State of Colorado
Department of Health Care Policy and Financing
2010 Annual Report

Colorado Department of Health Care Policy and Financing
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Letter from the Executive Director

Much has happened since January 2011 when Governor Hickenlooper was sworn in and I was appointed as the Executive Director of the Department of Health Care Policy and Financing. The first clients started enrolling into the new Medicaid Accountable Care Collaborative Program, the Department received a $22 million federal Money Follows the Person grant to support long-term services and supports and the Colorado General Assembly passed legislation authorizing the creation of the Colorado Health Benefit Exchange.

These accomplishments have happened in a time of unprecedented economic challenges with continued high unemployment and record enrollment in Department administered public health insurance programs. According to the Colorado Children's Campaign's 2011 KIDS COUNT, between 2000 and 2009 the number of Colorado children living in poverty more than doubled, rising faster than any other state in the nation. Throughout 2010, caseloads continued to increase for the Child Health Plan *Plus* and Medicaid programs - now more than half a million clients depend on our safety net programs.

Given the economic environment, many of the Department activities continued to focus on managing benefits and utilization of services, strengthening detection of waste, fraud and abuse, and working with providers to ensure we receive more value for every health care dollar the state spends. The Department will continue to focus on strong stewardship of every health care dollar received, whether it be from the federal government or from state funding, and build upon our current Medicaid reform efforts. We will continue to aggressively pursue federal grant funding to support the work of the Department while limiting the General Fund impact.

Along with the economic challenges it is a time of great opportunity in Colorado's history. Colorado was one of the first states to pass legislation with bipartisan support authorizing creation of a Colorado Health Benefit Exchange and we continue to be a pacesetter in Medicaid reform efforts. I am honored to serve the State at such an important time and look forward to working with each of our county partners, stakeholders, providers, private sector partners and clients to continue our progress towards improved health and health care for Coloradans.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director

Introduction

Economic conditions continued to put budgetary pressures on public health insurance programs across the country in 2010.

In spite of these economic challenges, the Department of Health Care Policy and Financing moved forward on implementing key provisions of the Colorado Health Care Affordability Act which included expanding eligibility in Child Health Plan *Plus* (CHP+) and Medicaid. This led to 31,670 more Coloradans becoming enrolled in programs.

The year also brought significant federal policy changes due to the passage of national health care reform legislation, the Patient Protection and Affordable Care Act.

This report summarizes Department accomplishments and highlights the progress made in reforming Colorado health care from January – December 2010.

Department Mission, Goals and Principles

The mission of the Department of Health Care Policy and Financing is to improve access to cost-effective, quality health care services for Coloradans. The goals are to:

- Increase the Number of Insured Coloradans;
- Improve Health Outcomes;
- Increase Access to Health Care;
- Contain Health Care Costs; and
- Improve the Long-Term Services and Supports Delivery System.

The principles used by all Department leaders and employees that guide decision-making and policy development include:

- Empower clients to make good health care choices incorporating prevention and early intervention;
- Purchase and manage medically necessary and appropriate services to achieve value for the clients and the public;
- Treat providers, clients, advocacy groups, counties and other units of government as partners;
- Provide honest and complete information to the public and to each other;
- Focus on accountability and efficiency; and
- Access, evaluate and continuously improve the quality of our work.

FEDERAL OVERSIGHT

The Department is federally regulated by the Centers for Medicare and Medicaid Services (CMS). The Department is the federally designated Single State Agency to receive Medicaid (Title XIX) funding from the federal government and also receives Children's Health Insurance Program (Title XXI) funding from the federal government for Colorado's Child Health Plan *Plus*, or CHP+. The Medicaid State Plan and the Child Health Plan *Plus* State Plan are agreements with CMS as to what services are provided.

Increase the Number of Insured Coloradans

AS OF DECEMBER 31, 2010, approximately 27,600 Medicaid parents and 4,070 children and pregnant women were enrolled due to the increase in eligibility levels.

COLORADO HEALTH CARE AFFORDABILITY ACT HB 09-1293

The Colorado Health Care Affordability Act was enacted in 2009. The goals of the Act are to:

- Secure sustainable funding for expanding health care access to Coloradans;
- Improve the quality of health care for clients served by public health insurance programs;
- Secure increased funding for hospital care for Medicaid and uninsured clients; and
- Reduce cost-shifting to private payers.

Starting in May 2010 eligibility levels for parents of children on Medicaid increased from 60% to 100% of the Federal Poverty Level (FPL) and CHP+ increased from 205% to 250% FPL. With these changes, a family of four with an annual income of up to $55,000 could qualify for CHP+ and parents from a family of four earning up to $22,000 may qualify for Medicaid.

Increase in Hospital Reimbursement

Payments to hospitals totaled over $590 million, including $116 million additional funding for hospitals participating in the Colorado Indigent Care Program (CICP) compared to Fiscal Year (FY) 2008-09. In FY 2009-10, fees were collected on inpatient and outpatient services at all licensed hospitals except free-standing psychiatric hospitals, long-term care hospitals and rehabilitation hospitals.

FY 2009-10 Hospital Reimbursement

Inpatient Hospital Reimbursement	$54,131,000
Outpatient Hospital Reimbursement	$78,032,000
CICP Hospital Reimbursement	$277,770,000
Additional Hospital Payments	$180,306,000
Total Supplemental Hospital Payments	**$590,239,000**

Future Expansions

The Colorado Health Care Affordability Act included coverage expansions for additional populations to be implemented as funding becomes available. These provisions include:

- Medicaid Buy-In Programs for working adults and children with disabilities up to 450% of FPL;
- Health care benefits for adults without dependent children up to 100% of FPL; and
- Twelve-month continuous eligibility for children on Medicaid.

