



a year of
innovation

creating a culture of change



In 2013, the Department of Health Care Policy and Financing focused on initiatives that achieve our goals of increasing access to care, improving health outcomes and containing health care costs. This report summarizes Department accomplishments and highlights the progress made on transforming health care from January through December 2013. The data included in this report are from fiscal year (FY) 2012-13 (July 1, 2012 through June 30, 2013) and in some instances as noted through December 2013.

This report is organized based on the Department's model of care and client experience, beginning with eligibility and enrollment, moving to the delivery system, and finishing with payment reform and cost savings initiatives.

Colorado
 compassion readiness
 dedication impact effective
 quality innovation vision
 modern coverage success
 passion partnership reform
 lean creative performance
 transformation
 collaboration

Our Core Foundation: Introduction. 6

Making a Difference: Accountable Care Collaborative 9

Coverage: Eligibility and Enrollment. 10

Improvements to the
 Colorado Benefits Management System and PEAK 13

Health: Delivery System 14

Value: Payment and Savings 18

How You Can Get Involved 21

On the Horizon: Future Planning. 22



A year in review

The year 2013 was a year of innovation for the Department of Health Care Policy and Financing, defined by the significant advancements we made toward increasing access to health care, improving health outcomes and containing health care costs across the entire continuum of care. With a focus on access, we worked diligently to build infrastructure and accommodate the rapid growth that has come as we've expanded our programs and services to increase access to health care coverage for Coloradans.

I am proud to report that the Department enrolled its 400,000th member into its Accountable Care Collaborative (ACC) program in December 2013. This is a great benchmark for the success of the ACC, which was introduced three years ago to improve overall client health while paying for value in health care. Colorado's ACC program continues to be a nationally recognized model of delivery system reform. The ACC's achievements reinforce our overall work to create a culture of coverage in which all Coloradans have access to health insurance.

The Department also made great strides in 2013 in offering a more user-friendly application process for Coloradans who may be eligible for Medicaid or Child Health Plan *Plus* (CHP+). In November, the PEAK website, Colorado.gov/PEAK, which allows people to apply for coverage anytime and anywhere, began to offer an enhanced application and consumer experience. The enhanced site and online health portal put information and resources at the fingertips of applicants and clients.

In the fall of 2013, we also launched the Colorado.gov/Health website to help Coloradans better understand the changes to health and health care in our state. The Department worked with partners across the state and the federal government as well as Connect for Health Colorado to help explain the new options for health care coverage.

In December, the Centers for Medicare and Medicaid Services, which oversee the Department at a federal level, awarded Colorado a \$58.8 million performance bonus for our ongoing efforts to identify and enroll children eligible for Medicaid and CHP+. We are proud to say that our state has received the highest award in the country for two years running.

We at the Department see a bright future for health care in Colorado. We promise to continue down the path of innovation to ensure all Coloradans have access to care and live healthier lives.

Sincerely,



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



Susan E. Birch, Executive Director

our core foundation

The vision of the Department of Health Care Policy and Financing is that the Coloradans we serve have integrated health care and enjoy physical, mental and social well-being. Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

What We Do

The Department is committed to improving access to cost-effective, quality health care services for Coloradans. The Department administers the state's public health insurance programs, including Medicaid and Child Health Plan *Plus* (CHP+), as well as a variety of other programs for low-income Coloradans.

Who We Serve

As of December 2013, the Department provides coverage for more than 950,000 low-income Colorado residents. This number grew with the economic downturn, and it will continue to grow as the Department expands its programs to increase access to health care coverage to more Coloradans

throughout the state. Individuals and families on Medicaid and CHP+ come from a variety of backgrounds and face unique challenges. While most clients do not stay on the programs for long periods of time and may cycle on and off, some clients have lifelong challenges that require long-term enrollment.

Collaboration

Stakeholder engagement at every level – including interagency collaboration and work with county and community partners – is the Department’s way of doing business. Collaboration is a proven method that has helped successfully implement programs like the Accountable Care Collaborative (ACC), continuously improve the effectiveness and efficiencies of all programs, and prepare for the opportunities and challenges that lie ahead as Colorado continues to reform health care.



Intergovernmental teamwork leads to Colorado.gov/Health

The Department recognizes that its goal of increasing Coloradans’ access to health care coverage can’t be done alone. That’s why it enlists partners to reach out to residents from Trinidad to Sterling and from Montrose to Lamar.

One example of effective collaboration with Department partners is the Fall 2013 launch of Colorado.gov/Health. The Department worked with the Colorado Departments of Public Health and Environment, and Human Services; the Colorado Department of Regulatory Agencies Division of Insurance; the Connect for Health Colorado health insurance marketplace; and the U.S. Department of Veterans Affairs to provide health coverage information for Coloradans.

The goal of Colorado.gov/Health is to help consumers find what they need without having to navigate through each state agency’s website or understand who does what in government.

The website answers key consumer questions about the Medicaid expansion, the Connect for Health Colorado insurance marketplace and how the federal health insurance requirements may impact them and their family. The site addresses questions on a wide range of topics and features videos that explain new ways to get health care coverage in Colorado.

The Department continues to work with many partners in new and different ways to advance its mission of getting Coloradans covered for health care.



