

Publicly Funded Health Insurance Programs in Colorado: A Changing Landscape

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colorado health
INSTITUTE

Summary of Presentation

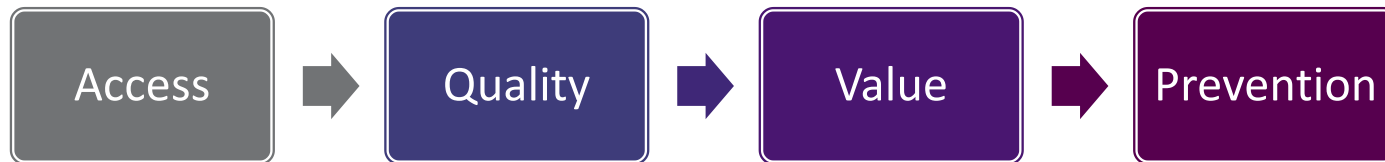
- Brief introduction to CHI
- Overview of current programs
- Recent changes
- Looking toward the future



A Brief Introduction to CHI

CHI is a trusted and leading source of credible health information for Colorado leaders. Our insight is used to:

- Inform policy
- Contribute to effective implementation
- Support state efforts to improve health



Publications

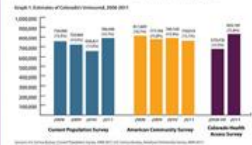
FACT SHEET

CHI helps make sense of the latest estimates of Colorado's uninsured

Counting Colorado's Uninsured: A Guide to Three Recent Estimates

October 2, 2013

How Many Coloradans are Uninsured?
The number of uninsured people in Colorado has declined steadily since 2009, but the decline has slowed in recent years. The most recent estimate from the U.S. Census Bureau's American Community Survey (ACS) shows that 10.1 percent of Colorado's population, or 1.7 million people, are uninsured. This is a decrease from 10.5 percent in 2010 and 11.1 percent in 2009.



Which Estimates Should I Use?
Each of these estimates has its own strengths and weaknesses. The ACS is the most comprehensive and most widely used, but it is also the most expensive and has the highest margin of error. The Kaiser Family Foundation's (KFF) survey is a smaller survey, but it is more focused on health insurance coverage and has a lower margin of error. The U.S. Census Bureau's (Census) survey is the most recent, but it is also the most expensive and has the highest margin of error.

Publication

New Approaches to Paying for Health Care

*A Joint Project by CHI and CIVHC Examining
Options for Payment Reform in Colorado*

New Approaches to Paying for Health Care

Implications for Quality Improvement
and Cost Containment in Colorado

A joint project of Center for Improving Value in Health Care
and the Colorado Health Institute

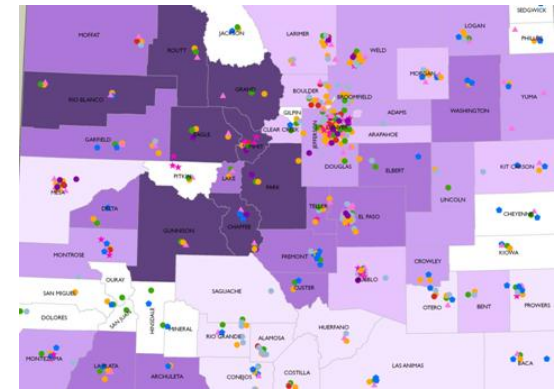
ISSUE BRIEF

The Supreme Court Ruling on the Affordable Care Act

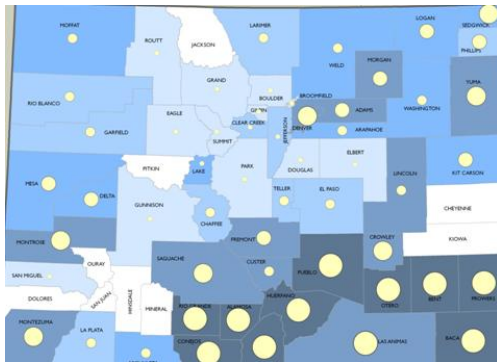
Implications for Colorado



Eligible but not enrolled children, ages 0-18			
Program	Enrolled	Eligible But Not Enrolled (EBNE)	Total Eligible (Enrolled + EBNE)
Medicaid	8,007	1,918	9,925
CHP+	2,520	1,704	4,223
Medicaid or CHP+	10,526	3,622	14,148



Active Licensed Registered Nurses					
2006	2007	2008	2009	2010	2011
1,472	1,529	1,564	1,641	1,679	1,779



Population Density	
Population Density	2009
Population	147,522
Square Miles	3,341
Population Per Square Mile	44

