developmental delay that manifests before the age of 22 in order to qualify for services. Children must either have a developmental delay or be at risk for factors that contribute to a developmental disability to be eligible for services.

Uninsured

Colorado has two major programs that offer coverage to persons are unable to get private insurance and do not qualify for other programs. In FY 2011-12, about \$354 million was budgeted for the programs described here. About \$9 million of the total appropriation comes from the state's General Fund.

Colorado Indigent Care Program

The Colorado Indigent Care Program (CICP) provides partial reimbursement to participating hospitals and clinics for the costs of serving uninsured and underinsured Coloradans. It is administered by the Department of Health Care Policy and Financing. Unlike other state programs such as Medicaid and CHP+, CICP does not offer enrollment with a defined list of benefits. Instead, it is a safety net program for persons who are not eligible for other programs but do not have the means to pay for care.

Indigent Care Program
Fiscal Year 2011-12 Budget
(millions)

Total Appropriation	General Fund	Cash Funds / Reappropriated Funds	Federal Funds
\$353.8	\$9.0	\$169.2	\$175.6
100%	2%	4%	56%

Budget: Cash funds/reappropriated funds include public hospital expenditures and hospital provider fees under HB 09-1293 that are matched with federal funds, as well as transfers of money from the additional tax on tobacco products as a result of Amendment 35 and the Tobacco Settlement. These funds are then used to compensate hospitals for the care they provide to individuals without insurance.

Number of persons served: For FY 2011-12, CICP will cover approximately 217,900 clients.

Cost per person served: Costs vary greatly according to services provided. For example, a client may only need a prescription or he or she may need emergency trauma care. Clients pay co-payments for services based upon income.

Services: All medically necessary care is eligible for reimbursement with the exception of nursing facility care, outpatient mental health services, and non-emergency dental care. CICP-covered services vary by provider because services are limited by the provider's physical, financial, and staff resources. Given such limitations, patient care must be prioritized based upon the following guidelines:

- at a minimum, emergency care;
- care for conditions which most seriously threaten the health of an indigent person; and
- any other medical care, dependent on the provider's resources.

Eligibility: Maximum eligible income is 250 percent of the federal poverty level. Clients cannot be eligible for Medicaid or CHP+. Table I on page 43 lists annual incomes associated with specific federal poverty levels.

CoverColorado

CoverColorado is a non-profit organization that provides major medical health insurance to Colorado residents who have been denied access to health insurance because of pre-existing medical conditions.

CoverColorado Calendar Year 2012 Budget (Projected) (millions)

Total Budget	Premiums	Insurer Assessment	Unclaimed Property	Other Sources
\$179.6	\$92.8	\$40.0	\$40.0	\$6.8
100%	52%	22%	22%	4%

Budget: The insurer assessment is the amount generated by an mandatory assessment levied on all health insurers in the state. The program also receives transfers from the Unclaimed Property Trust Fund, a fund that, pursuant to state law, holds money from the sale of items that have been determined to have been abandoned or otherwise go unclaimed. Other sources of funding for the program include premium tax credits that are directed to CoverColorado, interest, and federal grants.

Number of enrollees: Total enrollment is expected to reach 17,618 persons by December 31, 2012.

Cost per enrollee: As of August 2011, the estimated average monthly medical expenses paid by CoverColorado are \$851 per enrollee. The average premium paid by enrollees is \$469 per month.

Services: Services include inpatient and outpatient hospital care, skilled nursing facilities, transplants, home health care, prescription drugs, preventive care, mental health and substance abuse treatment, and hospice care.

Eligibility: To participate in the CoverColorado program, an individual must meet a number of criteria. They include:

- being a legal resident of Colorado for at least six months prior to application;
- having an application for insurance coverage denied because of previous medical conditions;
- having an application for a new policy accepted, but the premium rate is higher than CoverColorado's most similar plan;
- involuntary termination of prior coverage for reasons other than non-payment of premiums; and
- diagnosis with a condition such as HIV/AIDS, metastatic cancer, or cystic fibrosis.

