

2015 Annual Report

a year of integration

*building a healthier
tomorrow together*



COLORADO
Department of Health Care
Policy & Financing

In 2015 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 2015. The data included in this report are from fiscal year FY 2014-15 and in some instances, as noted, through December 2015.

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A year in review

2015 was a year of integration for the Department of Health Care Policy and Financing. Prevention, access to mental health services, safe places to live and work, and a feeling of community connectedness all contribute to good health. These components are at the core of integration.

Our Department’s Person-Centeredness initiative is empowering our members to be more active in their own care and wellness. We are helping increase our members’ health literacy, impart a shared responsibility, and better connect them to the supports they need to thrive in their communities.

Through the Governor’s State Innovation Model, we began integrating physical and behavioral health in primary care settings. The Colorado Opportunity Project initiated efforts to identify key outcomes and take a prevention-based approach to removing roadblocks to good health and success in life.

We continued to streamline long-term services and supports delivery systems with the goal that all Coloradans who wish to live independently can do so. Nearly 74 percent of our members who receive long-term services and supports live in place in their communities.

The Accountable Care Collaborative, Colorado’s foundational service delivery and payment reform program, connected more members to a team of caregivers who address individual needs in the patient-centered medical home.

Colorado achieved a milestone in 2015 by reducing the uninsured rate by more than half to 6.7 percent.

We are proud that Colorado is at the forefront of health policy innovation. With the help of our members, partners and stakeholders, we will continue to advance on the goal of becoming the healthiest state in the nation.

Sincerely,



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



Susan E. Birch, Executive Director



Introduction

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 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 Coloradans who qualify.

Our Population

In 2015 the Department provided coverage to nearly 1.3 million low-income Colorado residents. Individuals and families on Medicaid and CHP+ come from diverse backgrounds and face unique challenges. While most members do not remain on the programs for long periods of time, others require long-term enrollment.

Collaboration

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

Person-Centeredness

The Department continues to align our business processes and policies

with person-centered principles. The Department defines “person-centered” as thinking and behaving in ways that respect and value other people’s individual preferences, strengths and contributions. It means working *with* our members instead of doing things *to* or *for* them.

Medicaid and CHP+ members and their families work collaboratively with the Department through our In-Person and Virtual Advisory Councils. Our internal champions lead culture change by identifying specific processes and policies that can become more person-centered. The Department’s executive team continues to model, drive, and support the integration of person-centered principles into our organizational culture. All three groups shaped our strategic plan for person-centeredness.

Colorado Opportunity Project:
Removing Roadblocks

The Colorado Opportunity Project is a partnership among the departments of Health Care Policy and Financing, Human Services, Public Health and Environment, Labor and Employment, and Education to identify evidence-based programs in Colorado that provide paths toward economic self-sufficiency.

In 2015, opportunity liaisons began guiding the project at a local level to understand the impact of evidence-based programs within their assigned communities.

Initial efforts will focus on Durango, far north Metro Denver, Colorado Springs, Pueblo, Lakewood, and Montezuma and Yuma counties.

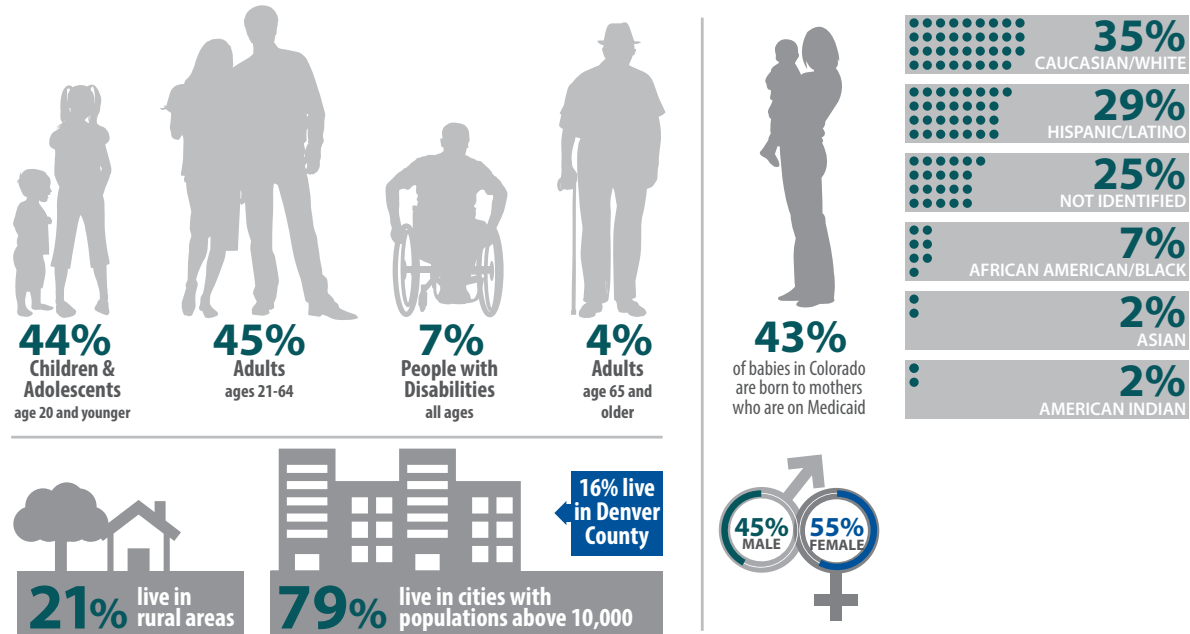
In the coming year, the opportunity liaisons and communities will focus on enhancing programs and developing performance metrics to evaluate outcomes.



