

a year of collaboration

building a healthier tomorrow together



COLORADO
Department of Health Care
Policy & Financing

In 2014 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 2014. The data included in this report are from fiscal year (FY) 2013-14 and in some instances, as noted, through December 2014.



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A year in review

2014 was a year of collaboration 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. 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.

The Department reached a milestone in 2014 by welcoming new members into its programs through the implementation of state and federal laws expanding affordable health care. This means we now serve more than 1.1 million Coloradans, an achievement that required us to recruit new providers, reach out to more community partners and grow our relationships with other government agencies. We succeeded by drawing on the strengths of our state's rich and diverse health care market.

Part of the Department's expansions of care include new dental coverage for adults, also introduced in 2014. Dental health is a critical aspect of overall personal health, and our efforts in this area have already exhibited positive outcomes. This is yet another new area of collaboration for the Department, and we are proud to have expanded into dental health care.

As part of our commitment to use technology to better serve our constituents, the Department launched a new website. The new site is more modern and interactive, and it speaks to the varying needs of our clients, providers and other stakeholders. The web address remains unchanged: Colorado.gov/HCPF.

Our accomplishments in collaboration laid the groundwork for a pivotal and productive 2015. In December 2014, the federal Center for Medicare and Medicaid Innovation awarded Colorado \$65 million in State Innovation Model (SIM) funding to create a coordinated, accountable system of care that gives Coloradans access to integrated primary care and behavioral health. These funds will allow us to amplify our network so that we can provide all Coloradans with the highest level of whole-person care.

We remain optimistic about the future for health care in Colorado. We can and are driving toward a more holistic, value-based system of care for the people we serve. We will continue to collaborate with all of our partners 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

The Department's mission is to improve the health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

We administer 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

Our population

In 2014 the Department provided coverage to more than 1.1 million low-income Colorado residents. We are proud that the Department's work has provided access to health care coverage to more Coloradans. Individuals and families on Medicaid and CHP+ come from diverse backgrounds and face unique challenges.

While most clients do not remain on the programs for long periods of time, some have lifelong challenges that require long-term enrollment.

The 2014 Medicaid expansion offered health coverage to newly eligible adults who earn up to 133 percent of the Federal Poverty Level, as well as parents and caretakers. That means groups that have previously been uninsured and underinsured now have access to coverage. Those groups include young adults between jobs, adults ranging in age from 55 to 64, and people with pre-existing health conditions.

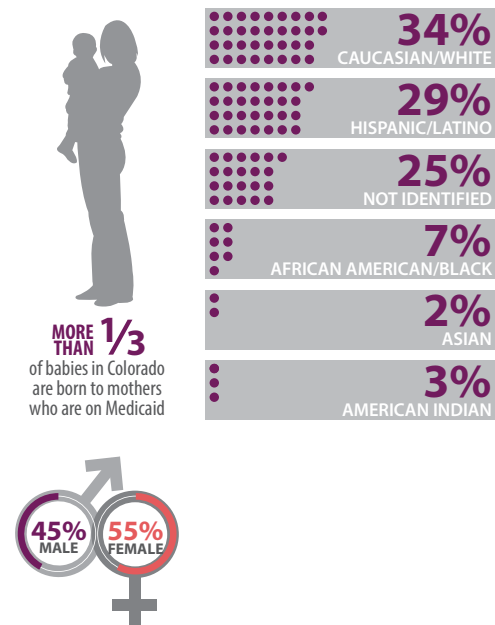
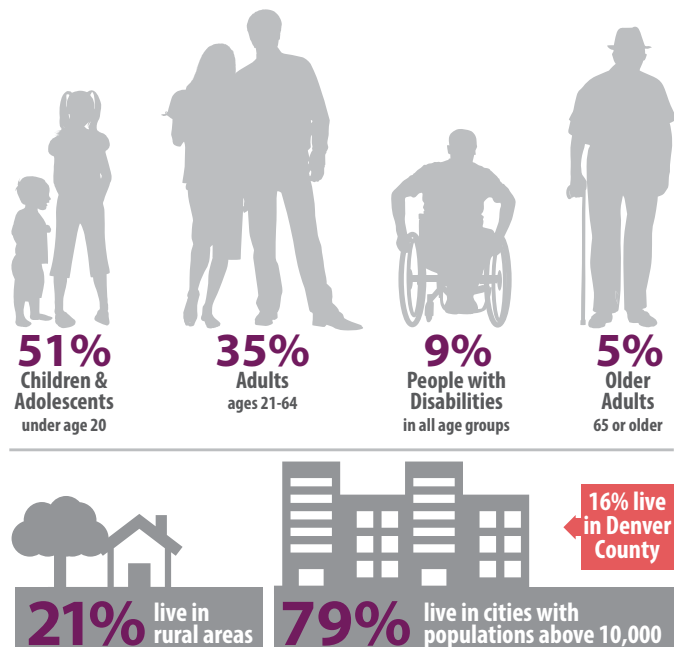
Collaboration

The Department's initiatives require strong working relationships with other state agencies, federal and local governments, and community partners.

For example the Department has worked closely with other state agencies to educate Coloradans about the changes to health and health care in our state. The Department and the Department of Regulatory Agencies, Division of Insurance, the Department of Public Health and Environment, Department of Human Services and Connect for Health Colorado worked closely in 2014 to develop and share health coverage tools and tips through Colorado.gov/Health.

Additionally, the Department and Division of Insurance were able to leverage each of our networks to share important updates to the health coverage enrollment process and timeline.