ACC makes inroads on behavioral health

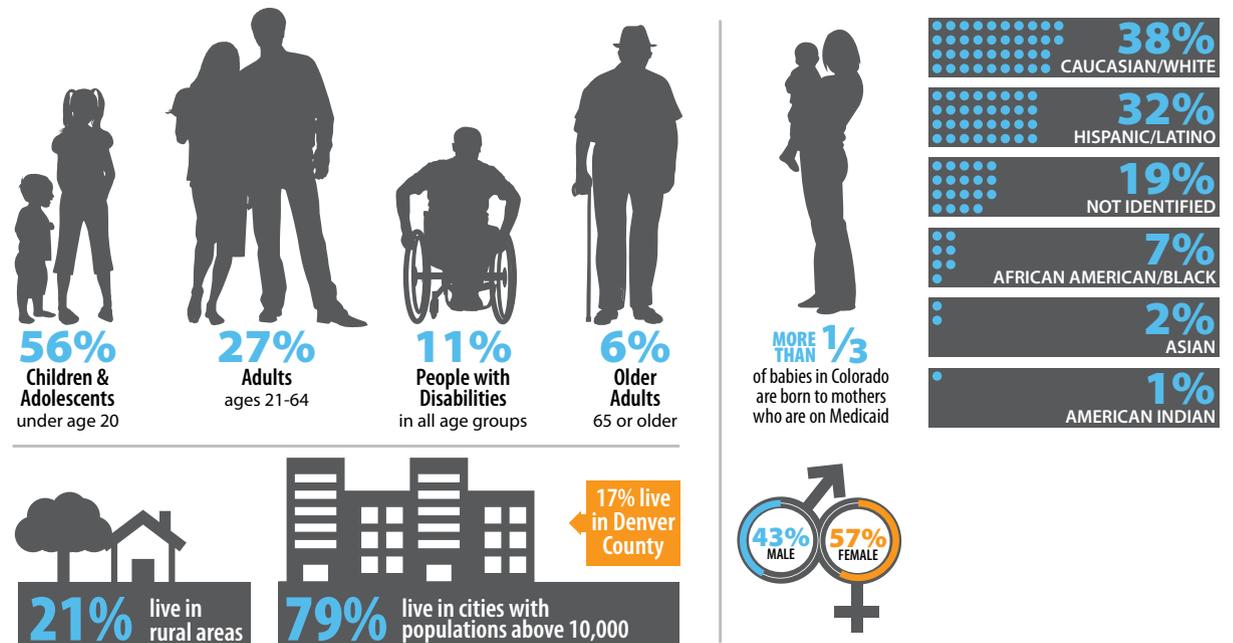
One of the goals of the Department's Accountable Care Collaborative is to provide clients with more comprehensive and preventive health care so that they are ultimately healthier and more productive. Among many other things, that means addressing physical health and behavioral health together.

For a client in the Foothills area west of Denver, this holistic approach translated to a dramatic decrease in visits to the doctor's office and effective treatment for anxiety and depression.

The client had been visiting her primary care medical provider at least twice a month for several months. In July 2013 her doctor screened her for depression and referred her to Foothills Behavioral Health Partners for treatment.

The client found the behavioral health treatment very helpful, and she didn't need to return to her primary care doctor's office until November 2013.

2013 Medicaid Program Demographics



ACC: Changing Lives



Carole, center, with her
ACC support team.

The Department of Health Care Policy and Financing's Accountable Care Collaborative program is designed to improve client health while lowering costs. One such client is Carole, who lives in Greeley.

For years, Carole suffered from unmanaged mental illness and various preventable physical ailments that regularly caused her severe pain. Things were also difficult at home. Carole was often homeless or in unsafe living conditions that made her health issues worse. She made frequent trips to the emergency room.

Carole's high number of emergency room visits, hospital stays and high costs caught the attention of ACC case managers. She became one of the first clients enrolled in the ACC, and Carole was connected with a care coordinator named Cindy.

Cindy began by helping Carole get mental health services to better manage her mental health conditions. Carole now sees a therapist once a month to manage her medication and receives regular support from her primary care doctor and Cindy. With the help of both her doctor and a home health nurse, Carole's high blood pressure and thyroid conditions are now under control.

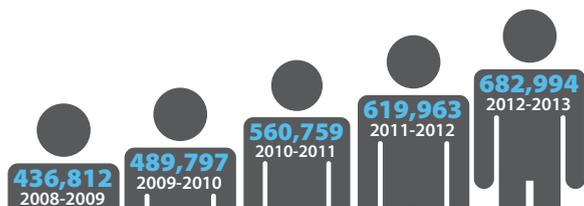
"Before I met Cindy, I was in a very dark, bad place," Carole said. "I'm happy now. Cindy is my best friend, and I don't know where I would be without her. I don't know if I would still be alive."

A photograph of a man and a young girl looking at a tablet together. The man is on the left, wearing a white shirt, and the girl is on the right, wearing a blue and white plaid shirt. They are both looking at the tablet with interest. The background is blurred, showing other people in a public setting.

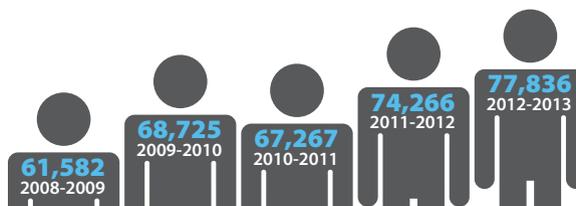
eligibility and enrollment

The first step in ensuring Colorado residents have access to health care coverage is to determine whether applicants qualify for public health insurance. Then the Department and its partners help get them enrolled in coverage. Through program expansions and implemented efficiencies, the Department has been able to provide coverage to a larger number of Coloradans this year.