“It’s always been ‘us and them.’ This is a whole new culture where everybody’s opening up and coming together to make sure people are being served.”

– KRISTEN W.,
PERSON CENTEREDNESS ADVISORY
COUNCIL AND MEDICAID MEMBER

Fiscal Year 2014-15 Medicaid Program Demographics





Coverage

eligibility and enrollment

As of December 2015, the Department paid for approximately \$7.6 billion in Medicaid services for almost 1.3 million Coloradans. CHP+ enrollment, which includes both children and pregnant women, was more than 48,000 in 2015. The Colorado Indigent Care Program (CICP) served more than 58,000 clients in FY 2014-15.

Real Time Eligibility

The Department worked in partnership with the Governor's Office of Information Technology, the Colorado Department of Human Services and Connect for Health Colorado to develop technology that allows as many as 80 percent of Medicaid applicants to get Real Time Eligibility (RTE) when using

the PEAK online application. This process once took as long as 45 days. Because of RTE, it now takes 45 minutes in most cases.

Colorado received the prestigious Incubator Award at the ACT-IAC Igniting Innovation 2015 Awards in Washington, D.C., for its work to make RTE a reality for Coloradans applying for Medicaid.

Continuous Eligibility

In 2014, the Department implemented continuous eligibility for up to 12 months for most children eligible for Medicaid, and all CHP+-eligible children, regardless of changes in the family's circumstances, with some exceptions. Continuous eligibility for children provides consistent access to preventive services and fosters better relationships among health care providers, children and parents.

In October 2015, the Department extended continuous eligibility to children eligible for any Medicaid category, including children with disabilities. Now, children younger than 19 years of age who are eligible for any Medicaid program or CHP+ may qualify to receive continuous eligibility, including those under 19 who are no longer eligible for foster care.

Child Health Plan *Plus*

The Child Health Plan *Plus* (CHP+) program offers comprehensive health care benefits to two populations: 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.

The CHP+ program covers children and pregnant women whose families earn up to 250 percent of the Federal Poverty Level.

Medicaid Buy-In Programs

The Department has two Medicaid Buy-In programs.

The Medicaid Buy-In Program for Working Adults with Disabilities provides adults with disabilities who earn too much or have too many resources to qualify for Medicaid the opportunity to purchase Medicaid. Members 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 Federal Poverty Level.

More than 5,700 individuals were enrolled in the Medicaid Buy-In Programs in 2015.

Colorado Indigent Care Program

In FY 2014-15 the Colorado Indigent Care Program (CICP) served more than 58,000 individuals. CICP is not a health insurance program and is restricted to participating providers throughout the state.



"...you [the Department] have shown that you followed through... I feel a level of trust."

– TERRY K.,
PERSON CENTEREDNESS ADVISORY
COUNCIL AND MEDICAID MEMBER

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 at or below 250 percent of the FPL and not be eligible for Medicaid or CHP+.

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

No longer ‘working but not working’

Nicole has long had to deal with a problem many people would never dream of: She has had to refuse a living wage.

Nicole is quadriplegic, and for years has had to keep her annual earned income at a certain level in order to maintain the government-funded home and personal care she needs.

Nicole has turned down jobs, worked for free and declined raises. She has constantly been on the lookout for ways to keep both a job, her home and personal care benefits. For four of the 14 years she has lived with her disability, she resided in government-subsidized housing.

“I can’t believe how hard I’ve worked at ‘working but not working,’ ” she says.

But there’s good news. Nicole is now enrolled in the Medicaid Buy-In Program, which has liberated her from the earned-income threshold mandated by the federal Social Security Disability Insurance (SSDI) program. She now happily accepts full payment for her work as a full-time counselor at Craig Hospital.

Nicole has worked since she was eight years old – starting out picking corn in the fields of Wyoming. After her junior year in college, she was the backseat passenger in a motor vehicle rollover accident.

That was Nicole’s first encounter with Craig. She rehabilitated there, and it didn’t take long for her to get back into work and school – the areas where she felt most comfortable.