Section IV Resources

In Colorado, public and private health care programs are administered by various entities. This section provides contact information for a variety of health-related programs in the state.

Alcohol and Drug Abuse Services

Individuals can contact the Division of Behavioral Health within the state Department of Human Services for information on alcohol and drug treatment programs. The division may be reached at **303-866-7400**.

The division maintains a list of prevention and treatment providers on its website. The division's website can be accessed at www.colorado.gov/CDHS/DBH, and the list of providers can be accessed through the "Directories" link on the left-hand side of the website.

Area Agencies on Aging

In Colorado, 16 Area Agencies on the Aging provide nutrition services, transportation, elder-abuse prevention, health care, and other services to persons age 60 and older.

To locate a Colorado Area Agency on the Aging, individuals may call **303-866-2800**. A list of the agencies may also be found at www.colorado.gov/CDHS.

Breast and Cervical Cancer Treatment Program

Through the Women's Wellness Connection, uninsured women with limited incomes can receive screenings for breast and cervical cancer. If the woman is subsequently diagnosed with cancer, she may receive Medicaid benefits through the Breast and Cervical Cancer Program.

Women can locate a Women's Wellness Connection screening site by calling **866-951-9355**. Information on screening sites can also be found at www.womenswellnessconnection.org.

If a woman is diagnosed with cancer through a screening obtained at a Women's Wellness Connection screening site, a Medicaid application for treatment through the Breast and Cervical Cancer Treatment Program will be completed. Information on the Breast and Cervical Cancer Treatment Program can be obtained by calling **303-866-3513** or **800-221-3943** or at www.colorado.gov/hcpf.

Child Health Plan Plus (CHP+)

See "Medicaid and Child Health Plan Plus."

Colorado Indigent Care Program (CICP)

Individuals seeking to receive discounted care through the Colorado Indigent Care Program (CICP) must visit a hospital or clinic that participates in the program and meet with an eligibility technician to determine if they are eligible. A list of participating hospitals and clinics can be found at www.colorado.gov/hcpf by clicking on the "Programs and Benefits" link on the left-hand side of the page. Additional information can be obtained by calling **303-866-3513** or **800-221-3943**.

Community Health Centers

In Colorado, 15 community health centers provide health, dental, and other services to individuals eligible for Medicaid, the Child Health Plan Plus, or the CICP, as well as to uninsured individuals. A list of community health care clinics throughout the state can be found at www.cchn.org/health_centers.php. Information on Colorado's community health care clinics can also be obtained at **303-861-5165**.

CoverColorado

CoverColorado is Colorado's insurance program for individuals who have been denied coverage in the individual insurance market due to a preexisting condition. An application for the program can be submitted online or printed out and mailed in. Applications and information about the program can be found at www.covercolorado.org. Information on the CoverColorado program can also be obtained by calling **303-863-1960** or **866-787-9129**.

Dental Care

Some community health centers in Colorado provide low-cost dental services to children and adults. Information on Colorado's community health centers can also be obtained by calling **303-861-5165** or at www.cchn.org/health_centers.php.

The Colorado Dental Association maintains a list of private and nonprofit organizations that provide dental services to persons with limited incomes. The list may be found at www.cdaonline.org or by calling **303-740-6900**.

In Colorado, local nonprofit agencies known as community centered boards serve as the single-entry point for state and federally funded services for persons with developmental disabilities. Twenty Community Centered Boards throughout the state are responsible for conducting eligibility determinations and providing case management services to persons eligible for services. A listing of Colorado's Community Centered Boards may be found at www.colorado.gov/CDHS/ddd by clicking the "Service Providers" link, followed by the "Community Centered Boards" link on the left-hand side of the page. Contact information for the boards may also be obtained by calling **303-866-7450**.

Division of Insurance

The state Division of Insurance maintains information for health insurance consumers throughout the state. The division's website contains numerous resources for consumers, including information on Colorado laws and regulations governing insurance carriers, a description of how to file a complaint against an insurance company, and information on how federal health reform will affect health insurance in Colorado. The division's consumer information line is **303-894-7490**. The division's website can be accessed at www.dora.state.co.us/Insurance.

