



Department of Health Care Policy and Financing

Hot Topics

Prepared for the Colorado General Assembly

AUGUST 6, 2009

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

Medicaid Provider Participation, May 2009

According to a [Merritt Hawkins & Associates study](#) of 15 states, Colorado Medicaid has the highest primary practice physician rate.

Colorado Medicaid clients have shorter new appointment wait times for non-emergent care than 70 percent of the states (shorter than ten out of 15 states). The longest wait time for a new client appointment was 63 days; in Denver, Medicaid clients can get an appointment an average of 14 days – 49 days faster.

As of March 2009 there are a total of **2954** family medicine physicians, gynecologists, OB/GYN, and pediatrician providers in the state of Colorado. Family physicians provide critically important primary care services that can address the majority of the health needs of a population.

Participation Breakdown

	Percentage	# of Total Providers
Family Medicine	72.2%	1316/1824
Gynecologists	82.1%	46/56
OB/GYN	80.8%	408/505
Pediatrics	88%	501/569
Internal Medicine	78%	663/851
Total Combined	78%	2,271/2,954

Recruitment Efforts

Partnership with Colorado Medical Society

The Colorado Medical Society and Department have recently developed a work plan outlining how physicians and physician organizations will learn about the Department's various reform efforts and volunteer for specific activities.

Data Gathering

We have mapped out our participating providers to develop a recruitment plan based on the areas in need.

Application Process

Follow-up letters are sent to providers if their application requires additional information and helps them through the process.

Department of Health
Care Policy and
Financing
1570 Grant St.
Denver, CO 80203
Phone 303-866-2993
Fax 303-866-3883

Colorado.gov/hcpf

Payment

Speed

Out of 21 states surveyed by Health Affairs, the fastest payments were made by Kansas at 37 days. In December of 2008, Colorado Medicaid paid providers within 28 days from the service date. The date of payment is dependent upon how quickly the provider submits the claims.

Rates

Colorado Medicaid ranks 29th in the nation for reimbursement rates.

Colorado Gets National Recognition for Efforts to Cover More Uninsured Children

On Sunday, July 19, 2009, the front page of The New York Times highlighted Colorado as one of 13 states currently extending coverage to more uninsured children in the face of the economic down-turn. An additional 21,000 children will be covered in Colorado thanks to the Colorado Health Care Affordability Act (HB09-1293). Also, on July 6, 2009, Governor Ritter participated on a national conference call with U.S. Health and Human Services Secretary Kathleen Sebelius to announce \$40 million in grants that Health and Human Services is making accessible to organizations across the country to enroll eligible families in Medicaid and CHP+. During the call, Secretary Sebelius praised the good work being done in Colorado through community partnerships and called Colorado's outreach efforts a national model.

To read the New York Times article please [click here](#).

Public Forums to discuss new Medicaid benefit plans for the Colorado Health Care Affordability Act

Medicaid Benefits for Childless Adults

A new Medicaid benefit for adults without children or a dependent child in the home is being developed as a result of the Colorado Health Care Affordability Act and is expected to be implemented winter 2012. Twenty-four states and Washington, DC extend some form of coverage to low-income childless adults and less than 10 have done so through a Section 1115 Medicaid waiver.

Section 1115 of the Social Security Act provides the Secretary of Health and Human Services broad authority to authorize experimental, pilot, or demonstration projects likely to assist in promoting the objectives of the Medicaid statute. Flexibility under Section 1115 is sufficiently broad to allow states to test substantially new ideas of policy merit. These projects are intended to demonstrate and evaluate a policy or approach has not been demonstrated on a widespread basis. Some states expand eligibility to individuals not otherwise eligible under the Medicaid program, provide services that are not typically covered, or use innovative service delivery systems.

The Colorado Department of Health Care Policy and Financing is hosting public forums to receive input on this new benefit package. Consumers, client advocates, health care providers, community-based organizations, state and local government agencies, and others who are interested are invited to attend these public forum meetings. Meeting attendees are expected to contribute to discussions on the benefit package including:

- Describing the current unmet needs of potential clients;
- Outlining important principles that should guide the benefit's development;

and

- Identifying ways to make connections with other initiatives.

All public forum meetings will be held at 225 E. 16th Avenue, Denver, CO, 80203 in the 1st floor conference room and online via WebEx.