Nicole completed two master’s degrees in counseling at the University of Northern Colorado: working, volunteering and interning all along. But she always had to be careful about how much she was paid.

At one point she was working at an independent living center.

“They kept trying to give me a raise,” she says, “and I was like, ‘Please keep me at minimum wage, and I can only work a couple days a week.’ ”

Nicole says the idea that her care could be taken away because of her earned income caused endless amounts of stress.

“There’s such fear around losing your Medicaid and your SSDI,” she says. “Because it’s our health. We live and die by being able to have someone come in and get us out of bed, turn us, whatever.”

All along Nicole stayed close to the Craig community. Craig social worker Kathy Hulse told her about the Medicaid Buy-In Program for Working Adults with Disabilities, which would alleviate the need for Nicole to refuse compensation for her work.

Around the same time, Nicole was also in the running for a job as a counselor at

Craig. It was an attractive opportunity – she always wanted to return to that community.

Nicole is now exactly where she wants to be. She has been enrolled in the Medicaid Buy-In program since 2014, and in 2015 she became a full-time employee at Craig, helping others navigate the ups and downs she’s been through since her own accident.

“There’s such fear around losing your Medicaid and your SSDI,” she says. “Because it’s our health. We live and die by being able to have someone come in and get us out of bed...”

She now thinks about her future in terms of what she can do rather than what she can’t. Her earned income can go to retirement and other assets. She has security.

But she’s also enjoying the present – as someone who has fought for years for the chance to contribute to society.

“It’s such a huge thing to be able to say, ‘Yes, I work,’ ” Nicole says. “In our culture, that’s the second thing people ask. To be able to say, ‘I’m a counselor at Craig Hospital’ is huge.”





Support

office of community living

Governor Hickenlooper created the Office of Community Living (OCL), along with the Community Living Advisory Group, in July 2012. The OCL is comprised of the Division for Intellectual and Developmental Disabilities (DIDD) and the Long-Term Services and Supports Division (LTSS).

DIDD leads efforts for individualized supports that enable people with intellectual and developmental disabilities to live everyday lives in their communities. LTSS oversees Medicaid-funded Home and Community Based Services (HCBS) waiver programs, the Program of All-Inclusive Care

for The Elderly (PACE), Hospital Back-Up Services and nursing facilities contracted with the Department. The Community Living Advisory Group, comprised of stakeholders, Department staff and other agencies, considered and recommended changes to the LTSS delivery

system. The Advisory Group worked closely with the Colorado Commission on Aging and other planning groups to carry out this work and build on previous discussions and recommendations. In 2015, the OCL began implementing the goals and recommendations outlined in the 2014 Colorado Community Living Plan. Following are just a few examples of how we are working to implement these recommendations.

Person-Centered Care Coordination

Person-Centered Care Coordination uses individual abilities and preferences as the starting point for case management. This approach requires a systemic shift in how members, families, providers, case managers and policy makers approach care coordination and service delivery.

In alignment with integrating Person-Centered Care Coordination, the LTSS Division completed work on a Testing Experience and Functional Tools (TEFT) planning grant. TEFT tests and develops tools that give LTSS clients better access to their records. In May 2015, Colorado and eight other states were awarded a three-year TEFT demonstration grant.

Entry Point and Eligibility Work

In 2015 the OCL completed a planning grant from the federal Administration for Community Living (ACL) to draft a three-year implementation plan for a No Wrong Door (NWD) system. NWD’s goal is to streamline access to LTSS for all individuals in need, regardless of age, disability or payer source. The Department received a three year NWD implementation grant in September 2015 to develop a statewide NWD model. Three to five regional pilot sites will test and refine various tools and approaches to carrying out the functions of an NWD system.

Waiver Simplification and Benefit Redesign

DIDD staff continued to redesign the waivers for adults with intellectual and developmental disabilities, as directed by the Community Living Advisory Group. Ten statewide stakeholder meetings were held to gather input on the Waiver Redesign Workgroup’s Summary and Recommendation Report. DIDD and stakeholders will work together in 2016 to create the new waiver.



Housing and Transportation

The OCL worked with the Governor’s Office and the Division of Housing to create a cross-agency Housing Workgroup. This workgroup addresses the spectrum of population needs. With the Housing Workgroup, the Governor’s Office developed and led an initiative to analyze available supportive housing services, including those currently covered by Medicaid. The workgroup has also identified gaps in coverage and is identifying opportunities to maximize Medicaid resources.

In 2015 the Department partnered with CSH, an organization dedicated to helping people who are homeless or at risk of homelessness, to produce the Colorado Medicaid Crosswalk report. This report provides Colorado a tool to help access additional resources for programs for these populations.

In October 2015, the OCL worked with the Colorado Department of Local Affairs to sponsor a Housing and Healthcare Summit, which brought together health care and housing providers so they can maximize existing resources for clients seeking housing and supportive services.