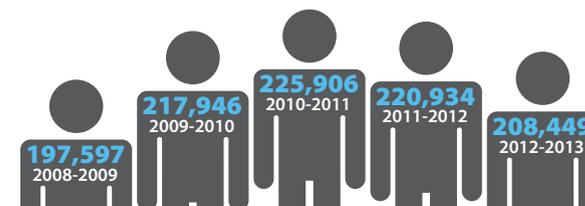
As of December 2013, the Department provided more than \$3.9 billion in Medicaid services to nearly 620,000 clients throughout Colorado. Medicaid enrollment hit a historic high of **772,954**. Child Health Plan *Plus* (CHP+) enrollment, which includes both children and pregnant women, was at **77,836** in FY 2012-2013, and the Colorado Indigent Care Program (CICP) served **208,449** clients in FY 2012-2013.



Medicaid Clients
Fiscal Years 2008-2013



Child Health Plan Plus Clients
Fiscal Years 2008-2013



Colorado Indigent Care Program Clients
Fiscal Years 2008-2013

2013 Income Eligibility Levels Defined

The Federal Poverty Level (FPL) is used by the federal government to define who is poor and is updated annually. The Department uses FPL income amounts as just one component to determine if an applicant qualifies for Medicaid or CHP+.

2013 Income Levels

To qualify for...	Your Annual Income cannot exceed...
Medicaid: Children	\$33,441 for a family of 4
Medicaid: Pregnant Women	\$45,922 for a family of 4
Medicaid: Parents & Caretaker Relatives	\$25,198 for a family of 4
Medicaid Buy-In Program for Children with Disabilities	\$25,560 for an individual
Medicaid Buy-In Program for Working Adults with Disabilities	\$51,705 for an individual
Medicaid: Long-Term Services & Supports	\$25,560 for an individual
Medicaid: Adults without Dependent Children	\$1,152 for an individual
Child Health Plan Plus	\$61,230 for a family of 4

Expansions

The Colorado Health Care Affordability Act (HB 09-1293), signed in to law in 2009, authorized the Department to collect a fee from hospital providers to increase Medicaid and Colorado Indigent Care Program payments to hospitals, and expand coverage under public health insurance programs. The funding for the increased payments and expanded coverage includes additional federal matching funds to the state without additional General Fund expenditures.

The Act allowed the Department to:

- ▶ increase income guidelines for parents of children on Medicaid in May 2010;
- ▶ increase income guidelines for CHP+ kids and pregnant women in May 2010;
- ▶ implement the Medicaid Buy-In Program for Working Adults with Disabilities in March 2012;
- ▶ implement the Adults without Dependent Children Medicaid Program in April 2012; and
- ▶ implement the Medicaid Buy-In Program for Children with Disabilities in July 2012.

The Act also allowed for implementation of 12 months of continuous eligibility for children on Medicaid, which is slated for 2014.



Adults without Dependent Children

The Adults without Dependent Children (AwDC) program was launched in April 2012 and provides full Medicaid benefits to very low-income adults without dependent children. Enrollment in the program is limited to adults ages 19 to 64 years without current Medicare or Medicaid coverage. Participants must not earn more than 10 percent of the Federal Poverty Level (FPL), which is about \$90 per month (\$125 for a married couple).

Due to funding limitations, enrollment in the AwDC program was initially capped at 10,000, but as funding became available, additional individuals were able to enroll. As of December 2013, 17,092 adults were enrolled in the AwDC program. When the Affordable Care Act is implemented in January 2014, Medicaid will expand to cover individuals and families at or below 133 percent of the FPL.

Medicaid Buy-In Programs

In March 2012, the Department launched the Medicaid Buy-In Program for Working Adults with Disabilities (Adult Buy-In). The program provides adults with disabilities who earn too much income or have too many resources to qualify for regular Medicaid the opportunity to purchase Medicaid. Clients pay a monthly premium based on their income.

The Medicaid Buy-In Program for Children with Disabilities (Children's Buy-In) began in July 2012. It is a medical assistance program that provides Medicaid benefits for children who are under age

19, have a qualifying disability, and whose adjusted family income is at or below 300 percent of the FPL.

As of December 2013, 2,690 individuals were enrolled in Medicaid Buy-In Programs.

Child Health Plan Plus

Child Health Plan Plus (CHP+) is the Department's low-cost health insurance program for uninsured Colorado children ages 18 and younger and pregnant women whose families earn too much to qualify for Medicaid but cannot afford private health insurance. CHP+ offers comprehensive health care benefits to children and pregnant women.

The Department was able to increase income guidelines for CHP+ children and pregnant women in May 2010, boosting program enrollment. As of December 2013, the CHP+ program covered more than 61,420 pregnant women and children.