Long-term Care

In Colorado, individuals access publicly funded community-based long-term care service through single-entry point agencies. Single-entry-point agencies serve as a source of information on long-term care, conduct eligibility determinations, and make referrals to appropriate long-term care services. A listing of Colorado's long-term care single-entry-point agencies can be found at www.colorado.gov/hcpf by clicking on the "Programs and Benefits" link, followed by the "Long-term Care" link.

Colorado has a Long-Term Care Ombudsman charged with assisting individuals in finding appropriate long-term care facilities, resolving disputes between residents and facilities, and addressing complaints against long-term care providers. Colorado's Long-Term Care Ombudsman can be reached at **303-722-0300**. Information can also be obtained at www.thelegalcenter.org.

Medicaid and Child Health Plan Plus (CHP+)

In Colorado, eligibility determinations for Medicaid, the Child Health Plan Plus (CHP+), and other public assistance programs, such as food stamps and Temporary Assistance to Needy Families (TANF), are made by the Colorado Benefits Management System (CBMS), a centralized state computer system. Individuals may apply for these programs: 1) by completing an application online; or 2) by completing and returning a paper application to their county department of social service or an application assistance site.

Individuals wishing to apply online may go to www.colorado.gov/PEAK. Printable applications for Medicaid and the location of application assistance sites may be found at www.colorado.gov/CDHS by clicking the "Applications" link. Applications for CHP+ can be found at www.cchp.org. Contact information and locations of county departments of social services throughout the state can be found at www.colorado.gov/CDHS by clicking the "Services by County" link on the right-hand side of the page. Individuals can receive information about the programs and receive assistance in completing the applications by calling either **303-866-3513** or **800-221-3943** for Medicaid and **800-359-1991** for CHP+.

Mental Health Care

Medicaid-eligible persons may contact their local Behavioral Health Organization (BHO) for information on how to obtain necessary mental health services. A list of BHOs can be found at www.colorado.gov/CDHS/DBH by clicking on the "For Consumer and Families" link on the left-hand side of the page. Individuals may also call **303-866-3513** or **800-221-3943** for assistance.

Medicaid-eligible persons who are having problems accessing care through a BHO may call the Ombudsman for Medicaid Managed Care at **303-830-3560** or **877-435-7123**.

Non-Medicaid-eligible persons may contact the community mental health center that serves their area of residence. Eligibility technicians at each center will determine the services an individual may qualify for and the cost of services. A list of Colorado's community mental health centers can be found at www.colorado.gov/CDHS/DBH and clicking on the "For Consumer and Families" link on the left-hand side of the page or by calling **303-866-7400**.

There are two state-administered inpatient mental health institutes in Colorado. Information about both mental health institutes can be found at www.colorado.gov/CDHS/DBH by clicking on the "Mental Health Institutes" link at the top of the page. The Colorado Mental Health Institute at Fort Logan may be reached at **303-866-7066** and the Colorado Mental Health Institute at Pueblo may be reached at **719-546-4000**.

Old Age Pension Health and Medical Care Program

Persons who are eligible for Old Age Pension cash benefits may also qualify for medical care through the Old Age Pension Health and Medical Care Program. In order to apply for the program, individuals should contact their county department of social services. A listing of county departments may be found at www.colorado.gov/CDHS by clicking the "Services by County" link on the right-hand side of the page.