Employment

The Supported Employment Benefit helps participants to work in the community. Department staff facilitated meetings between the Division of Vocational Rehabilitation and Community Centered Boards, and held roundtable meetings throughout the state to improve employment positions available for people with disabilities. Participation increased from 1,120 individuals in 2011 to more than 1,800 by May 2015.

Monitoring and Evaluation

In 2015, staff within DIDD completed an audit of the Family Support Services Program. The audit reviewed the financial and service records of each of the 20 Community Centered Boards throughout Colorado. The results of the audit prompted changes to contracts with the Community Centered Boards, improving transparency and data tracking of expenditures for services. A similar audit of the state-funded Supported Living Services Program is planned for 2016.

DIDD held stakeholder meetings to share information about results of the National Core Indicators (NCI) Project. Individuals with intellectual and developmental disabilities were surveyed regarding their opinions of their supports. Colorado received significantly above-average rankings in all NCI domains, including individual outcomes, health, welfare and rights, and system performance. Colorado ranked the highest in the nation for opportunities for individuals to go out into the community for entertainment and individuals who reported always being able to see friends when they wanted. Colorado ranked in the top 13 percent nationwide for individuals who reported having a paid job in the community.

Care coordination transforms the lives of two brothers

On the brink of eviction and dealing with serious health issues, Gerald and Wayne felt scared and isolated. With the clock ticking, they were running out of options.

Both brothers have diabetes, and Gerald is on dialysis. Gerald’s social media posts were becoming increasingly troubling. When he posted that he and his brother planned to stop all medications and “just let nature take its course,” Joanna Martinson sprang into action. Joanna, a high school classmate of Gerald’s, is also the care coordination director for North Colorado Health Alliance, a delegate of Colorado Access, the Regional Care Collaborative Organization (RCCO) in Greeley.

Gerald is enrolled in the Department’s Accountable Care Collaborative: Medicare-Medicaid Program, so Joanna connected him to one of her care coordinators, David Felix. David moved



quickly to assess the brothers’ needs and establish next steps. One immediate need was to find accessible housing that would keep the brothers together and meet their physical and medical needs. The best option was an assisted living center. The new community has provided the additional support they need to manage their health issues.

It was also critical for David to connect the brothers to a primary care medical provider and a behavioral health provider. Due in part to his untreated diabetes, Wayne had a toe wound that resulted in a severe infection. His toe was turning black and, if not treated, could have required amputation. Wayne’s high anxiety led to chest pains and an emergency room visit.

It was imperative to address the brothers’ immediate health needs.

To ensure the brothers continue to get the care they need, David regularly attends their appointments and helps to coordinate their care – communicating between their primary and behavioral health care providers, specialists and the assisted living center.

David worked with the brothers to establish their personal health goals. During this process, Gerald revealed that one of his lifelong goals was to go to a Colorado Rockies game at Coors Field. David used this goal as an incentive for Gerald to transition into assisted living with his brother and get his health issues under control.

Gerald reached his goal in August 2015. He and David made the trip to Coors Field to attend his first Rockies game. That day, Gerald’s smile never left his face.

When Dr. Barton, the brothers’ primary care provider, was told that Gerald was headed to the Rockies game, her eyes filled with tears. According to Dr. Barton, if it wasn’t for David’s help and dedication to the brothers, she isn’t sure they would be alive today.

“The care coordination provided by the ACC: MMP truly makes a difference in the lives of our members,” Joanna said. “I have been a nurse for 34 years, working mostly with the most vulnerable populations – those living in poverty with mental illnesses and substance abuse issues – and this is the first time that I really think we are on the right track. And that is such a good feeling.”





Health

delivery system

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

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 a Primary Care Medical Provider (PCMP), who serves as the members’ medical home. Members and their PCMPs belong to a Regional Care Collaborative Organization (RCCO), which has a network of medical providers who can help connect members to medical and non-medical

services to help ACC members get what they need to be healthy. Care coordinators help these members find the right health care, and find non-medical services like housing, child care, food and fuel assistance. At the end of 2015, there were approximately 985,000 people enrolled in the ACC.

