



Department of Health Care Policy and Financing

Hot Topics

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The Mission of the Department of Health Care Policy and Financing is to provide cost-effective, quality health care services to Coloradans.

Ombudsman for Medicaid Managed Care

The Ombudsman for Medicaid Managed Care is a statutorily required program (C.R.S. 25.5.406) created to help members receive quality health care through a variety of services including the coordination of care of its members, comprehensive problem resolution, member education on the managed care process, rights and responsibilities, as well as the grievance and appeals process. The Medicaid managed care program includes enrollment of vulnerable populations who often have a difficult time navigating the health plan grievance or appeals process. Those members who are not clear on how to navigate the managed care process often become discouraged and go without care. Unmet care needs may result in more expensive health care interventions such as emergency room visits, hospital stay or increased service needs. The program is operated by MAXIMUS under contract with the Department. To contact the Ombudsman inside the Metro area dial 303-830-3560, and 1-877-435-7123 outside the Metro area. The address is 303 E. 17th Avenue, Suite 105, Denver, CO 80203. Email: help123@maximus.com.

Program Integrity Recovery Effort Yields \$7 Million

Program Integrity (PI) has logged \$7.1M in provider overpayment recoveries collected in FY 07-08. PI's recoveries are included in the Medical Services Premiums base budget, and the Department continuously updates its projections during the budget process to incorporate the current levels of recoveries. The recovery amount includes four (4) global settlements, and reviews of the following provider types: individual physician practitioners, anesthesiologists, dentists, home and community based services (HCBS), home health, DME/supply, FQHCs, hospitals, non-emergency transportation, pharmacies, podiatrists, emergency transportation providers and vision therapy providers.

Several providers under review showed patterns of potential fraud that were referred to the Medicaid Fraud Control Unit for criminal investigation and prosecution. Other providers demonstrated patterns of submitting false claims that have been referred to the state Attorney General's office and the Assistant US Attorney for civil investigation and prosecution. With successful convictions or guilty pleas, those individuals will be excluded from participation from federally funded health care programs, such as Medicaid.

These mandated monitoring efforts have been conducted by five (5) reviewers with supplemental assistance from two contingency contractors. Monitoring provider claims submitted for reimbursement is an ongoing Program Integrity effort that will continue to be enhanced by launching the approved GEMS initiatives for provider re-enrollment, adding five (5) new FTEs and procuring cutting-edge fraud and abuse detection capabilities.

"My vision remains the same – that high quality, affordable health care is available to every Coloradan."

Governor Bill Ritter

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Medical Homes for Children (SB07-130, Boyd/Carroll)

The Department submitted in June its report to the House Health and Human Services Committee regarding progress made toward maximizing the number of children with a medical home who are enrolled in the Medicaid or the Children's Basic Health Plan *Plus* programs. In a medical home, the child or youth, his or her family, primary care physician, and other health professionals develop a trusting partnership based on mutual responsibility and respect for each other's expertise. Together, families, health care professionals and community service providers identify and access all medical and non-medical services needed to help the child and family. While the Medical Home program is a paradigm shift in care, the Department believes these activities will result in improved operations, increased provider participation, improved access, and measurable quality of care. Together these activities will create a solid foundation for a fully operational, comprehensive Medical Home delivery system in Colorado.

To date, the Colorado Medical Home Initiative has grown to more than 75 members and is currently working to assure that:

- All providers understand the components of the medical home approach and implement them in their practices;
- Families understand the components of a medical home and advocate for them in the community;
- Provider incentives, resources, and needs are effectively aligned to meet stated goals;
- Outcomes are evaluated and systems are monitored to assure quality; and
- Research and outcomes are communicated clearly to providers, families, and the community.

Systematic Development of Informed Consent (SDIC) Training for HCPF Employees

With a grant funded through the Colorado Health Foundation, on July 28-30, 2008 about thirty HCPF employees participated in a training course facilitated by Hans and Annemarie Bleiker of the Institute for Participatory Management and Planning on strategies to improve citizen participation. With over thirty years of experience in research and development on the topic of consent building, the Bleikers teach methods for enhancing the effectiveness of public officials, public agencies, and other organizations with important public-sector missions through a strategy designed to prevent gridlock on important ideas, projects, and/or proposals. As evaluated by staff who participated, the training was successful in presenting new ways of approaching familiar problems and providing new tools and techniques in solving them. Our goal is to provide supplementary trainings for additional staff and executive leadership interested in participating and we are currently researching other funding sources toward accomplishing this goal.

For more information on these or other topics, please contact Nicole Storm, Legislative Analyst, at 303-866-3180, Nicole.Storm@state.co.us