CO-CHAMP

CO-CHAMP, the Colorado Comprehensive Health Access Modernization Program, includes a variety of projects that will lead to greater access to health care, increase positive health outcomes and reduce cost-shifting. The funding is from a $43 million Health Resources and Services Administration (HRSA) State Health Access Program (SHAP) grant to support the following initiatives:

Maximizing Outreach, Retention and Enrollment (MORE) Grant Program

CO-CHAMP provides funding for community grants, also known as MORE grants.

The focus for MORE grants in Round 1, released in October 2010 and Round 2, released in January 2011, was to provide outreach, enrollment and application assistance to enroll newly eligible populations including:

- Children and pregnant women qualifying for CHP+ up to 250% FPL; and
- Parents qualifying for Medicaid up to 100 % FPL.

The Department awarded 14 community-based organizations grants totaling $628,789 in Round 1 and 11 organizations grants totaling $459,349 in Round 2 to conduct enrollment activities and application assistance statewide.

"WE HELPED ENROLL MANY eligible but not enrolled children, pregnant women and families into public health insurance, having assisted over 400 individuals in applying for coverage. Most importantly, we were able to make a difference in their lives providing them with peace of mind when it came to having affordable health care coverage for their families." — *Rosie Duran, Health District of Northern Larimer County, MORE Grantee Round 1*

"CCHN'S MISSION IS TO increase access to high quality health care for Coloradans in need. Increasing the income eligibility for Medicaid and CHP+ is helping us reach our mission with our member Community Health Centers." — *Polly Anderson, Policy Director, Colorado Community Health Network (CCHN)*

Eligibility Modernization

The Department will be developing interfaces with other state and federal databases to electronically verify identity, income and citizenship to streamline the process for applicants and reduce the need for paper documentation.

Benefit and Program Design: Adults without Dependent Children

In 2010 the Department held statewide stakeholder meetings, released a request for proposals and hired a contractor, Public Consulting Group, to assist in developing the benefit design options and premium structures for the Adults without Dependent Children and Medicaid Buy-In programs for individuals with disabilities.

CHP+ at Work Premium Assistance

CHP+ at Work is a premium assistance program for eligible children to receive coverage through the parent's employer-sponsored health insurance. There is a pilot CHP+ at Work program in progress with Denver Health. The expansion of this program is currently on hold.

Three-Share Community Projects

A three-share health coverage plan is a basic plan that brings together employers, workers without coverage and outside funding to create a coverage plan for those workers who do not have access to health insurance. Grant funds will support two three-share community projects including Health Access Pueblo (HAP) and San Luis Valley Three Share (CarePoint).

Adult Patient-Centered Medical Home (PCMH) Pilot

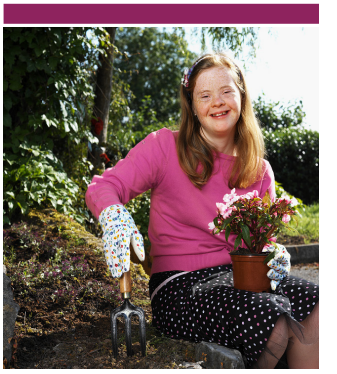
The PCMH is an approach to providing continuous, comprehensive, coordinated care, with a partnership between families and patients and their personal health care teams. HRSA SHAP funding allows the Adult PCMH Pilot to focus on the Medicaid expansion for parents or guardians from 60% up to 100% FPL.

Due to federal budget balancing in 2011, HRSA SHAP grant funding in years 3-5 was cut. The Department received approval for a one year extension to spend any unused funds on planned activities. This will fund activities through August 2012.

2010 FEDERAL GRANT AWARDS

Beyond the HRSA SHAP grant funding, the Department received several new federal grants in 2010:

- $1.5 million Medicaid Infrastructure Grant (MIG) from CMS to fund infrastructure to build and support the Medicaid Buy-In Program for working adults with disabilities and expand employment opportunities for people with disabilities. In 2011 CMS has indicated that it would authorize an extension of the MIG through 2012.
- $7.7 million from the Children's Health Insurance Program Reauthorization Act (CHIPRA) for a five-year grant to Colorado and New Mexico's Medicaid programs to evaluate the School-Based Health Center model of comprehensive health care service delivery to determine if the model can be replicated on a broader scale.
- The Department received a planning grant to prepare an application for the Money Follows the Person program. This federal grant program support states' efforts to transition long-term care Medicaid clients from facility-based and provider-driven care to "person-centered" client-directed and community-based care. In February 2011, the Department was awarded a $22 million Money Follows the Person federal grant.



PERFORMANCE BONUS AWARD

In addition to the grants above, the Department was awarded a $13.7 million Child Health Insurance Program Reauthorization (CHIPRA) performance bonus in December 2010 in recognition of Colorado's ongoing efforts to identify and enroll eligible children in Medicaid and CHP+.

To qualify for the bonus, Colorado had to implement five of eight program features in its Medicaid and CHP+ programs and meet CHIPRA enrollment targets.