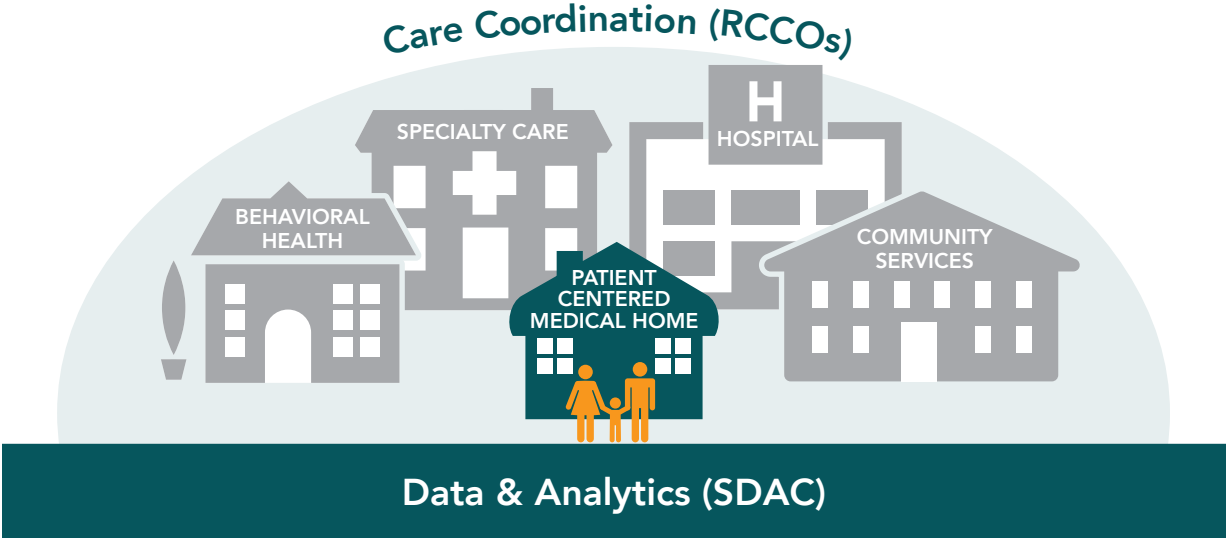
RCCOs help providers, too. They make it easier to navigate the Medicaid system so providers can focus on delivering care. The RCCOs track performance so PCMPs can be rewarded for good outcomes. There are seven RCCOs in the state, with more than 2,700 providers delivering care to ACC members.

The ACC rewards value over volume and paying for outcomes – not simply service delivery. The payment model promotes gradual, sustainable system change and accountability for results. In FY 2014-15, the ACC generated approximately \$37.7 million in savings that exceeded its administrative costs.

ACC Rocky Mountain Health Plans’ Prime

Rocky Mountain Health Plans’ Prime (ACC: RMHP Prime) is a payment reform pilot that provides the RCCO a single per-member payment for all physical health

care delivered to its approximately 34,000 participating members. ACC: RMHP Prime’s payment to providers also includes the potential for shared savings with PCMPs and local Community Mental Health Centers if identified quality targets are met. This allows for better integration of physical and behavioral health.



“There is a stigma that government insurance isn’t good. The more I learn about it, the more I say, “You know, I’ve had both, and this is better.”

– JESSICA K.,
PERSON CENTEREDNESS ADVISORY
COUNCIL AND
MEDICAID MEMBER

Making things happen at Doctors Care



Alexis and her son, Henry.

Alexis needed a basic health exam to start her new job at a children's early learning center in Englewood. After some quick research, she settled on Doctors Care because it accepts Medicaid members and is on her way to work.

Little did she know she'd found a place that could handle nearly every health care need for her as well as her three-year-old son, Henry.

"I ended up getting all of my care in one building," Alexis said. "I've never experienced that anywhere else."

In addition to a physical, Alexis got both her dental and behavioral health care needs taken care of at Doctors Care. She took Henry to the organization's pediatrician, and he also had his first dentist appointment there.

"I ended up getting all of my care in one building," Alexis said. "I've never

experienced that anywhere else. Anything I mentioned I was looking for, it seemed like they had it covered there."

Doctors Care Care Coordinator Ann Rath, a retired pediatric nurse, said the organization's comprehensive approach to health care is one of its strengths.

"There are so many resources in that building, it's amazing to me," she said. "It's kind of like one-stop shopping."

Ann has worked in health care for 45 years, and she said she's noticed a change in how Medicaid works for members since she began volunteering at Doctors Care.

"I find that the people I'm talking to now are relieved that these services are available to them," she said.

That's true for Alexis, who plans to continue using Doctors Care for her family's health care needs.

"It all just kept falling into place," she said. "It's been really easy to make things happen."

Enhancing Primary Care

Beginning in FY 2014-15, practices that were recognized as enhanced PCMPs – defined as meeting five out of nine standards – received additional payment. The standards include providing weekend and evening appointments and providing onsite access to behavioral health care providers. As of May 2015, 265 practice sites, serving more than 500,000 ACC members, met the enhanced PCMP criteria.

Behavioral Health Organizations

The community behavioral health services program provides comprehensive mental health and substance use disorder services to all Colorado Medicaid members. Members are assigned to a Behavioral Health Organization (BHO) based on where they live. BHOs arrange for medically necessary behavioral health services, like therapy and medications.

Colorado State Innovation Model

The Colorado State Innovation Model (SIM) touches nearly every aspect of our health care system. SIM is working to improve access to integrated primary care and behavioral health services in coordinated community systems and expand information technology efforts, including telehealth.