August 18, 2009
9:00-11:00 a.m.

September 9, 2009
9:00-11:00 a.m.

To participate in the meetings online via WebEx, please go to [Childless Adults Public Forums](#). Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Cassidy Smith at 303-866-6176 or cassidy.smith@state.co.us at least one week prior to a meeting if you need special accommodations in order to participate.

There will be other opportunities for community input in addition to these three meetings. The Department plans to visit communities throughout Colorado to receive input on the development and implementation of the Medicaid benefit for childless adults.

Medicaid Buy-In Program for People with Disabilities

A Medicaid buy-in program for people with disabilities is being developed as a result of the Colorado Health Care Affordability Act and is expected to be implemented summer 2011. Section 201 of the Ticket to Work - Work Incentives Improvement Act (TWWIIA) governs the provision of health care services to workers with disabilities by establishing a Medicaid state plan buy-in optional eligibility group. In addition, the Balanced Budget Act of 1997 originally provided an optional Medicaid eligibility group for working individuals with disabilities. As of September 1, 2008, 39 states have a Medicaid buy-in program. Colorado's buy-in program will be available to both working and non-working adults with disabilities and to children with disabilities.

All public forum meetings will be held at 225 E. 16th Avenue, 1st floor conference room Denver, CO, 80203.

August 25, 2009
1:00-3:00 p.m.

September 17, 2009
9:00-11:00 a.m.

We look forward to learning from your experiences and working with you to help connect Coloradans to needed services.

HIPAA – General Information and Constituent Inquiries

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is perhaps the single most significant piece of federal legislation affecting the health care industry since the inception of the Medicare and Medicaid programs. The legislation consists of several broad and far-reaching provisions, including:

The improvement of the portability and health insurance coverage for millions of American workers and their families.

The prohibition on group health plans from placing certain limits or restrictions on health care coverage.

The promotion of *Administrative Simplification* in the health care industry through the development of standards for the electronic exchange of information in order to simplify the burdens and reduce the costs of administering health care.

The requirement that the U.S. Department of Health and Human Services promulgate rules to maintain the privacy of individuals' *Protected Health Information* and to establish security requirements to protect that information, thus enhancing the ability of consumers to control how their health information is used and disclosed.

What is Administrative Simplification?

The goals of Administrative Simplification include protecting the privacy rights of individuals; developing standards for the exchange of electronic health care information and the security of data processing systems; and creating standard identifiers for employers, health care providers, and health plans. Specific provisions include:

The *Privacy Rule* to protect individually identifiable health information that is transmitted or maintained in any form or medium.

The *Security Rule* to ensure implementation of various safeguards to protect certain electronic health information from improper access, disclosure, or destruction.

The *Transaction and Code Set Rule* to mandate the development and use of standardized national code sets to identify medical conditions, treatments, procedures, durable medical equipment, and drugs.

Who is Covered?

HIPAA classifies the following as Covered Entities and requires their compliance:

Health Plans, including individual or group plans that provide or pay the cost of medical care and includes both the Medicare and Medicaid programs.

Health Care Providers who transmit any health information (including billing for health care) in electronic form in connection with the transactions covered in the Transaction and Code Set Regulations. Physicians, hospitals, physical therapists, pharmacists, and providers of home medical equipment would be included in this category.

Health Care Clearinghouses that process or facilitate the processing of health information received from other entities.

What does it mean for you?

As Legislators, you are often asked to look into a situation brought to your attention by a constituent. State agencies are your resource for gathering information and helping to determine a strategy for action, where appropriate. In order for the Department, Legislative Council or the Governor's Advocate to allow a third-party (yourselves) to have access to protected health information and receive information about a constituent/client, an authorization form must be filled out by the client. To access the Authorization to Disclose Information form, please [click here](#).

For more information please visit:

United States Department of Health and Human Services, Office of Civil Rights, HIPAA, www.hhs.gov/ocr/hipaa

Recent Department Presentations

For information on the presentation to the Health Care Task Force, July 9, 2009, please [click here](#).

For information on the presentation to the Long Term Fiscal Stability Commission, July 28, 2009, please [click here](#).

For information on the presentation to the Hospice and Palliative Care Committee, July 27, 2009, please [click here](#).

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