



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.

Colorado Receives New Resources to Build Competitive Health Insurance Marketplaces

The U.S. Department of Health and Human Services (HHS) has awarded nearly \$1 million to Colorado to help plan for the establishment of health insurance exchanges. A key part of the Affordable Care Act, health insurance exchanges are meant to be a new, competitive, consumer-centered private health insurance marketplace. The exchanges will put greater control and greater choice in the hands of individuals and small businesses.

The state-based exchanges will make purchasing health insurance easier by providing eligible consumers and businesses with “one-stop-shopping” where they can compare and purchase health insurance coverage.

This grant of nearly \$1 million will give Colorado the resources to conduct the research and planning needed to build a better health insurance marketplace and determine how their exchanges will be operated and governed, including:

- Assessing current information technology (IT) systems and infrastructure and determining new requirements.
- Developing partnerships with community organizations to gain public input into the exchange planning process.
- Hiring key staff and determining ongoing staffing needs.
- Planning the coordination of eligibility and enrollment systems across Medicaid, the Children’s Health Insurance Program (CHIP), and the exchanges.
- Developing performance metrics, milestones and ongoing evaluation.

Although state exchanges are not required to be operational until 2014, these planning grants begin the path toward 2014 when health insurance exchanges will take what is now a very complicated and confusing process and turn it into a simple, easy to navigate experience that benefits consumers, not insurance companies.

The Health Reform Implementation Team has been pulling together interested stakeholders statewide to identify what is important to Colorado businesses and consumers in creating these exchanges.

HCPF Awarded Money Follows the Person Planning Grant from CMS

HCPF has been awarded a planning grant from Centers for Medicare & Medicaid Services (CMS) in the amount of \$200,000.00 for a Money Follows the Person Rebalancing Demonstration (MFP) as a part of the Affordable Care Act of 2010. This funding will be used to build and improve upon infrastructure supporting home and community based services (HCBS) for people of all ages with long term care needs to:

- improve access to HCBS services,
- make the system easier to navigate,
- Support the transition of institutionalized clients who have indicated an interest in finding out about community long-term care options and have the potential to return to the community;

- Support nursing facilities in the implementation of the October 1, 2010 requirement to assist clients in exploring their long-term care choices, including community-based care; and
- Expand current infrastructure for housing, benefits and information technology.

Soliciting Applications for the HB10-1332 Medical Clean Claims Transparency and Uniformity Act Task Force

House Bill [10-1332](#), "Medical Clean Claims Transparency and Uniformity Act", signed by the Governor on May 12, 2010, requires the executive director of the Department of Health Care Policy and Financing to convene a task force of industry and government representatives to develop a standardized set of payment rules and claim edits to be used by payers and health care providers in Colorado.

Task force members must have:

- Expertise in the areas of coding, payment rules and claim edits, and have hands-on experience with the impact they have on payment of professional health insurance claims.
- Such expertise includes a technical understanding of the logic surrounding: unbundling, mutually exclusive, multiple procedure reduction, global surgery days, place and type of service, assistant surgery, co-surgery, team surgery, total/professional/technical splits, bilateral procedures, anesthesia services, and the effect of CPT and HCPCS modifiers.

The [application form](#) has full instructions on its completion and where it should be submitted. The form lists the categories of membership as required by statute.

Applications are due October 15, 2010.

Meetings will be held in the Denver Metro area and teleconferencing will be made available. The task force's initial report is due no later than January 30, 2013. A possible follow-on and end point for the task force's work will be no later than December 31, 2013.

RFP for the Accountable Care Collaborative Program Statewide Data and Analytics Contractor Posted

The Request for Proposals (RFP) for the Accountable Care Collaborative Program Statewide Data and Analytics Contractor has been posted to the Bid Information and Distribution System (BIDS).

The RFP will be made available solely on the State of Colorado's **Bid Information and Distribution System (BIDS)** Web site. The RFP will only be posted on the BIDS Web site.

Interested parties must register on the BIDS Web site in order to respond to the RFPs. Please continue to check the BIDS Web site for the posting of the RFPs. Please visit the BIDS Web site at <http://www.gssa.state.co.us/VenSols> for more information and how to register on BIDS (click on "Register" at the top of that web page). You may also call 303-894-2039 for information about registration.