STREAMLINING THE APPLICATION PROCESS

Program and Eligibility Application Kit (PEAK)

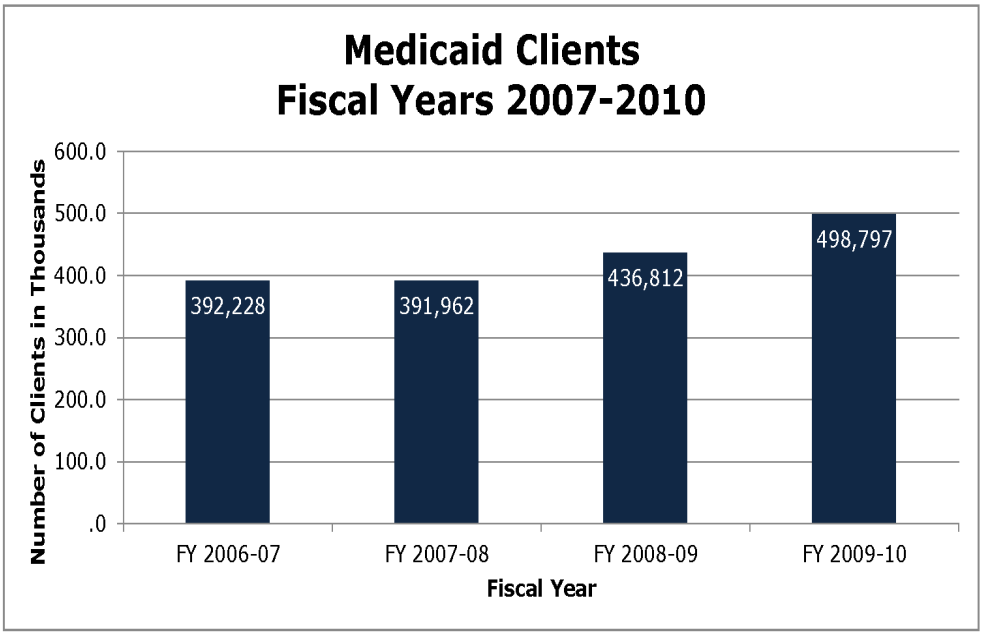
The Program and Eligibility Application Kit (PEAK) is a web-based tool that allows clients and applicants to get answers to questions on health, food and cash assistance programs. PEAK is a quick and easy way to check for program eligibility, apply for benefits, and update contact information.

Application Assistance Mapping Tool

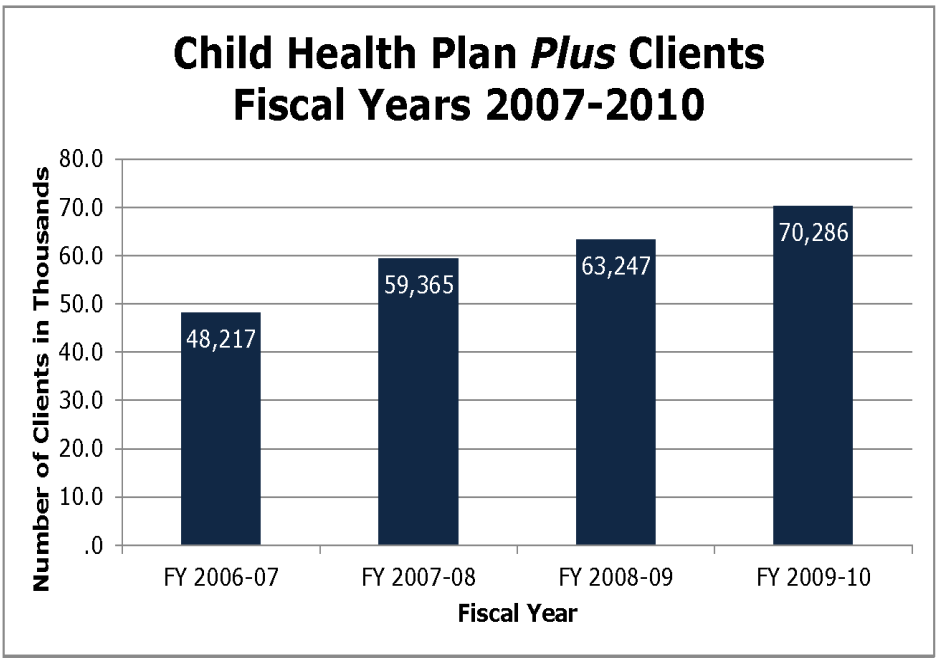
In 2010 the Department launched an online Application Assistance Mapping Tool accessible through Colorado.gov/hcpf. This tool displays community organizations that offer Medicaid and CHP+ application services in proximity to the location entered. By entering basic information, such as a ZIP code, people can quickly find organizations in their area that can provide medical application assistance. Helpful information such as contact information and availability of Spanish speaking staff is provided through the Application Assistance Mapping Tool.

MEDICAID ENROLLMENT increased from 436,812 to 498,797, a 14 percent increase from FY 2008-09 to 2009-10.