2014 Medicaid Program Demographics





eligibility and enrollment

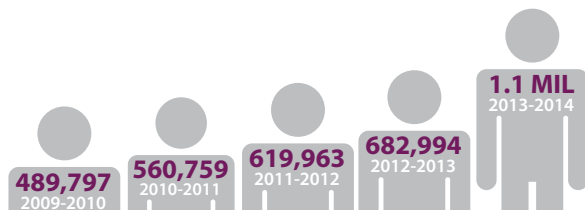
The first step the Department takes in ensuring greater access to health care coverage is to determine whether applicants qualify for public programs. Then we work with our partners to get qualified applicants enrolled.

As of December 2014, the Department provided approximately \$6.1 billion in Medicaid services to more than 1.1 million clients throughout Colorado. Child Health Plan *Plus* (CHP+) enrollment, which includes both children and pregnant women, was at 53,300 clients served as of December 2014. The Colorado Indigent Care Program (CICP) served 160,196 clients in FY 2013-2014.

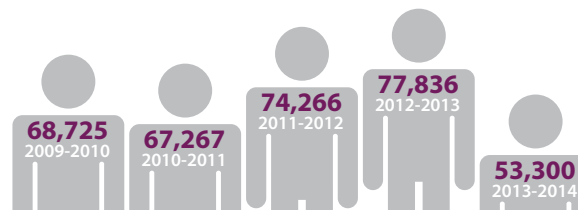
2014 income eligibility levels defined

The federal government uses the annually updated Federal Poverty Level (FPL) to define who is poor. The Department uses the FPL as just one component to determine an applicant's eligibility for Medicaid or CHP+.

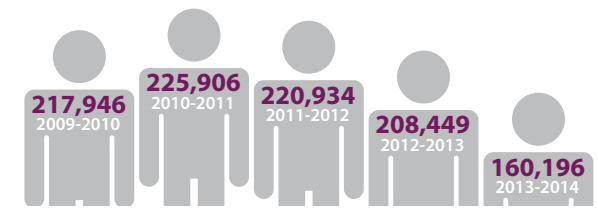
In January Colorado Medicaid expanded to cover individuals and families earning up to 133 percent of the FPL.



Medicaid Clients
Fiscal Years 2009-2014



Child Health Plan Plus Clients
Fiscal Years 2009-2014



Colorado Indigent Care Program Clients
Fiscal Years 2009-2014

2014 income levels

To qualify for...	Your annual income cannot exceed...
Medicaid: Children	\$33,876 for a family of 4
Medicaid: Pregnant Women	\$46,512 for a family of 4
Medicaid: Parents & Caretaker Relatives	\$25,524 for a family of 4
Medicaid Buy-In Program for Children with Disabilities	\$35,016 for an individual
Medicaid Buy-In Program for Working Adults with Disabilities	\$52,544 for an individual
Medicaid: Long-Term Services & Supports	\$25,971 for an individual
Child Health Plan Plus	\$62,016 for a family of 4

Child Health Plan Plus

The Department's Child Health Plan Plus (CHP+) program offers comprehensive health care benefits to two populations: (1) uninsured Colorado children ages 18 and younger, and (2) pregnant women whose families earn too much to qualify for Medicaid but cannot afford private health insurance.

As of December 2014, the CHP+ program covered more than 53,300 children and pregnant women whose families earn up to 250 percent of the FPL.

Medicaid Buy-In Programs

The Department has two Medicaid Buy-In programs – one for working adults with disabilities, and the other for children with disabilities.

The Medicaid Buy-In Program for Working Adults with Disabilities provides adults with disabilities who earn too much income or have too many resources to qualify for Medicaid the opportunity to purchase Medicaid. Clients pay a monthly premium based on their income.

The Medicaid Buy-In Program for Children with Disabilities provides Medicaid benefits for children ages 18 and younger who have a qualifying disability and whose adjusted family income is at or below 300 percent of the FPL.

As of December 2014, 3,556 individuals were enrolled in the Medicaid Buy-In Programs.

Colorado Indigent Care Program

In FY 2013-2014 the Colorado Indigent Care Program (CICP) served 160,196 individuals. CICP is not a health insurance program and is restricted to participating providers throughout the state.

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.

The January 2014 expansion of Medicaid coverage for adults reduced the number of uninsured Coloradans but did not eliminate the need for CICP. The program provides some reimbursement for the uncompensated costs incurred by CICP providers in serving low-income Coloradans, including those who are uninsured and those who have private health coverage or Medicare but cannot meet their out-of-pocket expenses.

connecting with partners and clients

One of the Department's most important jobs is communicating crucial information to various stakeholders. We use a variety of communication tools, including social media and a mobile-friendly website.

New external website

The Department launched our new website in Summer 2014. The website provides a more modern and interactive user experience that includes:

- ▶ mobile browser responsiveness;
- ▶ enhanced audio and video capabilities; and
- ▶ improved accessibility for people with disabilities, using screen readers and other assistive technologies.

The website's content and navigation was designed with the Department's current and future clients as the primary focus. It improves the functionality and navigation for the medical provider and stakeholder audiences, as well.

In 2014 the Department's website had more than 878,000 unique visitors – an increase of nearly 35 percent from the previous year. There were more than 2.2 million visits to the site and 6.8 million page views.



Site visitors can learn about Department programs and benefits, and how to get involved in stakeholder opportunities. Medical providers can find information pertaining to billing resources, Department communications and enrollment. The site also contains important budget, regulatory and legal information of interest to lawmakers, policy analysts and researchers.