Colorado Indigent Care Program

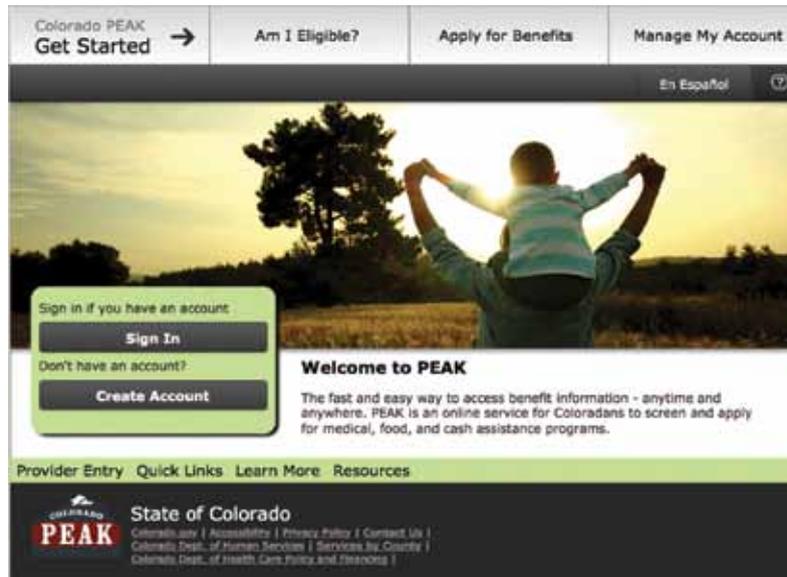
In FY 2012-2013, the Colorado Indigent Care Program (CICP) served 208,449 individuals. The program uses federal and state funding to partially compensate providers and hospitals that offer discounted medical services to Coloradans who meet the CICP eligibility requirements. To qualify, Coloradans must be uninsured or underinsured and at or below 250 percent of the FPL. CICP is not a health insurance program and is restricted to participating providers throughout the state.

Improvements to the Colorado Benefits Management System and PEAK

The Colorado Benefits Management System (CBMS) is the state system used to determine an applicant's eligibility. The system determines eligibility for medical programs, such as Medicaid and CHP+, and financial programs administered by the Department of Human Services, such as food and cash assistance. CBMS has undergone numerous enhancements to make the eligibility and enrollment process easier for applicants and workers.

Applying for state health coverage got easier in October 2013 when the online system received a major upgrade to allow for real-time eligibility determinations. Colorado.gov/PEAK, Colorado's online application can now provide immediate approval for Medicaid and CHP+ applications.

Since the upgrade, the PEAK website has been able to handle between six and nine times more applications per day. The website will help the Department integrate the many new Medicaid clients it anticipates receiving with the January 2014 Medicaid expansion.



“The Department is committed to improving the applicant experience. Upgrades launched this year to CBMS and Colorado.gov/PEAK have introduced a more dynamic application process, reducing wait time from 45 days to as short as 45 minutes.”

-- Susan E. Birch, Executive Director, Department of Health Care Policy and Financing

Individuals may still apply in person at any of the 64 county social services departments or more than 470 other sites that employ staff trained in the application process. Those employees can help applicants one-on-one and in a culturally competent manner.



An Example of Success

In December 2013, the federal Centers for Medicare and Medicaid

Services (CMS) awarded Colorado a \$58.5 million Children's Health Insurance Program Reauthorization Act (CHIPRA) Performance Bonus for its ongoing efforts to identify and enroll eligible children in Medicaid and Child Health Plan *Plus* (CHP+). It was the second consecutive year that Colorado's award was the highest in the nation.

Colorado demonstrated a significant increase in Medicaid and CHP+ enrollment among children during the course of the federal fiscal year and had in place program features known to promote enrollment and retention in health coverage for children.



delivery system

The Department has made great progress in the development of a delivery system that supports Coloradans in receiving the highest quality of care. At the center of the Department's advancements in improving the delivery system model is the Accountable Care Collaborative (ACC) program.

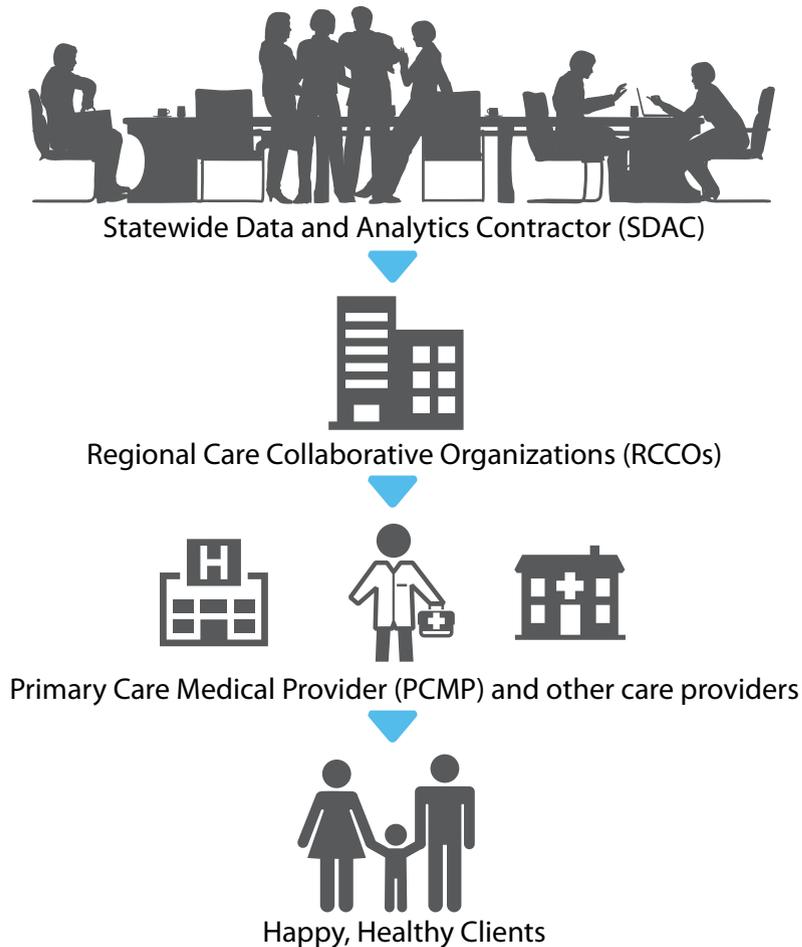
Accountable Care Collaborative Serves as National Model