MEDICAID, CHP+ AND CICP ENROLLMENT CHARTS

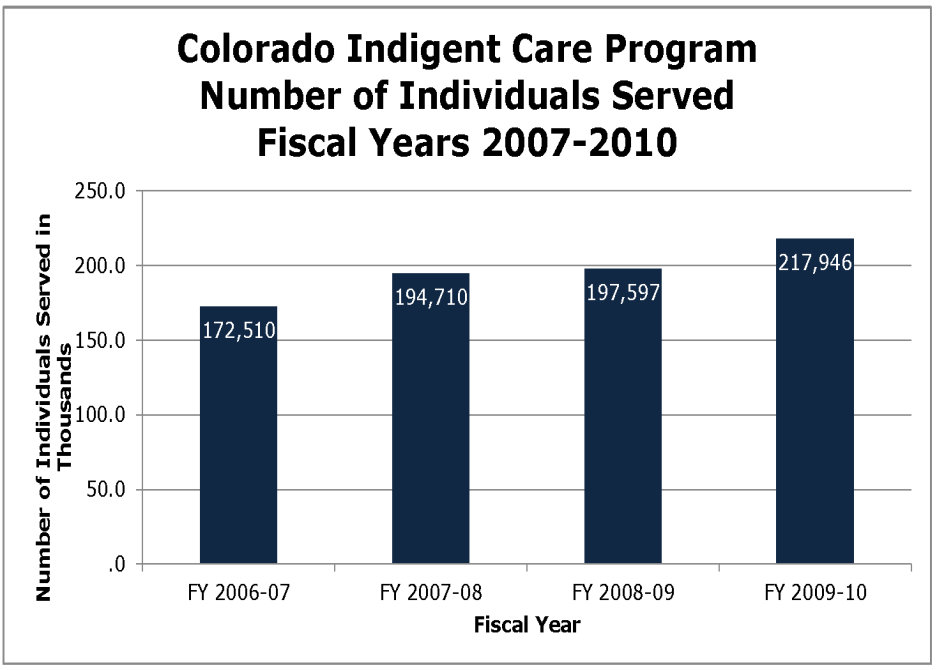


Source FY 2012-13 Department Budget Request, November 1, 2011



Source FY 2012-13 Department Budget Request, November 1, 2011

CHP+ ENROLLMENT
which includes both children and pregnant women increased from 63,247 to 70,286, an 11 percent increase from FY 2008-09 to 2009-10.



Source FY 2012-13 Department Budget Request, November 1, 2011

CICP PROVIDES FUNDING
to clinics and hospitals so that medical services can be provided at a discount to Colorado residents that meet the eligibility requirements for CICP. CICP clients served increased from 197,597 to 217,946, a 10 percent increase from FY 2008-09 to 2009-10.

Improve Health Outcomes

ACCOUNTABLE CARE COLLABORATIVE

THE ACC PROGRAM IS expected to save the Department approximately $18.8 million per year once it is fully implemented.

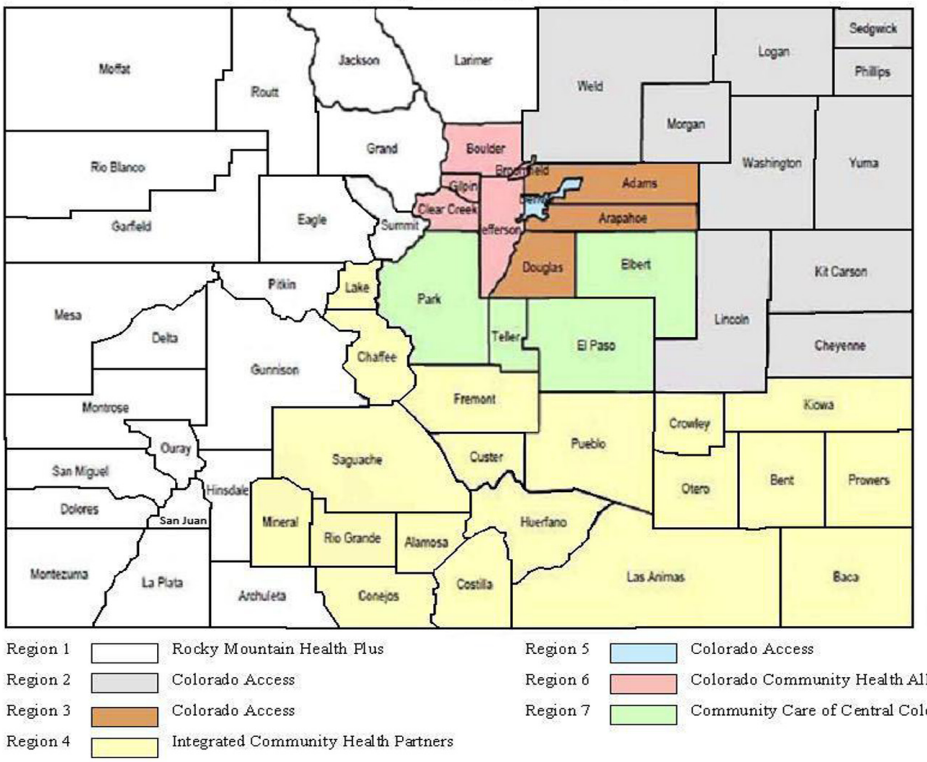
The Accountable Care Collaborative (ACC) is Medicaid's reform program designed to improve the health of our clients and contain costs.

The ACC will change the incentives and health care delivery processes for providers from one that rewards a high volume of services, to one that focuses on the health outcomes of clients. The ACC will control costs by reducing avoidable, duplicative, variable and inappropriate use of health care resources.

The ACC has three components, Regional Care Collaborative Organizations (RCCOs), a Statewide Data and Analytics Contractor (SDAC) and Primary Care Medical Providers (PCMP). The Department awarded RCCO contracts to Rocky Mountain Health Plans, Colorado Access, Integrated Community Health Partners, Colorado Community Health Alliance and Community Care of Central Colorado.

The Statewide Data and Analytics contract was awarded to Treo Solutions in early 2011. Enrollment into the ACC began in May 2011 with a Department goal of enrolling 60,000 Medicaid clients. The program is expected to increase its client base to 123,000 by November 2011.