The site's most-used feature in 2014 was the "Find a Doctor" tool. Future upgrades will enhance this feature.

The URL remains unchanged: **Colorado.gov/HCPF**.

PEAK Health mobile app

The Department recognizes the role technology plays in daily life, and we believe it's an important tool to reach our clients to get them more engaged and empowered.

In December 2014 we debuted the PEAK Health mobile app to help clients more easily manage their information. From this app, they can update their financial information; add a new member of the family, such as a baby; pay enrollment fees and premiums for CHP+ and the Medicaid Buy-In Program; find a health care provider; and view general health and wellness content.

The free app is available for phones running these operating systems: Android 4.0 and higher, and iOS 7 and higher.

Colorado.gov/health

We're making sure people understand health and health care changes in Colorado by continually updating www.colorado.gov/health, Colorado's site about health and health care. With our partners we have developed FAQs, informational videos, a glossary of health care terms and other health and wellness resources to educate consumers.

The website helps Coloradans understand how health insurance covers these costs and protects them from very high expenses.



Shared application – Collaboration with Connect for Health Colorado

2014 included two open enrollment periods for the new health insurance marketplaces authorized by the Affordable Care Act. The first open enrollment period ended in March 2014, and a second open enrollment period started in November 2014.

For the first open enrollment period, the Department worked with Connect for Health Colorado, Colorado's health insurance marketplace, to streamline the benefits application process by aligning **Colorado.gov/PEAK** users' account logins with the state's health insurance marketplace. **Colorado.gov/PEAK** is the state's one-stop website on which Coloradans can find out if they are eligible for various benefit programs, including health care coverage, and food and cash assistance programs.

Consumers can now sign into either their PEAK or their Connect for Health Colorado account using the same login information.

For the second open enrollment period beginning in November 2014, the Department worked with Connect for Health Colorado to launch a Shared Eligibility System so applicants could find out if they qualified for Medicaid or CHP+ and learn whether they qualified for cost-reducing financial assistance available through Connect for Health Colorado in the same application. Further enhancements to the application are planned for 2015.



community living

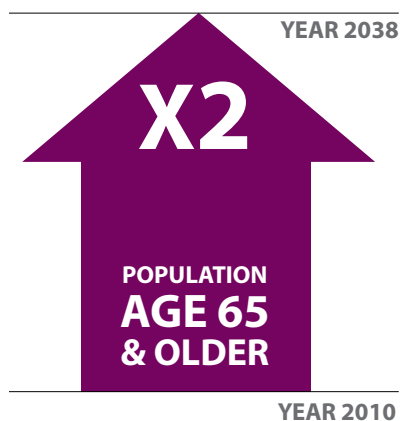
Many people in the communities we serve have ongoing, unique health needs. We know that they will be their healthiest when they're in an environment in which they're most comfortable.

Office of Community Living

Governor Hickenlooper created the Office of Community Living (OCL) with the goal of redesigning all aspects of the Long-Term Services and Supports (LTSS) delivery system, including service models, payment structures and data systems, to provide efficient and person-centered community-based care.

The nation's population age 65 and older is projected to double between 2010 and 2038. By 2021 the number of older adults in Colorado is expected to increase by 54 percent.

This office will help prepare the state to meet the needs for long-term services and supports, and focus attention and resources on meeting the unique needs of aging Coloradans and individuals with disabilities. OCL will align services and supports so that individuals, and their families, do not have to navigate a complicated and fragmented system.



Guiding principles of OCL are to:

- ▶ provide services in a timely manner with respect and dignity;
- ▶ strengthen consumer choice in service provision;
- ▶ incorporate best practices in service delivery;
- ▶ encourage integrated home-and community-based service delivery;
- ▶ involve stakeholders in planning and processes; and
- ▶ incorporate supportive housing.

Community Living Plan

In July the Department partnered with the state departments of Human Services and Local Affairs to unveil the Colorado Community Living Plan, previously known as the Olmstead Plan. The plan calls for community-based, long-term services and supports alternatives, and housing for individuals with disabilities living in public institutions.

The Colorado Community Living Plan represents years of development and collaboration among stakeholders, advocates and state government to better serve individuals with disabilities.

The Plan is a comprehensive approach to meeting the requirements of the U.S. Supreme Court's 1999 Olmstead v. L.C. decision, which found that unnecessary segregation of individuals with disabilities in institutions is a form of discrimination based on disability.

The Plan strives to achieve four overarching goals:

- ▶ Help individuals who want to transition from institutional settings to community settings;
- ▶ Ensure individuals can live in community settings in a stable, dignified and productive manner;
- ▶ Prevent initial entry or re-entry into institutional settings when it's unnecessary; and
- ▶ Ensure the achievement of outcomes and responsive plan modifications through transparent oversight and evaluation efforts.

Community Living Advisory Group

Along with the OCL, Governor Hickenlooper created the Community Living Advisory Group (CLAG), and tasked the Department with overseeing and managing the CLAG's process. The CLAG's charge was to make recommendations to the Governor and the legislature around the long-term services and supports system to ensure responsiveness, flexibility, accountability, and person-centered supports for all eligible persons of Colorado.

The CLAG was comprised of representatives from the spectrum of the long-term services and supports system, including consumers, family members, other caregivers, advocates, providers, local agencies and legislators. The Department collaborated with four other state agencies on CLAG work, including the departments of Human Services, Local Affairs, Public Health and Environment, and Regulatory Agencies. The CLAG worked for more than two years, creating six subcommittees and several work groups. Altogether more than 190 people contributed more than 3,000 hours of work on the group's report.