2015 highlights include SIM's partnership with the Department of Regulatory Agencies to improve access to mental health care and the selection of four bi-directional integrated health home sites. In conjunction with the University of Colorado, SIM released a Request for Application for primary care practices to participate in the first cohort of SIM. Practices will be announced in early 2016.

Dental Benefits for Adults

In Medicaid's first complete year offering adults dental services, Medicaid dental providers served approximately 285,300 adult members. Approximately 33 percent of all dental-eligible adult members received dental services in 2015. Adult dental services include diagnostic and preventive services, restorative services, root canals, gum treatment, dentures and emergency services.

In 2015 Medicaid partnered with the Colorado Dental Association to incentivize dental providers to serve more Medicaid members. There was a 50 percent increase in the total number of dental providers in network from 2014 to 2015. Today we have 2,099 providers in the Medicaid network.



Dr. Carol Niforatos, DDS, dental director, Colorado Coalition for the Homeless.



Dr. Carol Niforatos, DDS, Mr. Molar, Mechel Browning and the entire dental team at the Colorado Coalition for the Homeless bring smiles to thousands of adults and children each year.

“A man in his early 40s with extreme tooth decay came into our dental clinic. He was in need of dentures. When he found out he was eligible for the Medicaid dental benefit, he was thrilled. On the day he got his dentures, he was so happy, he was weeping. He said to me, ‘I’m going to get a better job.’ When people have bad teeth, it’s hard to get a good job. He came back just two hours later; he got the better job. He was so happy – and I was so happy. He literally looks like a different person.”

– **DR. CAROL NIFORATOS,**
DDS, DENTAL DIRECTOR, COLORADO COALITION FOR THE HOMELESS

Dental Benefits for Child Health Plan Plus

CHP+ provides dental services to its members ages 0-18.

In 2015, CHP+ dental served more than 29,600 members, representing nearly 45 percent of the total CHP+ program membership. Department staff, together with the CHP+ dental contractor, Delta Dental, are working to implement strategies to increase the number of children using their CHP+ dental benefits.

PEAK Health Mobile App

The Department recognizes the role technology plays in daily life, and we believe it’s an important tool for reaching our members to get them more engaged and empowered.

In December 2014 we debuted the PEAK Health mobile app to help members more easily manage their information. From this app, they can update their financial information, add a new member of the family, pay enrollment fees and premiums, 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.

Provider Recruitment

Providers are the foundation of the Department’s health care programs, and we need an increasing number to meet the growing demand for quality health care services in Colorado.

We educate providers on the breadth of coverage offered under Medicaid and other programs. In 2015, the Department informed providers about some new offerings, including diabetes self-management education, depression screening, adult dental services and preventive health and wellness services, such as tobacco-cessation programs.

The Department added an operations specialist to the provider relations team to focus on helping resolve provider issues and remove barriers to Medicaid participation. The provider relations team continues to work on provider recruitment and retention. We routinely receive more than 100 new applications per week from providers wanting to see Medicaid members.

The Benefits of Being a Medicaid Provider

Medicaid providers help ensure access to care for nearly 1.3 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, providing continuity of care and better health outcomes. Medicaid also pays faster than most commercial payers – most claims are paid in fewer than 10 days.

Collaboration with Connect for Health Colorado – Open Enrollment and Shared Eligibility Systems Enhancements

The third open enrollment period to purchase private health insurance through the Connect for Health Colorado marketplace began on November 1, 2015 and ended on January 31, 2016. Nearly 153,583 Coloradans enrolled in health coverage for 2016 during this period.

The Department worked with Connect for Health Colorado to implement several enhancements to the shared eligibility system to make it easier to submit an application online through **Colorado.gov/PEAK**. One of these enhancements was the introduction of E-Kyla, an avatar to help applicants navigate and complete the application for health coverage.



Value

payment
and savings

The Department strives to achieve value with our state and federal funds. We have made progress by transforming delivery systems and using data to inform our decisions.

Benefits Collaborative

The Benefits Collaborative ensures numerous 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. Promote the health and functioning of Medicaid members.

In 2015 more than 100 stakeholders participated in the creation of new standards for pediatric personal care, substance use disorder and genetic testing.

Fraud, Waste and Abuse

Coloradans demand their tax dollars be spent wisely and be sheltered from waste. In FY 2014-15 the Department recovered

approximately \$91.4 million, less drug-rebate recoveries, due to overpayments, fraud, waste and abuse.

Third-party liability refers to costs for benefits that should be incurred by another party such as Medicare. The Department’s third party recoveries for FY 2014-15 were \$61.5 million.