Colorado's Accountable Care Collaborative
Regional Care Collaborative Organization Map



"THE ACCOUNTABLE CARE Collaborative (ACC) does something new: it recognizes that in order to control costs and provide the highest quality care, doctors, nurses and social workers working with patients, their families and the community have to drive the delivery of health care. The ACC speaks to why community health centers exist: we are here to take care of patients!" — *Donald Moore, Chief Executive Officer, Pueblo Community Health Center, an ACC PCMP*

QUITLINE

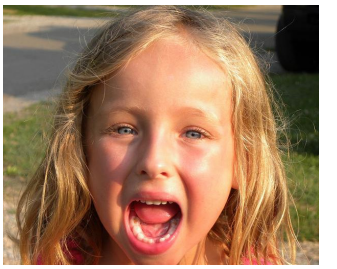
The Colorado QuitLine is a smoking cessation service that provides quit-smoking coaching and tobacco replacement therapy. In 2010 the QuitLine enhanced its services for pregnant women.

HEALTH POLICY CHANGES

The Department continued its focus on reducing dental caries, depression, obesity and tobacco use in 2010 with increased dental benefits for children, screenings for teen depression, improved screening for Body Mass Index, expanded tobacco cessation benefits and heavily marketing the QuitLine.

Fluoride Varnish Benefit

Colorado joined 30 other states in allowing trained medical personnel to bill Medicaid for oral exams and fluoride applications for children up to age 5 with the objective to reduce or prevent Early Childhood Caries. The Department anticipates a 40 percent reduction in tooth decay treatment for children who receive this benefit which allows four or more screenings and fluoride varnish visits before age 5.



RESEARCH HAS SHOWN NEW

Medicaid participants are more likely to use recommended preventative services such as mammograms (60 percent) and cholesterol monitoring (20 percent), as well as visit a primary care provider (70 percent).

Increase Access to Health Care

IN FIVE MONTHS, 662 new providers became Medicaid providers.

PROVIDER RECRUITMENT & RETENTION

Access to care is paramount to improving the health of Medicaid and CHP+ clients. HRSA SHAP grant funding supports a provider recruiter that will be focused on shortage areas. Between October 1, 2010 and March 23, 2011, 662 new providers (physicians, physician assistants, physical therapists, nurse practitioners and dentists) opened their panels to Medicaid.

PRIMARY CARE FUND

The Primary Care Fund is awarded to providers who serve low-income clients. Providers are able to increase basic health care services, examples can include increasing office hours or hiring additional staff.

A total of $11,661,526 was awarded through the Primary Care Fund in FY 2009-10. This money was provided entirely by revenue collected from the tobacco tax.

Primary Care Grant Program Special Distribution

The Primary Care Grant Program Special Distribution Fund was created during the 2010 legislative session to minimize losses to clinics who receive money from the Primary Care Fund. This special distribution appropriation was $2,005,000 in FY 2009-10.

PRIMARY CARE FUND payments for FY 2009-10, from the Primary Care Fund and the Primary Care Fund Special Distribution, totaled $13,666,526.

Contain Health Care Costs

The Department aggressively safeguards federal and state dollars spent on Colorado medical assistance programs.

THE DEPARTMENT

recovered more than $58.7 million in FY 2009-10.

FRAUD, WASTE AND ABUSE

Provider Fraud, Waste and Abuse

The Department monitors providers for appropriate use of federal and state funds. The Department and its contractors conduct post-payment reviews to identify fraud, waste and abuse and to recover overpayments. As part of a task force consisting of federal and state agencies, the Department refers suspected fraud or suspected false claims to the Medicaid Fraud Control Unit in the Department of Law for criminal investigation and possible prosecution.

The Department utilizes data mining and analysis, medical records reviews, contingency based contracts, electronic provider screening checks, provider education, monitors professional licensing sanctions and joins forces with health care entities across the state in a collaborative effort to reduce fraud, waste and abuse.

Trust and Estate Recoveries

Medicaid can be designated as a beneficiary in an applicant's trust in order for the applicant to become eligible for Medicaid. The state recovers the costs incurred by the client from his or her trust either upon death of the client or upon the client's ineligibility for Medicaid.

Third Party Recovery

Medicaid is the payer of last resort. The Department conducts a data match of its eligibility files with those of private insurers and Medicare. If there are matches that indicate duplicative payments, money is recouped from the provider, or the recovery is pursued directly from the health insurer or Medicare.

Tort and Casualty Recovery

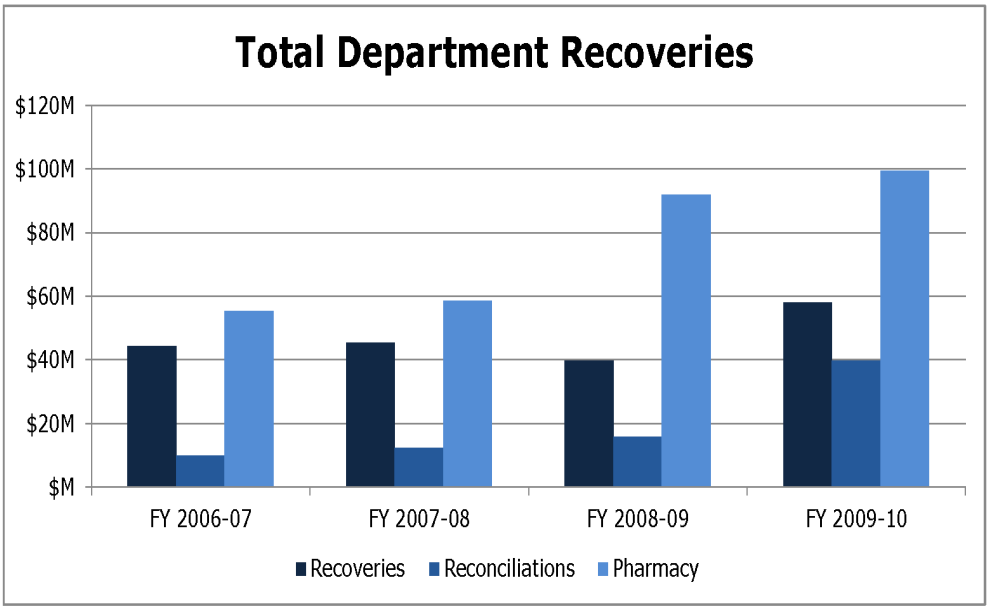
When someone causes an accident or causes harm to a Medicaid client, Medicaid pursues a recovery against the responsible party for up to the amount of costs incurred by Medicaid.