In September 2014 the Department released the final CLAG report, which includes 37 specific recommendations across the following seven areas:

- ▶ Improve the coordination and quality of care in the LTSS system
- ▶ Streamline and simplify access to LTSS
- ▶ Simplify the state's Home and Community Based Services (HCBS) waivers
- ▶ Grow and strengthen the paid and unpaid LTSS workforce
- ▶ Harmonize and simplify LTSS regulations
- ▶ Promote accessible, affordable, integrated housing
- ▶ Promote employment opportunities for all

Division of Intellectual and Developmental Disabilities

In April the Division of Intellectual and Developmental Disabilities (DIDD) was transferred to the Department from the Department of Human Services and is now a part of the OCL.

DIDD leads efforts for the direction, funding and operation of individualized and flexible supports that are person-centered and self-directed, enabling people with developmental disabilities to live everyday lives in the community.

DIDD offers the necessary supports for people with intellectual and developmental disabilities to:

- ▶ be included in Colorado community life;
- ▶ make increasingly responsible choices;
- ▶ exert greater control over their life circumstances;
- ▶ establish and maintain relationships and a sense of belonging;
- ▶ develop and exercise their competencies and talents; and
- ▶ experience personal security and self-respect.

Brain Injury Waiver

The Department, in collaboration with the Brain Injury Alliance of Colorado, made several enhancements to the Brain Injury Waiver program in 2014. The program helps people with a brain injury who need extra support to live in their communities.

Among the many enhancements the Department made in 2014 are:

- ▶ more choices for participants so they have greater control over the mix of personal assistance supports and services that work best for them;
- ▶ expanded in-home coverage;
- ▶ an expanded mental health counseling benefit for families; and
- ▶ more flexibility so that people who had an injury before the age of 16 can qualify.

Nick Roussos: Author, Speaker, Sportsman



Nick Roussos holds a copy of his book "Helping in Action."

The Division of Intellectual and Developmental Disabilities (DIDD) provides resources to people such as Nick Roussos to gain the necessary skills to obtain employment in the community. The supported employment program, which helps people like Nick find and keep jobs, provides specialized job training and as-needed job coaching.

Nick's viewpoint is unique as a man who uses a wheelchair for mobilization, a computerized device for communication, and other adaptive means to accomplish extraordinary goals. Using his communication device, and with the help of his two supported employment specialists, Nick wrote and self-published a children's book based on his childhood in Ethiopia, calling it "Helping in Action."

In the book, he introduces himself, his family and Sandy, the baby lion he helped care for after she was found alone in the bush. "Helping in Action" is the story of their adventures together, and it is complemented by clever illustrations that delight children as well as adults.

The book's message is twofold. First, helping is something every one can do. Second, regardless of circumstances, anyone can participate in and enjoy life, as well as be a role model to others. "Helping in Action" is available in local bookstores and on the Internet.

When he isn't writing, Nick helps educate the general public about disabilities through various speaking opportunities. He also likes to participate in adaptive sports, including waterskiing, horseback riding and snow skiing. Nick enjoys theater and musical events in his hometown of Loveland, Colo.



Nick Roussos also speaks to the general public about disabilities.



delivery system

The Department seeks to further develop a high-performing health care delivery system that provides value by delivering high-quality care, improving the health of Coloradans.

Medicaid in 2014

Colorado's Medicaid program provides a wide array of benefits and services to improve clients' health. The Affordable Care Act standardized the essential health benefits across different payers. It covers primary care, behavioral health, hospitalization, rehabilitative services, lab services, outpatient care, prescription drugs, emergency care, maternity care, newborn care and many other services.



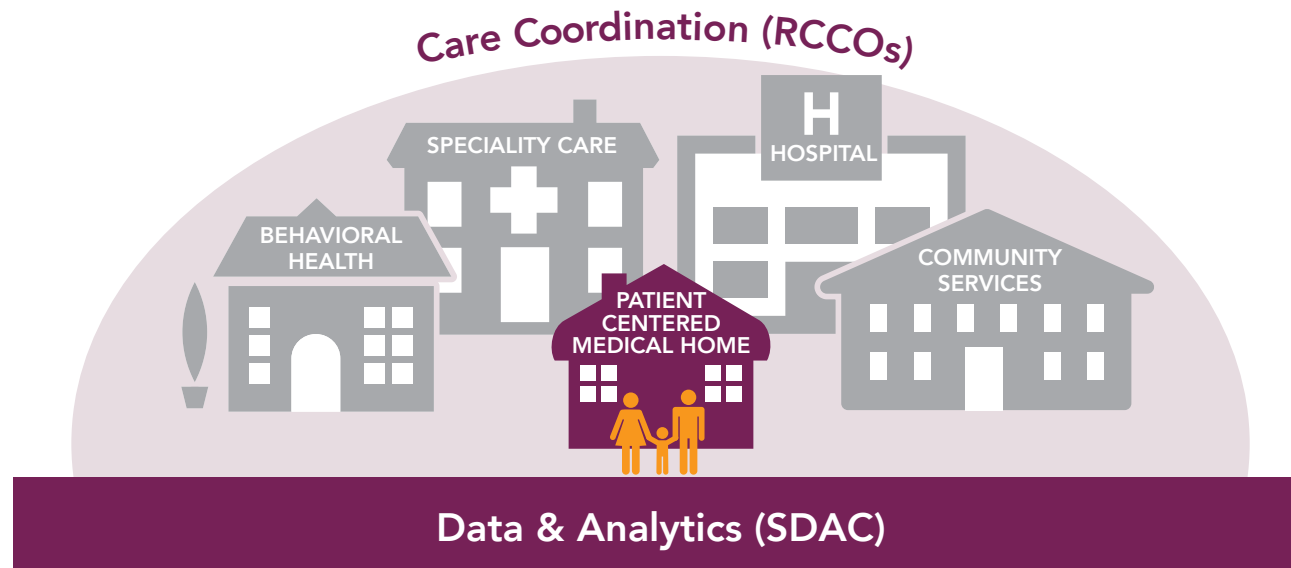
The Department began to offer even more services in 2014 to align with the new federal and state requirements, including an enhanced mental health and substance abuse disorder benefit; free preventive and wellness benefits; habilitative services, like occupational therapy or speech pathology; and expanded adult dental coverage focusing on prevention.