Touted as a national model of successful delivery reform, the ACC is the program the Department is using to innovate around service delivery and payment reform while capitalizing on new ways to use data and increase accountability. The goal of the ACC is to improve the health of every client while reducing costs. The ACC links clients with a medical home, and it provides care coordination and connections to community resources.

The Department reached a milestone in December 2013 when it announced the enrollment of its 400,000th member into the ACC program.

Here's how the ACC works...

The Statewide Data and Analytics Contractor (SDAC) provides data to identify and enroll clients, support continuous care improvement and innovation, and ensure greater accountability. Specifically the SDAC serves as a data repository, and provides data analytics and reporting to providers and the seven Regional Care Collaborative Organizations (RCCOs) across the state. The RCCOs help link clients to a medical home or Primary Care Medical Provider. RCCOs also support a client's health team that works together to identify a client's needs and establish a care plan.



In 2013, a Colorado family of four qualified for Medicaid if they made less than \$33,441 per year. Here is a breakdown of what a typical budget for a family of four earning \$32,000 per year looks like:

Family of Four Annual Budget of \$32,000

-  Housing \$9,000
-  Child Care \$7,000
-  Groceries \$6,000
-  Transportation \$3,000
-  Debt \$3,000
-  Utilities \$2,000
-  Clothing \$1,000
- MISC** Other Expenses \$1,000

What is missing in this budget? Health care! Unfortunately, health insurance, a necessity, would bust this family's already tight budget.

Information provided by [Insuring our Future](#) – a broad coalition of groups that believe in the importance of Medicaid to Colorado's health care landscape.

2013 RCCO client satisfaction survey

A survey of the care provided by the ACC's Regional Care Collaborative Organizations revealed that clients in this program are more likely to receive greater attention to behavioral health than those outside the ACC.

The survey, run by the Department to analyze care given in 2013, showed that nearly 54 percent of ACC respondents said their medical provider asked about depression, compared to roughly 49 percent of fee-for-service respondents.

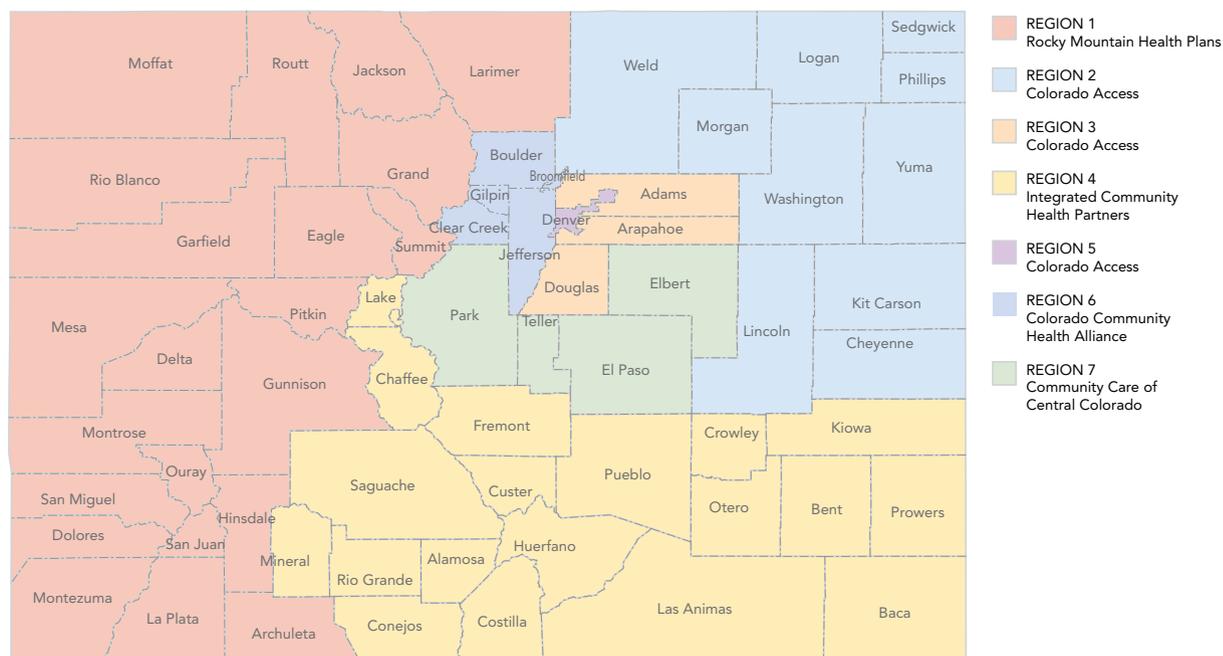
Results were similar in other areas, with more ACC respondents reporting they were asked about stress (51 percent) and other behavioral health issues (42 percent) than other patients (47 percent and 39 percent, respectively).