Pharmacy

Rebates are collected from drug manufacturers that participate in the Federal Drug Rebate Program.

Client Fraud

County Departments of Human Services investigate allegations of client fraud and collect recoveries.



Source FY 2012-13 Department Budget Request, November 1, 2011

CALLS TO THE NURSE ADVICE
Line increased 300 percent in the last 18 months ending May 2011.

NURSE ADVICE LINE

The Nurse Advice Line is a 24-hour toll free line clients can call if they are not sure they should visit an emergency room. The Nurse Advice Line information is included in welcome packets, printed on Medicaid ID cards and posted prominently on the Department Web site.

AVOIDABLE HOSPITAL READMISSIONS

The Department implemented a 24-hour readmission policy in FY 2009-10 and is evaluating a 48-hour readmission policy. The policy encourages better patient support during and after a hospital discharge.

NON-EMERGENT UTILIZATION of emergency room (ER) visits is estimated to cost $50 million each year. It is estimated that 20 percent of those visits are for non-emergent conditions and 20 percent are for primary care.

EXPANSION OF PREFERRED DRUG LIST (PDL)

The selection of preferred drugs for the PDL is based on safety, clinical efficacy, and cost-effectiveness. In FY 2009-10, 10 new drug classes were added to the drug list. The estimated savings for the state was $7 million in FY 2009-10. Three new drug classes were added in 2011.

COST-CONTAINMENT POLICY CHANGES

Along with the focus on reducing avoidable hospital readmissions, the Department focused on a variety of policies to increase efficiencies and contain costs. Some examples include:

- Oxygen Benefit Changes – The Department defined appropriate use, eliminated double billing practices and updated the reimbursement methodology for the oxygen benefit. These benefit changes are expected to yield approximately $880,000 in annual savings.

- Benefits Collaborative – The Benefits Collaborative develops benefit coverage policies based on clinical evidence and cost-effectiveness. In FY 2009-10 the Benefits Collaborative led to changes in benefits related to ultrasounds, echocardiograms, cardiac stress testing and aligned payment methodologies to encourage performing procedures in the least costly setting.

IN 2010 JUDY ZERZAN, MD, chief medical officer and Deputy Medicaid Director, co-chaired a national workgroup of state Medicaid agencies working on lowering readmission rates.

Payment Reform

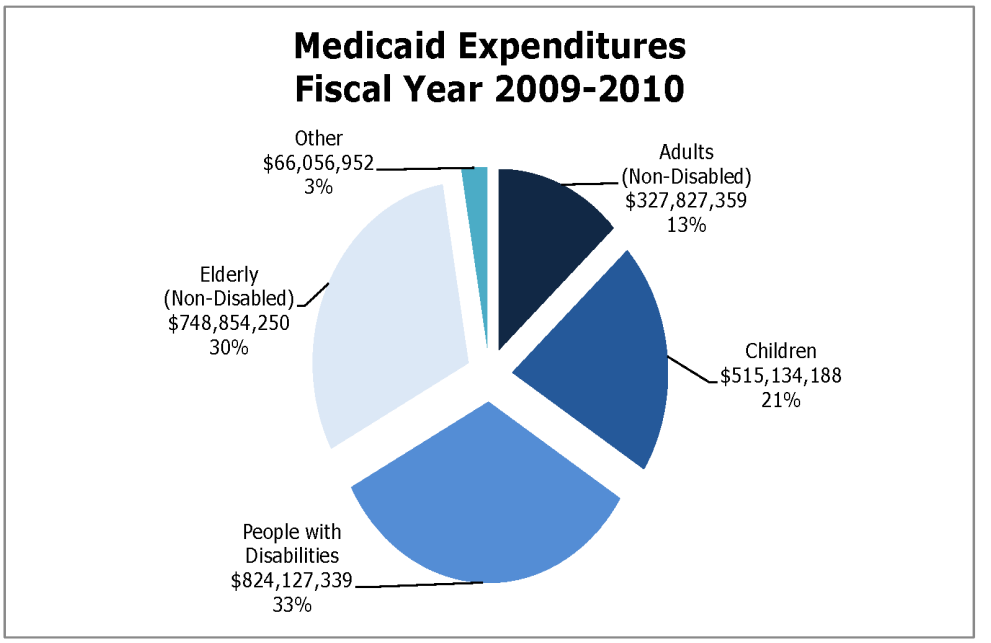
Delivery system and payment reform continued to be a focus of the Department in 2010. The Department is revising the methods used to reimburse providers to move towards paying for value rather than volume. Below are highlights from key reforms:

- The Hospital Quality Incentive Payment (HQIP) – This program was authorized through HB 09-1293, to use hospital provider fee funds, along with federal matching funds, to make incentive payments for improved health outcomes, improvements in quality of care, and for care transitions meant to reduce hospital readmissions.