Accountable Care Collaborative

With the Accountable Care Collaborative (ACC), Colorado has led the country in creating a new way to deliver health care by strengthening regional infrastructure and networks to deliver excellent, cost effective, person-centered care.

The ACC is a program that gives Medicaid members their full benefits plus a Primary Care Medical Provider (PCMP) who serves as members' medical home and helps to coordinate members' care. Members and their PCMPs belong to a Regional Care Collaborative Organization (RCCO), which has a network of both medical and non-medical service providers to help ACC members get what they need to be healthy. RCCOs also work with PCMPs to coordinate the care of ACC members with complex health needs. Care coordinators help these members find the right health care, learn self-care, and find non-medical services like housing, childcare, food and fuel assistance. At the end of 2014, there were approximately 750,000 people enrolled in the ACC.

“Colorado has led the country in creating a new way to deliver health care by strengthening regional infrastructure and networks to deliver excellent, cost effective, person-centered care.”



Medicaid Expansion Helps Doctor Serve Coloradans



Dr. Andy Fine.

For Dr. Andy Fine, a practitioner in Littleton, every interaction with Medicaid clients is not only a chance to improve their health. It's also a chance to improve their health literacy and ability to navigate the health care system so they can get the care they need.

Since Medicaid expanded to make more Coloradans eligible, enrollment has grown from approximately 650,000 in 2011 to more than 1.1 million. But it's not just the increase in numbers that has created this opportunity for Dr. Fine to fulfill his mission. Medicaid has long covered low-income children, older adults and those with disabilities, but now it is also available to low-income adults of all ages, with and without children.

"The expansion of Medicaid has made our practice more enjoyable because we can now serve the whole spectrum of the population," Dr. Fine said. "We are able to reach people who have not seen a doctor in a decade, or who otherwise would turn to urgent care or the emergency room."

The expansion has given Dr. Fine and his staff the opportunity, for example, to reach young adults at risk of mental health problems, or parents who can pass on good health practices to their children, or people who are struggling to remain healthy and productive despite the everyday challenges they face as low-income Coloradans.

Dr. Fine has increased his staff to serve the greater number of patients, putting together a team that includes two physician assistants, two nurse practitioners, a nutritionist and a registered dietician. They work together to meet the needs of Medicaid clients while also using every visit as an opportunity to educate, inform and empower clients to navigate the health care system.

"Many of our new patients have chronic health problems, including chronic pain and chronic mental illness, that have been 'band-aided' in emergency rooms or with high-risk medications," Dr. Fine said. "We see it as our job to help them find safer, more effective and more appropriate care. We introduce them to resources they never knew existed, like mental health resources and physical therapy."

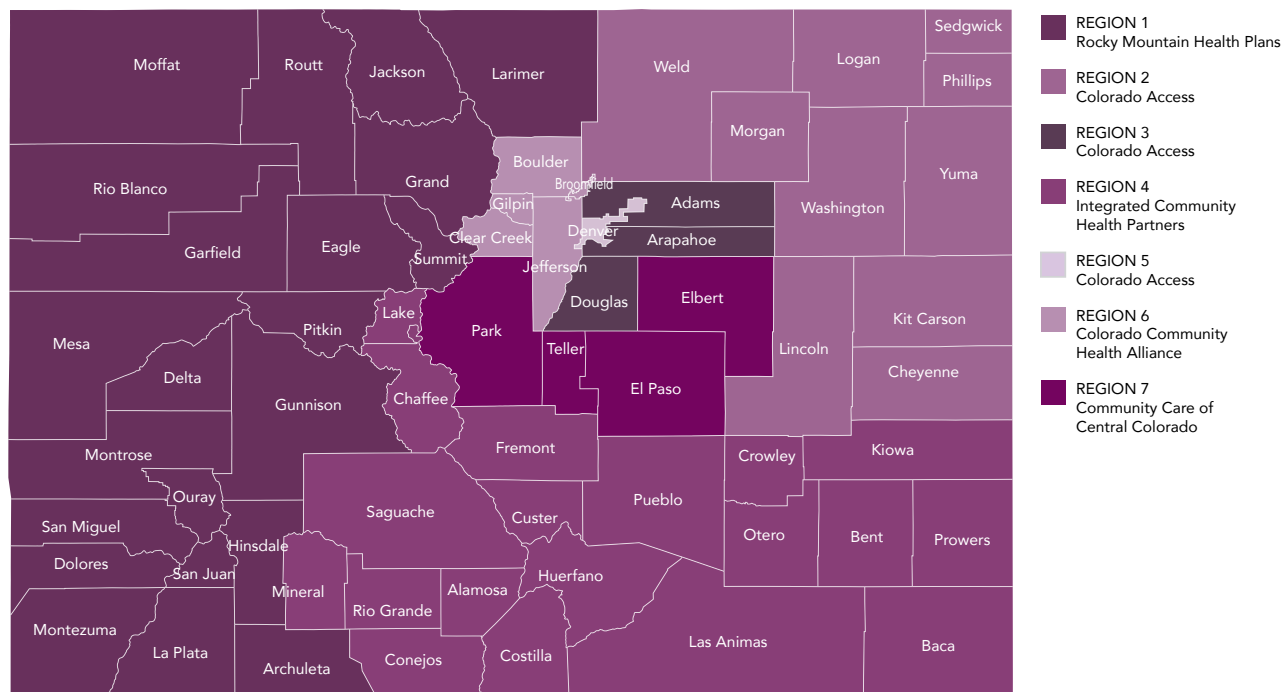
Dr. Fine insists that the rewards far outweigh the challenges of meeting these needs. It has been satisfying to help people feel better, educate them about their care options, and help them transition off of medications and other treatments that are not working for them. Dr. Fine says the experience of working with this new group of patients is its own reward.