Table 1
Annual Incomes and Percent of Federal Poverty Level, 2011

Family Unit Size	60% of poverty level	73% of poverty level	100% of poverty level	133% of poverty level	185% of poverty level	200% of poverty level	220% of poverty level	250% of poverty level	300% of poverty level	400% of poverty level	450% of poverty level
1	\$6,534	\$7,950	\$10,890	\$14,484	\$20,147	\$21,780	\$23,958	\$27,225	\$32,670	\$43,560	\$49,005
2	\$8,826	\$10,738	\$14,710	\$19,564	\$27,214	\$29,420	\$32,362	\$36,775	\$44,130	\$58,840	\$66,195
3	\$11,118	\$13,527	\$18,530	\$24,645	\$34,281	\$37,060	\$40,766	\$46,325	\$55,590	\$74,120	\$83,385
4	\$13,410	\$16,316	\$22,350	\$29,726	\$41,348	\$44,700	\$49,170	\$55,875	\$67,050	\$89,400	\$100,575
5	\$15,702	\$19,104	\$26,170	\$34,806	\$48,415	\$52,340	\$57,574	\$65,425	\$78,510	\$104,680	\$117,765

*Family sizes of one to five are shown for illustrative purposes. Allowable incomes continue to increase as family size increases.

** 2011 Federal Poverty Guidelines will remain in effect at least through March 31, 2012.

Table II
State Departments and Corresponding Programs

Department	Elderly	Children and Pregnant Women	Mentally Ill and Substance Abusers	Disabled	Insured	Uninsured
Health Care Policy and Financing	Medicaid 303-866-3513 1-800-221-3943	Medicaid 303-866-3513 1-800-221-3943	Medicaid 303-866-3513 1-800-221-3943	Medicaid 303-866-3513 1-800-221-3943	Medicaid 303-866-3513 1-800-221-3943	Medicaid 303-866-3513 1-800-221-3943
	Old Age Pension Health and Medical Care Program Contact local county department of social services Women's Wellness Connection 1-866-951-9355 Breast and Cervical Cancer Treatment Program 303-866-3513 1-800-221-3943	CHP+ 1-800-359-1991				Colorado Indigent Care Program 303-866-3513 1-800-221-3943
Human Services	Older Americans/Coloradans Act Programs Aging and Adult Services 303-866-2800		Division of Behavioral Health 303-866-7400 Mental Health Services - Behavioral Health Organizations 303-866-3513 or 1-800-221-3943 - Community Mental Health Centers 303-866-7400	Developmental Disability Services 303-866-7450 Community Centered Boards 303-866-7450		
			Mental Health Institutes - Colorado Mental Health Institute at Fort Logan 303-866-7066 - Colorado Mental Health Institute at Pueblo 719-546-4000		Division of Insurance 303-894-7490	
Regulatory Agencies						
Nonprofit Organizations						CoverColorado 303-863-1960
						Community Health Centers (including dental information) 303-861-5165

Table II provides information on each state department that handles health care issues in Colorado and the corresponding programs that each department administers. A phone number for each program is included for quick reference. For more detailed information on contacting various programs, see Section IV, Resources.

Endnotes

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2. Center for Medicare and Medicaid Services, National Health Expenditure Projections 2009-2019, September 2010.
3. Legislative Council Staff analysis of data from the Center for Medicare and Medicaid Services, National Health Expenditure Projections 2009-2019, September 2010.
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5. Colorado Health Institute, 2010-11 Colorado Health Access Survey.
6. The Lewin Group, Cost and Coverage Impacts of Five Proposals to Reform the Colorado Health Care System, December 29, 2007.
7. The Lewin Group, Cost and Coverage Impacts of Five Proposals to Reform the Colorado Health Care System, December 29, 2007.
8. The Lewin Group, Cost and Coverage Impacts of Five Proposals to Reform the Colorado Health Care System, December 29, 2007.
9. U.S. Census Bureau, Small Area Health Insurance Estimates, County and State by Demographic and Income Characteristics, 2007.

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12. Colorado Division of Insurance, 2010 Health Insurance Costs, February 16, 2011.
13. Lockton Companies, LLC, 2010 Colorado Employer Benefits Survey Report, October 28, 2009.
14. Colorado Division of Insurance, Small Group Health Benefit Plan Premium Survey, January 2005.
15. Colorado Division of Insurance, Small Group Insurance Premiums, January 2009.
16. Colorado Division of Insurance, 2010 Colorado Small Group Market Activity Report, May 2011.
17. Colorado Division of Insurance, 2010 Colorado Small Group Market Activity Report, May 2011.