The findings reflect the Department's ongoing goal to integrate behavioral health care with physical health care in the ACC program.

Regional Care Collaborative Organizations

The state is divided into seven Regional Care Collaborative Organizations (RCCOs). These regional organizations work together with their communities, Medicaid providers and clients to identify clients' needs and link clients to the right services to improve health. Based on initial results, the seven RCCOs have demonstrated that coordination among providers and data analysis result in the improvement of client health and cost reductions.

RCCOs support providers by helping them navigate the Medicaid system and removing barriers where possible. RCCOs provide tools and resources for providers' patients, administrative support and assistance in transforming providers' practices to become medical homes.



Long-Term Services and Supports – A Community of Care

Long-Term Services and Supports is transforming the current delivery system to provide person-centered, quality services to seniors and persons with disabilities. The goal is to provide resources that will enable people to live in the homes of their choosing with the supports they need, and to participate in communities that value their contributions.

To ensure that services are delivered in the right place, at the right time, and in the right amount, the Department has actively engaged with clients, advocates, providers and state and federal partners to create an Aging in Place model and Colorado's Community Living Plan. The Department has also worked with its partners to simplify and expand consumer direction into home- and community-based programs.

Community Living Advisory Group

The Department has coordinated and facilitated the Community Living Advisory Group (Advisory Group) as it works on recommendations for a more person-centered system of Long-Term Services and Supports in Colorado. The Department has provided staff for the Advisory Group and its subcommittees, and invited and collaborated with other state agencies such as the departments of Human Services, Public Health and Environment, and the Division of Housing. The Department will continue to support the Advisory Group as it works toward the submission of its recommendations by September 2014.

Colorado Choice Transitions – The Path to Independence

The Department has worked over the past several years to change the focus of long-term services from institutional-based and provider-driven to person-centered, seamless, consumer-directed and community-based care. The result is Colorado Choice Transitions (CCT), a five-year grant program launched in 2011 designed to provide long-term care residents with home- and community-based services and supports to transition to the community. As part of the federal "Money Follows the Person" rebalancing demonstration, the vision of CCT is to encourage and facilitate independence for clients by making the right resources readily available and cost-effective.

Each client enrolled in CCT uses \$30,460 a year compared to the average annual cost of a nursing home stay of approximately \$45,174.



“Colorado leads in helping more Medicaid clients get the care they need by bringing services to them where they live. We are transforming how we serve our clients by putting them at the heart of our care delivery system. The Department strives for integration across the care continuum and is committed to achieving person-centered care.”

*– Suzanne Brennan,
Medicaid Director, Department of
Health Care Policy and Financing*



payment *and savings*

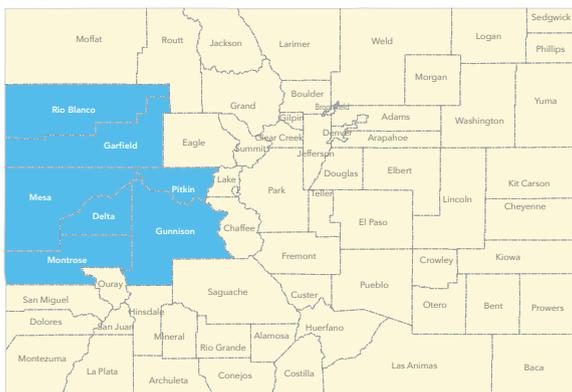
Using our health care dollars to achieve value is a core tenet of the Department's work. The Department is focused on optimizing benefit design, value-based services and utilization management. Transformation of the delivery systems as well as access to and utilization of data have enabled the Department to make continued progress.

Payment Reform — Paying for Value

The Department recognizes payment reform as an integral tool for controlling costs and continues to work toward effective initiatives that will directly impact expenditures and improve care. In June 2012, the Pilot Program establishing a New Payment Method for Medicaid (HB 12-1281) was signed in to law by Gov. Hickenlooper. The law allowed the

Department to solicit proposals for a variety of value-based payment approaches, including a two-year pilot program.

In July 2013, the Department accepted Rocky Mountain Health Plans' proposal, launching an innovative, two-year pilot program focused on payments for services delivered to clients in **Delta, Garfield, Gunnison, Mesa, Montrose, Pitkin and Rio Blanco counties**.



The pilot program includes behavioral health integration, global payments and risk-and-gain sharing arrangements that will focus payments to providers on value at the point of care. These payments will be designed to ensure:

- ▶ reimbursements that give providers the time and capacity needed to focus on whole-person care;
- ▶ accountability for the total cost of a client’s care; and
- ▶ bonus opportunities for quality improvement.

It is the hope of the Department that this new value-based approach will allow payment reform to evolve as a result of collaboration between different parts of the health care community, with a renewed focus on outcomes, cost containment, client experience and quality.