"Our new patients are so appreciative and so grateful for the care they are getting," he said. "It has made our work more meaningful and more enjoyable."

RCCOs help providers, too. RCCOs make it easier for providers to navigate the Medicaid system and improve their systems so providers can focus on delivering care. The RCCOs track trends in health services and health outcomes, so PCMPs can be rewarded for good outcomes and not just for delivering services. There are seven RCCOs in the state, with more than 2,300 providers delivering care to ACC members.

Payment model

The ACC was designed with transformation in mind, rewarding value over volume and paying for outcomes – not simply service delivery. Using a combination of fee-for-service, per-member-per-month and incentive payments, the ACC payment model promotes gradual, sustainable system change and accountability for results. In FY 2013-14, the ACC generated approximately \$30 million in savings that exceeded its administrative costs.



“Using a combination of fee-for-service, per-member-per-month and incentive payments, the ACC payment model promotes gradual, sustainable system change and accountability for results.”



ACC Rocky Mountain Health Plans Prime

One of the ways the ACC is taking steps toward paying for value instead of volume is through ACC Rocky Mountain Health Plans Prime, a payment reform pilot that has been launched in six counties in Western Colorado. The pilot is testing a full-risk capitation model; instead of receiving both per-member-per-month and fee-for service payments, the RCCO receives a single per-member payment for all physical health care delivered to each of the approximately 30,000 participating members. There is also shared savings with PCMPs and local Community Mental Health Centers. This payment model allows for better integration of physical and behavioral health – an important goal of the pilot.

ACC: Medicare-Medicaid Program

In September 2014 the Department introduced the Accountable Care Collaborative: Medicare-Medicaid Program (ACC: MMP). The ACC: MMP enrolls full-benefit Medicare and Medicaid clients into the ACC, using the ACC's care coordination model to better meet the complex health needs of this population.

Program enrollees work with a care coordinator to develop a service coordination plan, which lays out a clear path for reaching clients' health goals after identifying gaps in care and duplicative services. The ACC: MMP marks the first time RCCOs are working with providers of long-term services and supports. By expanding the ACC to include Medicare-

Medicaid clients, each area of the state has become a center of innovation and a learning lab for how to create the right mix of medical and non-medical services to support good health – not only for those with Medicare and Medicaid but also for the general population. At the end of 2014, there were approximately 18,000 Medicare-Medicaid enrollees participating in the program.

Regional Care Collaborative Organization Re-Procurement

The next phase of Medicaid reform will include a re-procurement of the RCCOs. The Department is incorporating the input and perspective of our clients, providers, and stakeholders across the state to define what RCCOs should do to take delivery and payment reform to a new level. Colorado will build on the successes of the current ACC, and also make bolder, more comprehensive changes to Colorado Medicaid through deeper integration, new payment reforms, and the promotion of whole-person and whole-family health.

Dental Statistics

	July 2014	Aug. 2014	Sept. 2014
# of children served	34,000	48,000	47,000
# of adults served	14,000	25,000	31,000
Total claims dollars paid	\$7.4M	\$13.9M	\$17.1M

Dental benefits for adults

In April eligible adults enrolled in Colorado Medicaid gained access to dental benefits for the first time. At that time adults ages 21 years and older began to receive an annual benefit of \$1,000 in dental services. Before then Medicaid covered only emergency dental services for adult clients.

By the end of September, the Department had served approximately 70,000 adult clients with our new dental benefit.

Child Health Plan *Plus* continues to cover dental services for children, up to \$600 annually.

Provider recruitment

Providers are the foundation of the Department's health care programs. Without them, we would not be able to reach Colorado's goal of becoming the healthiest state in the nation.





Providers increasingly want to be a part of achieving that goal. Since 2011, the number of providers enrolled in Medicaid has increased 8.5 percent. This population includes physicians, nurse practitioners, surgeons and health care facilities.

It's important for providers to understand what Medicaid covers so they can make sound business decisions when serving these clients. In our recruitment efforts, we educate providers on the breadth of coverage offered under Medicaid and other programs. In 2014 the Department highlighted in our provider education the newest offerings, including:

- ▶ expanded mental health and substance-use disorder benefits, and
- ▶ preventive health and wellness assistance.