Eligibility and Enrollment for Medical Assistance Programs Contract Signed

We would like to thank ACS for their dedication and service to applicants and clients enrolled in Medicaid and CHP+. As with all competitively bid state contracts, after the term of the contract expires the competitive bid process is required to take place again.

A contract has been signed with [MAXIMUS](#) to perform eligibility and enrollment services for our Medical Assistance Programs – Medicaid and CHP+. This contract also includes a call center that will have Interactive Voice Response (IVR) functionality. MAXIMUS will also be responsible to provide positive, effective and efficient communication to build and maintain effective working relationships with Community Based Organizations and Eligibility Sites.

Go-live date for MAXIMUS is October 15, 2010 and the contract is for five years with a period of up

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to three one-year extensions. Click [here](#) for more information.

HRSA Year 2 Funding Secured

The Department has secured Year 2 funding for [CO-CHAMP](#), Colorado's HRSA SHAP Grant project. The five-year \$42.9 million grant was awarded to Colorado in September 2009. States must reapply for funding on a yearly basis.

Some of the projects within Year 2 of this grant consist of client and provider outreach, automating the Colorado Medicaid application process, rolling out the first phase of the Medicaid Disabled Buy-In Program, expansion of the CHP+ Premium Assistance pilot, two multi-share insurance projects and an Evidence-Based Benefit Design Pilot.

New Medical Assistance Application

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

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

The new application can be downloaded from our [Web site](#).

CIVHC Appoints All Payer Claims Database Advisory Committee Members

In August, The Center for Improving Value in Health Care (CIVHC) appointed members to the All Payer Claims Database Advisory Committee. Please click [here](#) for a list of committee members. The first advisory meeting was held in September and members will continue to meet on a monthly basis. Two sub-committees will also meet monthly.

CIVHC is a public-private entity created to identify and advance initiatives across Colorado that enhance consumers' health care experiences, contain costs and improve the health of Coloradans by creating an efficient, high quality and transparent health care system.

CIVHC is the only organization in the state that brings together a diverse constituency of consumers, providers, payers, businesses and policy makers to work together to improve value across the entire health care system. This gives CIVHC the unique ability to create solutions specifically tailored to Colorado's health care challenges. For more information on CIVHC please click [here](#).

Medical Services Board Members Appointed

The Board is comprised of eleven members with at least one member from each congressional district and no more than six members from the same political party. Members are appointed by the Governor and confirmed by the Senate. It is the responsibility of the Medical Services Board to promulgate the rules that govern the Department's programs.

At the September board meeting, Paul Melinkovich, MD and Alan Eisenberg were elected as president and vice-president respectively. Please click [here](#) for a complete list of members and their biographies.

Improving Health Outcomes: Screening, Brief Intervention and Referral to Treatment (SBIRT)

With the passing of [HB 10-1033](#) (Representative Massey and Senator Boyd), the legislature approved funding to cover Screening, Brief Intervention and Referral to Treatment (SBIRT) services for Colorado Medicaid clients. The SBIRT benefit is available to providers in order to screen clients that are determined to be at-risk for substance abuse and intervene or refer to treatment.

The SBIRT initiative will help to identify clients 12 years of age and over, who are considered nondependent substance users and provide effective strategies for intervention prior to the need for more extensive or specialized treatment, loss of work and increased health-related costs.

Program Rule Changes

Our programs are governed by federal regulations, state statutes and program rules. In order for us to make programmatic changes, we need to revise the rules. Here are rules that were passed by the [Medical Services Board](#) in September:

- The length of coverage rule for special immigrants has changed effective October 1, 2010. Instead of eight months of Medicaid and CHP+ coverage, they will receive up to seven years – the same as refugees. Clients enrolled since January 2010 can receive the extension through the client's county office.
- Transitional Medicaid rules have changed. The program was available for 6 months with the requirement that clients report monthly to receive six additional months. Effective November 1, 2010, clients will have Transitional Medicaid for 12 months without reporting on a monthly basis.

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