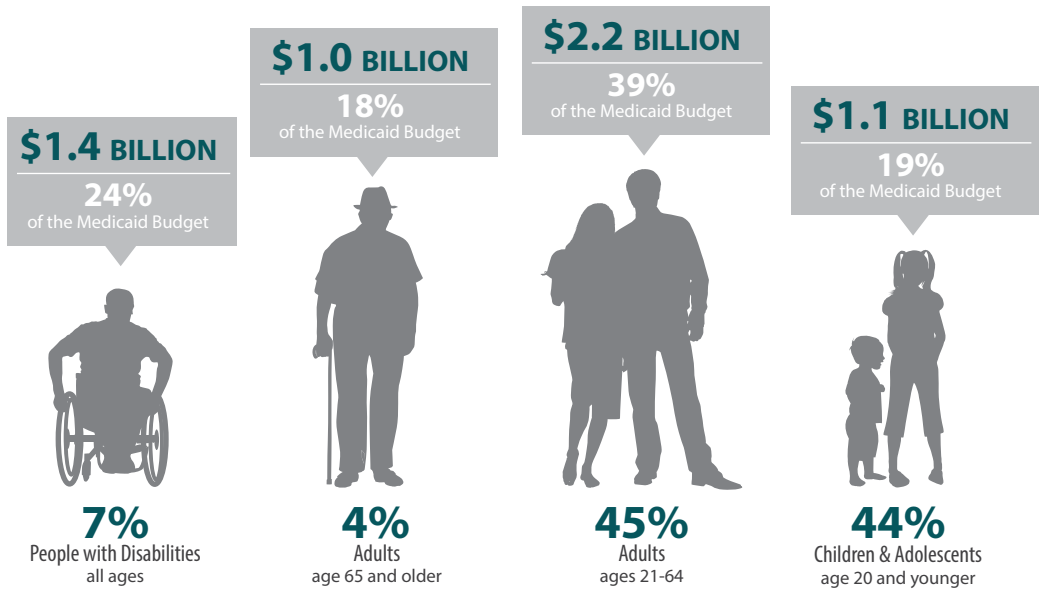
How You Can Get Involved

Various public advisory committees 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.

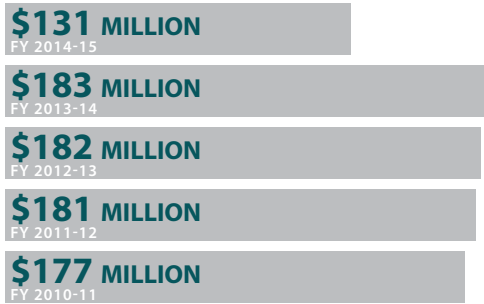
Committee members are volunteers and/or political appointees. They include Medicaid members, family members, behavioral and physical health providers, care coordinators and advocacy organizations.

Meetings are held regularly and many are open to the public. To learn more, visit Colorado.gov/HCPF/GetInvolved.

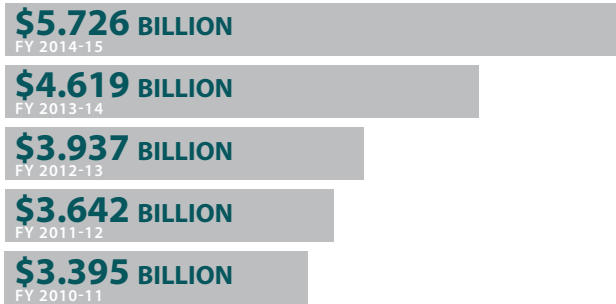
Colorado Medicaid Expenditures by Demographic Group - Fiscal Year 2014-15



5 Year Colorado CHP+ Expenditures



5 Year Colorado Medicaid Expenditures





Future Planning

on the horizon

Colorado is at the forefront of health policy innovation and implementation. With our partners we will work to move closer to the goal of becoming the healthiest state in the nation.

Provider Revalidation and Enrollment

The Department began revalidating and enrolling all existing Medicaid and CHP+ providers in 2015, as required by the Affordable Care Act. Our new online provider enrollment tool handles both enrollment and the enhanced screening now required for revalidation. As providers

complete an application for revalidation, they are also simultaneously enrolling into the Colorado interChange, the new Medicaid Management Information System.

Revalidation and enrollment began in September 2015. The revalidation is a two-step process. The first step requires the Department to notify all affected

providers of the revalidation requirement by March 24, 2016. The second step is for providers to complete the revalidation and enrollment process no later than September 25, 2016.

ACC Phase II

In the next phase of the Accountable Care Collaborative, the Department will leverage the successes of both the ACC and Behavioral Health Organization (BHO) programs to enhance the Medicaid member and provider experience. Instead of two separate agencies (RCCO and BHO), the state agency will contract with one Regional Accountable Entity (RAE). The RAE will be accountable for physical and behavioral health outcomes. In October, the Department released a high-level concept paper that provided additional detail on ACC Phase II.

The Department engaged stakeholders to further refine the vision and specific policies of the concept paper. The Department plans to continue to engage heavily in this stakeholder process in 2016.