The Department added provider outreach staff who focus solely on provider recruitment and will continue to work via provider and trade associations.

We receive approximately 100 new applications per week from providers wanting to see Medicaid

clients. We need an increasing number of providers to meet the growing demand for quality health care services in Colorado.

The benefits of being a Medicaid provider

Medicaid providers help ensure access to care for more than 1.1 million low-income Coloradans.

One advantage for Medicaid providers is that they can continue to serve their existing patients who shift between Medicaid coverage and other forms of health insurance. This provides continuity in health care, better health outcomes and greater value.

Medicaid providers may also be eligible for incentive programs, like payments to help transition to electronic health records. Additionally, the Department paid out more than \$39.7 million in extra payments in 2014 to primary care practices that accepted Medicaid patients.

“Medicaid expansion plus the new dental benefit have flooded us with patients who have not had comprehensive dental care in 10, 20, 30 years – if ever. We are steadily treating these patients, many of whom have complex oral disease, multiple physical health issues and dental treatment needs.”

**– Tom Plamondon, DDS, vice president of dental services,
Peak Vista Community Health Centers**

Making a Difference with Dental Care



The Comfort Dental Loveland team.

When JoAnn Jackson received a brochure in the mail about Medicaid's new dental benefit, she thought, "Well, why not?"

At nearly 80 years old, JoAnn wondered if a dentist would be willing to treat her. After a lifetime of no dental care, she had her share of dental problems—including unhealthy teeth that needed to be extracted. A retired school teacher and mother of four children, JoAnn found that the high expense of dental care put such services just out of reach, especially with so many other priorities and pressing needs.

Medicaid coverage of dental care for adults finally opened up the opportunity for JoAnn to get the care she needed. She sought care close to home at Comfort Dental in Loveland, where she was lucky to find Dr. Greg Winslow.

"I had a wonderful experience there," JoAnn said. "Everyone at Comfort Dental was good to me, and Dr. Winslow was both very kind and very precise. The waiting room was always full but they were able to treat me quickly."

Comfort Dental has long been committed to providing dental care for those who lack dental insurance or the money to pay for care. Every year

on Christmas Eve, Comfort Dental holds a Care Day to provide free care to people in need. But this year's Care Day was different from most, Dr. Winslow noticed.

"We had about half of the people we usually have come to Care Day in 2014, probably because many people who need services now have dental coverage through Medicaid," he said. "We are honored to serve Medicaid patients, and give them the care they need with the dignity and high standard of care they deserve."

Dr. Winslow is particularly glad to see Medicaid's improved denture benefit, which allows him not only to remove diseased teeth but also to replace them with a new, healthy smile.

JoAnn, too, is glad Medicaid covered her dentures. She's also grateful Comfort Dental has made it a priority to offer care to patients like her. She was impressed with Dr. Winslow's commitment to finishing the work in a timely way, making sure he could complete it before taking time off to welcome his new baby into the world.

"Dr. Winslow did a wonderful job with my new teeth," she said. "I really like my new mouth!"



payment and savings

The Department strives to achieve value with our state and federal funds. We look closely at how to design benefits and manage benefit use, and what services to offer – all with an eye on cost efficiency. We have made progress by transforming delivery systems and using data to inform our decisions.

Benefits Collaborative

The Benefits Collaborative serves as the Department's formal coverage standard development process. It ensures 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 on those services; and
- ▶ promote the health and functioning of Medicaid clients.

The Benefits Collaborative invites into its process a diverse group of stakeholders – providers, administrators, clients, advocates and policymakers, to name a few. The process begins with the drafting of a benefit coverage standard and ends when the

Medicaid director approves the policy. The process includes a public comment period.

In 2014 more than 200 stakeholders participated in this process. Efforts included the creation of new benefit coverage standards for adult and children's dental and wheelchair services. Revisions were also made to several women's health coverage standards as well as the Department's echocardiogram and non-emergent medical transportation standards.

In 2015 the Department plans to conclude the creation of a personal care benefit coverage standard for children younger than 21 years of age. The Department will also work with stakeholders to create new genetic testing and private-duty nursing benefit coverage standards, among other efforts.

Fraud, waste and abuse

Coloradans demand their tax dollars be spent wisely and be sheltered from waste. In FY 2013-14 the Department recovered approximately \$78.8 million, less pharmacy recoveries, due to overpayments, fraud, waste and abuse. The Department uses a variety of techniques to identify provider fraud, waste and abuse.

Third-party liability

Third-party liability is one component of the Department's efforts to combat fraud, waste and abuse. As Medicaid enrollment increases, so have the program's third-party liability recoveries.

Third-party liability refers to costs for benefits that should be incurred by another party, such as Medicare,

an automobile carrier or a commercial health plan. These costs may be recovered by the Department from the third party or may be directed to the third party prior to payment by the Department. The Department's third party recoveries for FY 2013 - 14 were \$44.4 million.

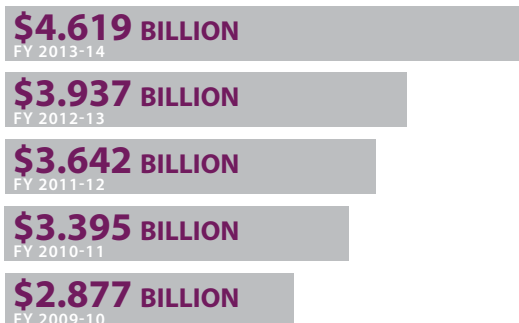
How you can get involved

The Department strives to improve health care access and outcomes for all people while demonstrating sound stewardship of financial resources. In that vein, various 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 and/or political appointees. They include clients, family members, behavioral 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 or Boards and Commission seat, visit Colorado.gov/HCPF/GetInvolved.