Supplemental payments to Medicaid physicians

In July the Centers for Medicare and Medicaid Services approved Colorado’s request for additional federal funding for supplemental payments to Medicaid physicians who primarily practice family medicine, internal medicine and pediatrics. As of December 2013, the Department paid out more than

\$39.6 million in supplemental payments to primary care providers. The increased reimbursements are meant to provide an additional incentive for primary care providers to participate in Colorado Medicaid.

The supplemental payments are a part of the Affordable Care Act and will be funded by the federal government to 2015.

Cost Containment within the Accountable Care Collaborative

The Accountable Care Collaborative (ACC) program continued to demonstrate cost savings, while improving client outcomes, in its third year in existence. In the November 2013 Legislative Request for Information, the Department estimated gross program savings of approximately \$44 million for FY 2012-13.

For 2013, the Department identified three key performance indicators to target initial improvement efforts and gauge the program’s impact:

- ▶ inpatient hospital readmissions
- ▶ emergency room visits
- ▶ high-cost imaging services

Results show:

- ▶ a 15-20 percent reduction in hospital readmissions;
- ▶ a 1.9 percent increase in emergency room utilization as compared to a 2.8 percent increase among people not enrolled in the ACC program; and
- ▶ a 25 percent reduction in the use of high-cost imaging services.

“Colorado Medicaid is leading the nation by effectively implementing a patient-centered care coordination model. The Accountable Care Collaborative facilitates partnerships and local innovation between primary and specialty care providers and other social service providers.”

*– John L. Bender, MD, FAAFP
Diplomate, American Board
of Family Medicine
President, Colorado Medical Society*



Benefits Collaborative Process

The Benefits Collaborative serves as the Department's formal coverage standard development process. The Benefits Collaborative process brings diverse and knowledgeable stakeholders together to ensure that benefit coverage standards:

- ▶ are based on the best available clinical evidence and best practices;
- ▶ outline the appropriate amount, scope and duration of Medicaid services;
- ▶ are cost-effective and set reasonable limits upon those services; and
- ▶ promote the health and functioning of Medicaid clients.

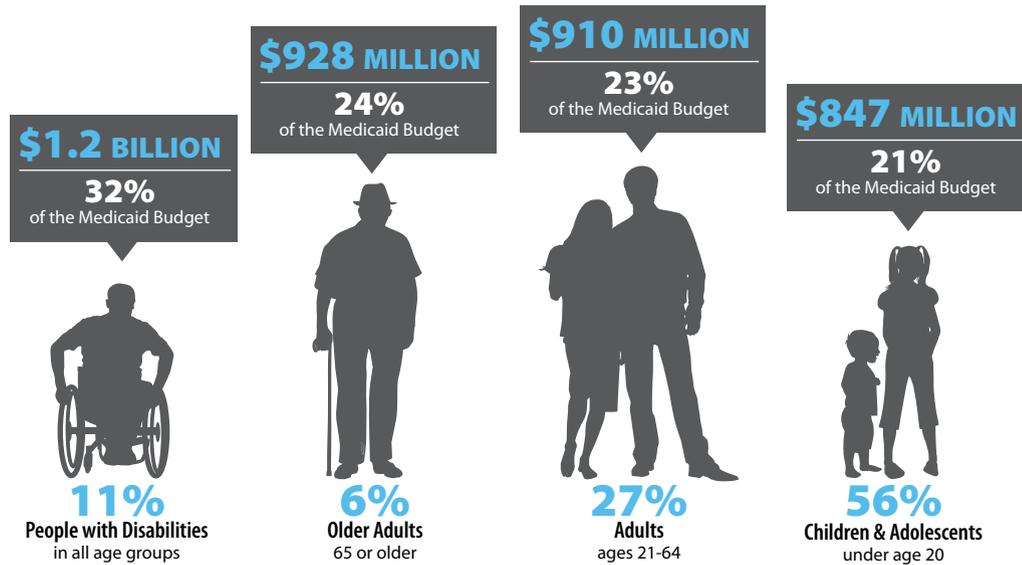
Here's how it works:



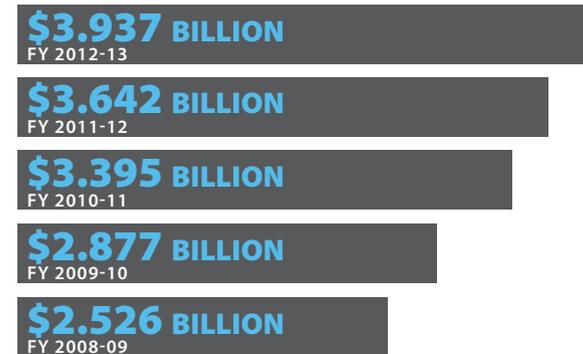
Fraud, Waste and Abuse

Coloradans demand that their tax dollars be spent wisely and be sheltered from waste. In FY 2012-13 the Department recovered more than \$80.2 million, less pharmacy recoveries, due to overpayments, fraud, waste and abuse. The Department uses a variety of techniques to proactively identify fraud, waste and abuse.

2013 Colorado Medicaid Expenditures by Demographic Group - Fiscal Year 2012-13



5 Year Colorado Medicaid Expenditures



5 Year Colorado CHP+ Expenditures



How You Can Get Involved

The Department strives to improve health care access and outcomes for its clients while demonstrating sound stewardship of financial resources. Advisory committees open to the public have been developed to foster new ideas and address issues directly related to the state's different programs. This inclusive structure allows stakeholders an opportunity to work directly with Department staff.