  In 2010 various stakeholders met to develop the measures, payment methodology and to ensure alignment with the hospital provider fee model.

- State Maximum Allowable Cost (SMAC) - The State Maximum Allowable Cost (SMAC) list is one of the pricing methodologies referenced when determining reimbursement rates paid to pharmacies by Medicaid. The SMAC list is composed of specific prescription drugs that have a reimbursement rate based on the actual acquisition costs paid by pharmacies.

  The SMAC has a projected savings of $2.7 million for FY 2010-11.



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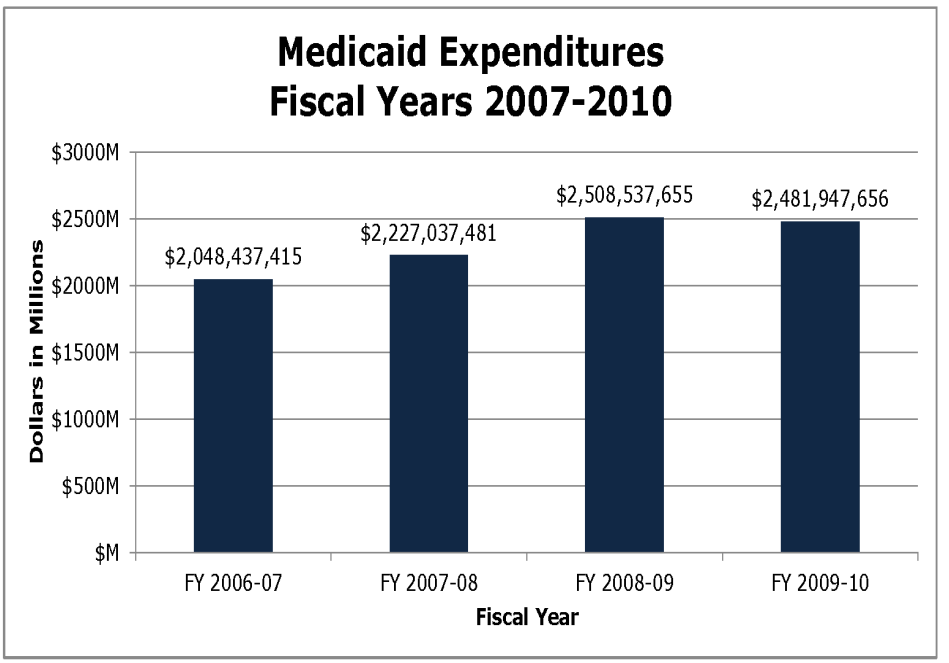

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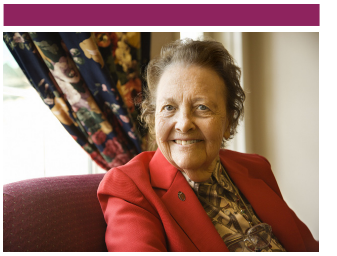
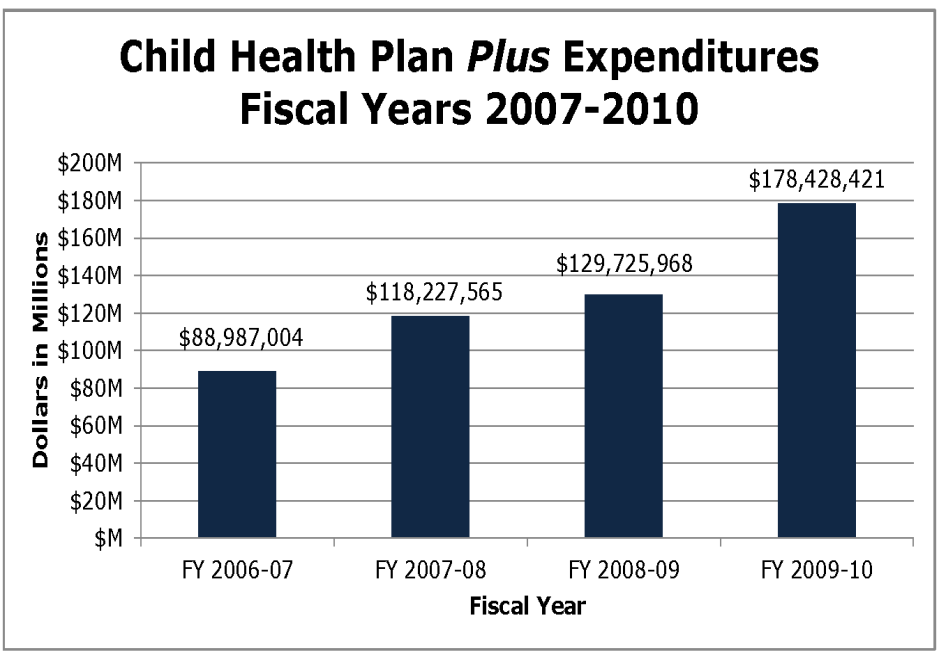




Source FY 2012-13 Department Budget Request, November 1, 2011

Improve Long-Term Services and Supports

LONG-TERM SERVICES AND Supports reform goals are to support cost-containment through improving infrastructure and support the transition of able and willing clients from long-term facilities to community-based settings.