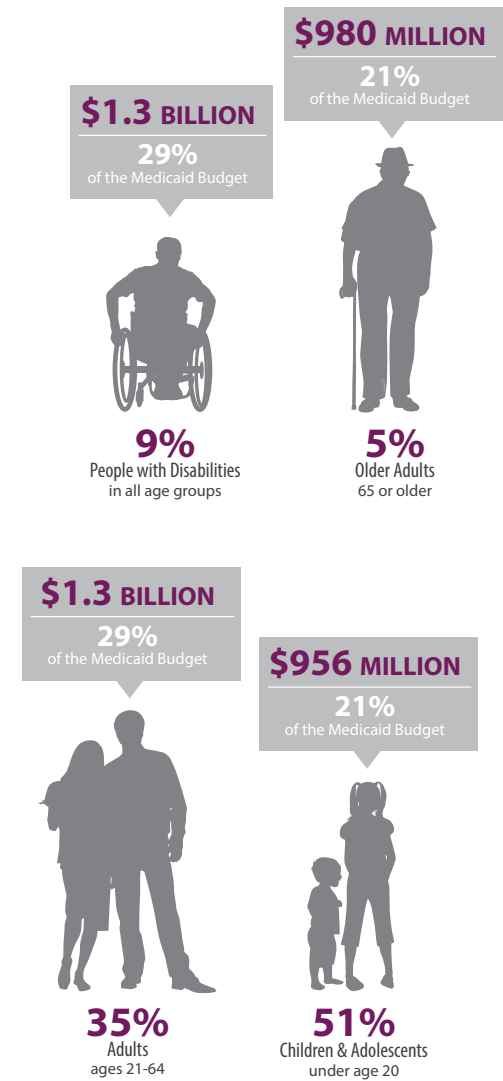
5 Year Colorado Medicaid Expenditures



5 Year Colorado CHP+ Expenditures



2014 Colorado Medicaid Expenditures by Demographic Group - Fiscal Year 2013-14



on the horizon

The Department is proud of the advancements we have made this year toward increasing access to health care, improving health outcomes and containing per capita costs across the continuum of care. We will continue to work with our partners in 2015 to move closer to a healthier Colorado.

Partnering with Colorado's Tribal Nations

The Department will continue working with the departments of Human Services and Public Health and Environment to serve Colorado's tribal nations and organizations.

The three agencies met individually with the Ute Mountain Ute and Southern Ute Indian Tribe nations in 2014 to clarify their different roles and explain the

services each agency provides. In 2015 the agencies will more closely align tribal consultations, and the Governor will host a tribal health summit.

The Department will also continue to look for ways to build relationships and support members of Colorado's American Indian/Alaska Native population who live throughout the state, particularly in the Denver metro area. We will work with Indian Health Services clinics and human service organizations

to ensure they are aware of programs such as the Regional Care Collaborative Organizations and Accountable Care Collaborative, and how these programs support both American Indian/Alaska Native providers and clients. We also plan to create forums, such as the tribal health reception held during the Denver March Powwow, to offer opportunities for Tribal Council members to talk about health and health care issues.

Colorado Medicaid Management Innovation and Transformation project

The Department is in the process of replacing its Medicaid Management Information System, the system that currently pays provider claims, with a new system that is both flexible and adaptable. The new system, to be called the Colorado interChange, will have business intelligence and analytics tools to provide easy access to data and comprehensive reporting. This upgrade will allow the Department to innovate the way we pay providers with the overarching goal of controlling costs while improving health outcomes.

It is a complex project that requires sophisticated planning and management. The current timeline is for the new system to be in place in 2016.

Colorado's State Innovation Model Initiative

In December 2014 the federal Center for Medicare and Medicaid Innovation awarded Colorado \$65 million in State Innovation Model (SIM) funding. SIM provides financial and technical support to states for

the development and testing of state-led, multi-payer health care payment and service delivery models that will:

- ▶ improve health system performance;
- ▶ increase quality of care;
- ▶ decrease costs for Medicare, Medicaid and CHP+ beneficiaries; and
- ▶ decrease costs for all residents of participating states.

Person- and Family-Centeredness Approach

The Department continues to use the funds received from The Colorado Health Foundation to integrate a culture of person-centeredness into our business processes, policies and partnerships. With recommendations from the Institute of Patient- and Family-Centered Care as a guide, the Department plans to integrate person-centeredness into every aspect of our workforce.

Colorado Opportunity Project: Breaking the Cycle of Poverty

The Department is working with the Colorado departments of Public Health and Environment; Labor and Employment; Human Services; and other partners to design the Colorado Opportunity Project. The project will leverage current high-quality, evidence-based public programs in Colorado and explore other opportunities to provide paths out of poverty. The Project will include a series of clear benchmarks for progress towards the middle class.



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 Child Health Plan *Plus* 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 11 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 2014*

Christy Blakely – CD 6
Patricia (Pat) Lynn Givens – CD 1
Bregitta Hughes – CD 5
Brenda LaCombe – CD 3
Amanda (Mandy) Moorer – CD 7
Paul Melinkovich, M.D. – CD 1
Ginny Riley – CD 2
Donna Roberts – CD 4
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.



COLORADO
Department of Health Care
Policy & Financing