Oversight

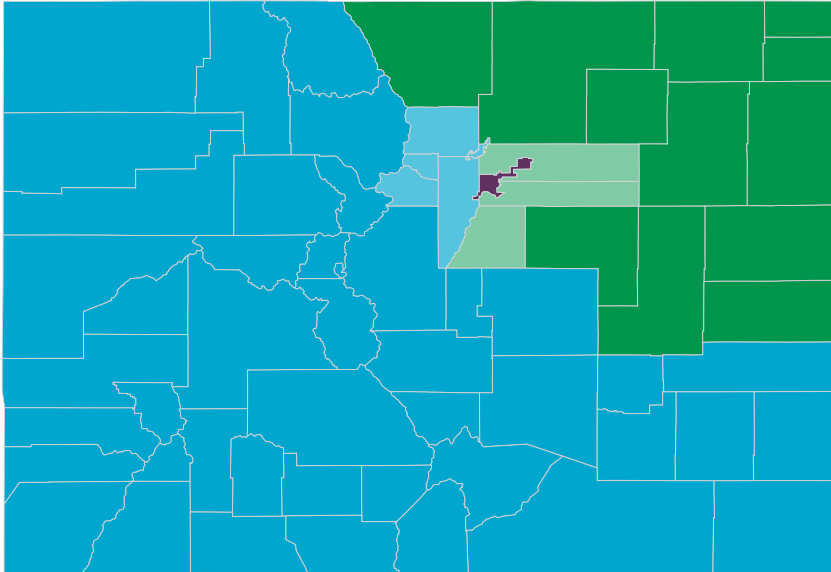
At the federal level, the Department is regulated by the Centers for Medicare and Medicaid Services (CMS) and receives government funding as a federally designated Single State Agency.

At the state level, the Department is overseen by the Medical Services Board, which adopts 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.

The Medical Services Board by Congressional District *as of December 2015*

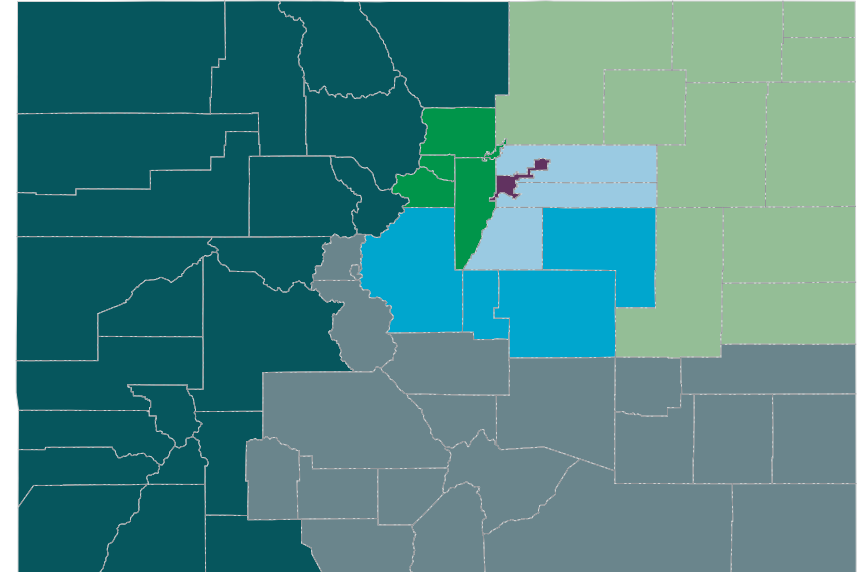
Christy Blakely – CD 6
Patricia (Pat) Lynn Givens – CD 1
Bregitta Hughes – CD 5
Jessica Kuhns – CD 2
Brenda LaCombe – CD 3
Paul Melinkovich, M.D. – CD 1
Amanda (Mandy) Moorer – CD 7
David Potts – CD 5
Donna Roberts – CD 4
Michael Stahl – CD 3
Mary Trujillo-Young, Ph.D. – CD 3

BHO Map



- Colorado Access/Access Behavioral Care Northeast (ABC)
- Behavioral Healthcare, Inc. (BHI)
- Colorado Health Partnership (CHP)
- Foothills Behavioral Health Partners (FBHP)
- Colorado Access/Access Behavioral Care Denver (ABC)

RCCO Map



- | | |
|--|---|
| ■ REGION 1
Rocky Mountain Health Plans | ■ REGION 5
Colorado Access |
| ■ REGION 2
Colorado Access | ■ REGION 6
Colorado Community Health Alliance |
| ■ REGION 3
Colorado Access | ■ REGION 7
Community Care of Central Colorado |
| ■ REGION 4
Integrated Community Health Partners | |

Do You Know Someone Who Needs Health Insurance?

If you know someone who may benefit, please visit the Department website at [Colorado.gov/hcpf](https://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](https://colorado.gov/PEAK).

Applicants without Internet access can visit their local county human services office for assistance.



COLORADO
Department of Health Care
Policy & Financing