Department of Health Care Policy and Financing

Hot Topics

Prepared for the Colorado General Assembly

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

Sandeep Wadhwa, MD, State Medicaid Director Departure

Dr. Wadhwa will be leaving the Department on August 11th after serving Colorado's most vulnerable for over two years. Sandeep Wadhwa brought a renewed focus on how policies and programs can improve the health of clients while also pursuing efficiencies in program administration.

Dr. Wadhwa's efforts on the development of the Accountable Care Collaborative, the Medical Home, championing an Olmstead plan, promoting client participation, overseeing pay-for-performance initiatives, identifying unexplained geographic variations in care, leadership on decreasing inappropriate emergency room use, unnecessary hospital readmissions, and reducing tobacco use will continue to make a difference long after he is gone.

The State Medicaid Director position will be posted shortly as it is a classified state employee position. In the interim, Laurel Karabatsos will serve as the acting Medicaid Director.

GettingUSCovered

People with serious health conditions who have struggled to find health insurance have a new option, thanks to GettingUSCovered, a new health plan that opened July 6th in Colorado.

GettingUSCovered is a statewide, comprehensive health plan for people with pre-existing medical conditions who have been uninsured for at least six months. As Colorado's federal high-risk pool, the health plan was developed through a partnership between Rocky Mountain Health Plans, CoverColorado, the State of Colorado and the U.S. Department of Health and Human Services. It is funded though individual premiums and a federal financial subsidy.

GettingUSCovered members will have access to a comprehensive benefits package and strong statewide network. Members can choose their own doctor and get access to the Rocky Mountain Health Plans provider network, which includes more than 2,500 primary care physicians, 9,000 specialists and specialty providers and 99 hospitals statewide. Benefits include a prescription drug plan, coverage for preventive care, mental health, maternity care, and more. Care management programs will also be offered.

Colorado expects to be able to expand coverage to up to 4,000 currently uninsured people. The high-risk pool program is a bridge to 2014, when insurance companies will be barred from denying coverage based on pre-existing conditions, and individuals will be able to buy coverage through health insurance exchanges.

Individuals can submit applications to the plan today at http://www.gettinguscovered.org. People with enrollment questions can call 877-779-0387 toll-free. Applications will be processed on a first-come, first-serve basis. Individuals who are enrolled in July and August will begin to receive coverage on September 1, 2010.

Maximizing Outreach Retention and Enrollment (MORE) Grant Program

On September 1, 2009 the Department received notice of funding from the Health Resources and Services Administration (HRSA). A portion of this funding will be used to implement the Maximizing Outreach, Retention and Enrollment (MORE) Grant Program.

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The goal of the MORE Grant Program is to partner with community organizations to design, develop, and implement outreach for enrollment into Medicaid and CHP+ for expansion populations identified in the Colorado Health Care Affordability Act. MORE Grant applications are now being accepted from qualified entities.

The focus for the first year of funding is to provide outreach, enrollment and/or application assistance to enroll expansion populations including children and pregnant women qualifying for CHP+ up to 250% of the federal poverty level (FPL) and low-income parents qualifying for Medicaid up to 100% of the FPL. To accomplish this, the Department is offering funds to qualified entities to conduct enrollment activities and application assistance in as many regions as possible throughout the state.

The MORE grants will be provided to qualified entities to conduct enrollment activities and application assistance using an outreach model that is responsive to the community's cultural and economic needs, establish new collaborative relationships with community partners, and educate local communities.

Qualified entities include:
Certified Application Assistance Sites (CAAS), Presumptive Eligibility (PE) sites, Medical Assistance (MA) sites, county department of human/social services, or other community based organizations serving families and/or individuals that may be eligible for CHP+ and Medicaid.

New Medical Assistance Application

The Department has developed a new application for all Medical Assistance Programs. The Colorado Medical Assistance Application simplifies the application process allowing for faster eligibility determination for Coloradans who need assistance with medical coverage.

The application is on the Department Web site, Colorado.gov/hcpf.

The Colorado Medical Assistance Application can be used for the following programs:

- Family Medicaid
- Child Health Plan *Plus* – CHP+
- Adult Medicaid
- Long-Term Care
- Home and Community-Based Waivers for Adults and Children
- Medicare Savings Program
- Emergency Medicaid

Secretary Sebelius Announces Final Rules to Support "Meaningful Use" of Electronic Health Records

Health and Human Services Secretary Kathleen Sebelius announced on July 13 final rules to help improve Americans' health, increase safety and reduce health care costs through expanded use of electronic health records (EHR). Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives. One of the two regulations defines the "meaningful use" objectives that providers must meet to qualify for the bonus payments, and the other regulation identifies the technical capabilities required for certified EHR technology.

Announcement of the regulations marks the completion of multiple steps laying the groundwork for the incentive payments program. With "meaningful use" definitions in place, EHR system vendors can ensure that their systems deliver the required capabilities, providers can be assured that the system

they acquire will support achievement of "meaningful use" objectives, and a concentrated five-year national initiative to adopt and use electronic records in health care can begin.

Two companion final rules were also recently announced. One regulation, issued by the Centers for Medicare & Medicaid Services (CMS), defines the minimum requirements that providers must meet through their use of certified EHR technology in order to qualify for the payments. The other rule, issued by the Office of the National Coordinator for Health Information Technology (ONC), identifies the standards and certification criteria for the certification of EHR technology, so eligible professionals and hospitals may be assured that the systems they adopt are capable of performing the required functions.

Requirements for meaningful use incentive payments will be implemented over a multi-year period, phasing in additional requirements that will raise the bar for performance on IT and quality objectives in later years. The final CMS rule specifies initial criteria that eligible professionals (EPs) and eligible hospitals, including critical access hospitals (CAHs), must meet. The rule also includes the formula for the calculation of the incentive payment amounts; a schedule for payment adjustments under Medicare for covered professional services and inpatient hospital services provided by EPs, eligible hospitals and CAHs that fail to demonstrate meaningful use of certified EHR technology by 2015; and other program participation requirements.

1931 Parents Issue

During the implementation of the Medicaid Parent expansion to 100 percent of the federal poverty level, we confirmed that it was not mandatory to require all household members to request medical assistance on an application in order to receive medical coverage under the 1931 Medicaid program as was previously thought.

Parents in households with only one parent, who were enrolled in Medicaid's Parents Plus program, were erroneously terminated in the system as of May 31, 2010 – clients received letters notifying them of the termination. We immediately sent a letter to the affected clients explaining that this was an error and that they in fact still had coverage.

Clients needing medical services were able to receive them. A notice was sent to clients that could be used when visiting their provider or pharmacy. This notice identified the client as on Medicaid in order to ensure providers that they will receive payment. Clients could still see their providers and fill their prescriptions.

The CBMS changes necessary to change the policy requiring all household members to apply when applying for 1931 Medicaid occurred the weekend of July 23rd. This means that eligibility for 1931 Medicaid will be determined for new applicants appropriately even if all household members are not requesting medical assistance.

A CBMS system-wide update to re-determine *all* affected clients is scheduled for August 14th. After this update, all eligible parents who inadvertently lost coverage will have their coverage restored.

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