In 2010 Colorado prepared to apply for a federal grant to bolster its long-term care reform initiatives. The federal grant program is known nationally as Money Follows the Person (MFP) and is designed to help grantees build and improve on the infrastructure supporting home and community-based services for people of all ages with long-term care needs. The vision is to transform services and supports from facility-based and provider-driven to community-based and person-centered. The primary goal is to support individuals who choose to transition from placement in long-term care facilities to community-based settings where they will receive home and community-based services.

In addition to receiving stakeholder input through forums, an interagency team was developed which included staff from various Departments which will be involved in the implementation of the Money Follows the Person initiative. The interagency team includes staff from the Department of Health Care Policy and Financing, the Department of Human Services, the Department of Transportation and the Department of Local Affairs.

The program has the following goals:

- Facilitate transitions of clients from nursing facilities, ICF-MRs and State Mental Hospitals back into the community;
- Support nursing facilities with implementing requirements to assist clients in exploring long-term care choices including community-based care;
- Improve access to home and community-based services; and
- Streamline the long-term care system.

Colorado was awarded the MFP $22 million, five-year grant in February 2011. Information technology system changes, benefit design, and policies and procedures are being developed in 2011 with community transitions expected to begin in 2012.

On the Horizon

As the Department moves towards 2014, implementation of health insurance exchanges and other provisions in the federal health care reform legislation are on the horizon. Several previously mentioned state reform initiatives, including payment reform and the ACC program, will also continue to develop.

HEALTH INSURANCE EXCHANGE

Federal health care reform legislation, the Patient Protection and Affordable Care Act (PPACA), was signed into law in March 2010. One PPACA provision called for states to establish health insurance exchanges to be operational by January 2014. Exchanges can be unique to each state or can be regional with opportunities to partner with other states.

In the 2011 legislative session the Colorado General Assembly passed a bipartisan bill to establish a health insurance exchange, known as the Colorado Health Benefits Exchange, which will be governed by a nine member board. Governor Hickenlooper announced appointments to the Health Insurance Exchange board in 2011. Susan Birch, executive director of the Department of Health Care Policy and Financing, serves as a non-voting representative on the Colorado Health Benefits Exchange board.

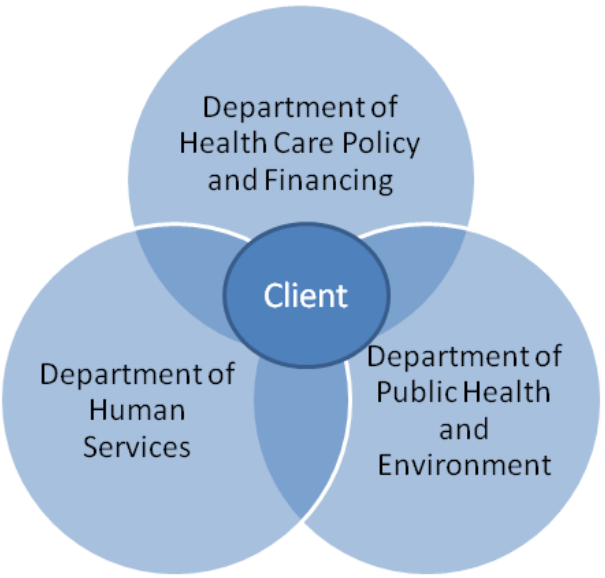
The Department is involved with several health insurance exchange planning work groups including:

- Marketing, Enrollment and Outreach;
- Eligibility, Verification and Enrollment;
- Small Employers; and
- Data Advisory.

INTER-DEPARTMENTAL COLLABORATION

The Department works closely with other State agencies, specifically the Colorado Department of Public Health and Environment (CDPHE) and the Department of Human Services (DHS), to provide a broad spectrum of physical and behavioral health care and public health services. These services span the continuum of care including prevention, early identification, treatment, and health maintenance to Coloradans at all stages of life, from birth through aging.

Several focus areas across departments include nutrition and fitness, tobacco use, substance abuse, mental health, obesity, unintended pregnancy and oral health. Several of these initiatives align with the Centers for Disease Control and Prevention's "Winnable Battles" which are key public health and environmental issues. Colorado's 10 Winnable Battles are: clean air, clean water, disease prevention, injury prevention, mental health and substance abuse, obesity, oral health, safe food, tobacco and unintended pregnancy. Agencies share data to prevent illness, increase access to services, improve client satisfaction with services, improve outcomes, and improve coordination of services within the system.



Medical Services Board

PROGRAM RULE MAKING AUTHORITY

The Medical Services Board has the authority to adopt rules that govern the Colorado Medicaid program, the Child Health Plan *Plus* program and the Colorado Indigent Care Program that are in compliance with state and federal regulations. The Board consists of eleven members appointed by the Governor and confirmed by the Senate. Members have knowledge of public health care programs, experience with the delivery of health care and experience or expertise in caring for medically underserved children. The Medical Services Board serves as yet another opportunity for input from the public, assuring that all populations are served appropriately through all public health insurance programs.

MEDICAL SERVICES BOARD MEMBERS

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Chief Financial Officer

SUZANNE BRENNAN
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LAUREL KARABATSOS
Deputy Medicaid Director

JUDY ZERZAN
Chief Medical Officer
Deputy Medicaid Director

CHRISTOPHER UNDERWOOD
Provider Operations Director

JANICE SMUDA
Human Resources Director

JOANNE ZAHORA
Public Information Officer

CARRIE CORTIGLIO
Legislative Liasion