Committee members are volunteers or appointed by the Governor. They represent diverse stakeholders, including clients; behavioral, dental and physical health providers; care coordinators; and advocacy organizations.

Meetings are held regularly and many are open to the public. To learn more or to apply for a stakeholder group, visit Colorado.gov/hcpf.



on the horizon

As a Department, we are proud of the transformation and advancements we have made this year toward increasing access to health care, improving health outcomes and containing health care costs across the entire continuum of care. As we look forward to 2014, there is much more to come as we continue to work with our partners to create a healthier Colorado.

Colorado Medicaid Expansion

In January 2014, Medicaid will expand to cover individuals and families earning up to 133 percent of the Federal Poverty Level. In FY 2013 – 2014, this percentage of poverty represents approximately \$15,000 a year for an individual and \$31,000 for a family of four. This expansion enables the state to cover an average of 160,000 additional individuals.

The federal government will cover 100 percent of the costs for the newly covered Medicaid clients through 2016. In 2017, the federal match rates begin to gradually taper down to 90 percent in 2020, at which point Colorado will be responsible for 10 percent of the costs going forward. These costs will be paid for by the Hospital Provider Fee and will not draw from the General Fund.

New Colorado Medicaid Benefits in 2014

In 2014, Medicaid clients will have access to new benefits and services that help them get and stay healthy. Medicaid clients will have access to free preventive and wellness services, an enhanced mental health and substance use disorder benefit, and an adult dental benefit focused on prevention.

Demonstration for Full Benefit Medicare-Medicaid Enrollees

The Department continues to build on the work it started in 2012 to develop new ways to better coordinate care for full benefit Medicare-Medicaid Enrollees. The pilot program is dedicated to improving the care and health outcomes of Medicare-Medicaid clients through the structure of the ACC Program. The demonstration will provide additional resources to support integrated care for nearly 50,000 members.

Moving toward family- and patient-centered care

In 2013, the Department received support from the Colorado Health Foundation to integrate a culture of person-centeredness into Department processes, policies and partnerships. The grant builds on earlier work supported by the Colorado Health Foundation and recommendations from the Institute for Patient- and Family-Centered Care. The two-year grant will help the Department work toward achieving a culture of person-centeredness by creating greater consumer engagement in their own health care and in the policies, programs and communications that impact them; create an advanced, sustainable, productive partnership with clients and families; and create and develop a workforce that is understanding and receptive of the Department's clients and families, creating greater work satisfaction for the Department staff. Looking forward to 2014, the Department will continue its planning and implementation of patient-centered engagement and initiatives.

Adult Dental Coverage Under Colorado Medicaid

In May 2013, Governor Hickenlooper signed legislation (SB 13-242) that gives adults on Medicaid access to preventive dental care.

The Department continues to reorient all of its programs to focus on preventive care, both as a more comprehensive approach to personal health care and as a proven way to bring down health care costs. Studies show that the cost of providing preventive dental care is potentially 10 times less expensive than managing symptoms of dental disease in emergency rooms.

In April 2014, all Medicaid adults will gain access to basic adult dental preventive diagnostic and minor restorative services, and treatment planning. Access to the more comprehensive benefit will become available in July 2014.

Importance of Dental Care

“Those who lack access to a dentist—often because of economic need—can end up visiting expensive hospital emergency rooms for what should have been routine dental procedures. The emergency rooms can manage pain and infection but cannot solve the actual cause of the problem. This causes needless hardship for the affected patients and also drives up costs for all Coloradans. These patients have often endured pain and suffering, missed work, and experienced a deterioration of their general health. Having an adult dental benefit through Medicaid, including a denture benefit, will change this entire paradigm for the better. This benefit allows dentists to restore a patient’s smile, function and dignity. As a Colorado dentist, I am proud to be part of the solution to the access-to-care problem that Colorado has faced.”

– Dr. Brett Kessler, president of the Colorado Dental Association

Oversight

At the federal level, the Department is regulated by the Centers for Medicare and Medicaid Services (CMS) and receives government funding as a federally designated Single State Agency. The Medicaid and CHP+ state plans are service agreements with CMS.

At the state level, the Department is overseen by the Medical Services Board, which has the authority to adopt rules that govern all Department programs ensuring compliance with state and federal regulations. The Board is made up of eleven Governor-appointed members from each congressional district with deep experience in public health insurance programs, health care delivery systems and caring for underserved populations.

The Medical Services Board *by Congressional District as of December 2013*

Christy Blakely – *CD 6*

Patricia (Pat) Lynn Givens – *CD 1*

Bregitta Hughes – *CD 5*

Timothy Fox – *CD 1*

Donna Roberts – *CD 4*

Brenda LaCombe - *CD 3*

Richard Markley - *CD 2*

Dr. Paul Melinkovich - *CD 1*

Ginny Riley - *CD 2*

Michael Stahl - *CD 3*

Mary Trujillo-Young, Ph.D. - *CD 3*

Do You Know Someone Who Needs Health Insurance?

If you know someone who may benefit, please visit the Department website at **Colorado.gov/hcpf** and click the Apply Now button for more information.

Individuals and families can see if they qualify for Medicaid or CHP+ coverage online through **Colorado.gov/PEAK**.

Prospective applicants who do not have access to the Internet can visit their local county human services office for assistance.