Medicaid

- Health insurance program for low income adults, children, elders and people with disabilities.
- Financed by federal and state governments, but administered by the states
- Provides acute and long term care services (656,000 enrollees in Colorado)
- State that participate must cover mandatory populations and services



Child Health Plan Plus (CHP+)

- Created in 1997 and jointly financed by states and federal govts
- Serves low income children and pregnant women who do not qualify for Medicaid (up to 250% of FPL)
- Families pay annual premium
- Currently 83,000 children and 2,100 pregnant women enrolled

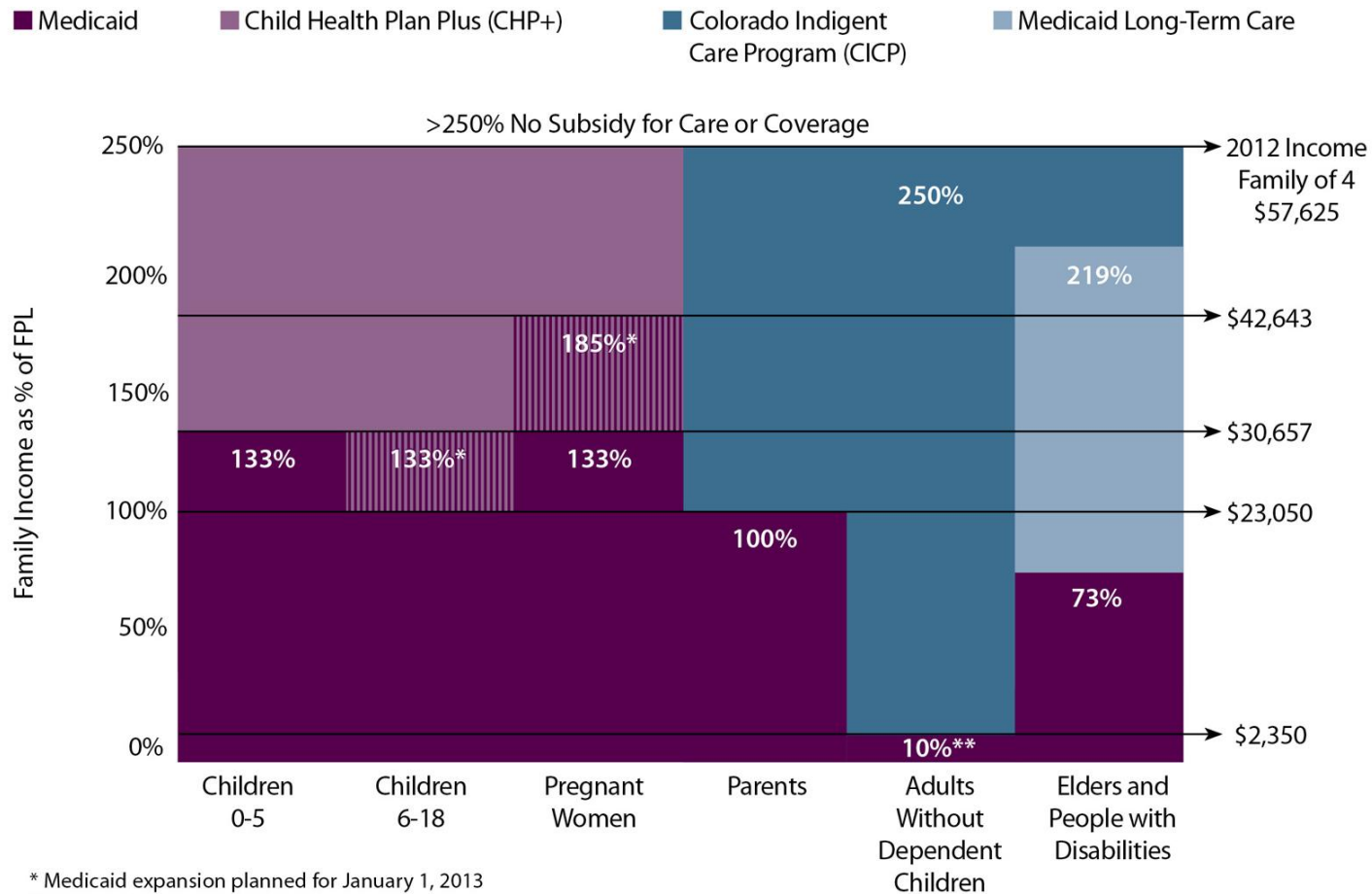


Colorado Indigent Care Program

- CICP is not insurance coverage
- A reimbursement mechanism to providers
- Providers are partially compensated for care provided to uninsured and underinsured individuals at or below 250% of the federal poverty level
- 226,000 individuals served through CICP in FY 2010-11



Eligibility Standards for Programs in Colorado

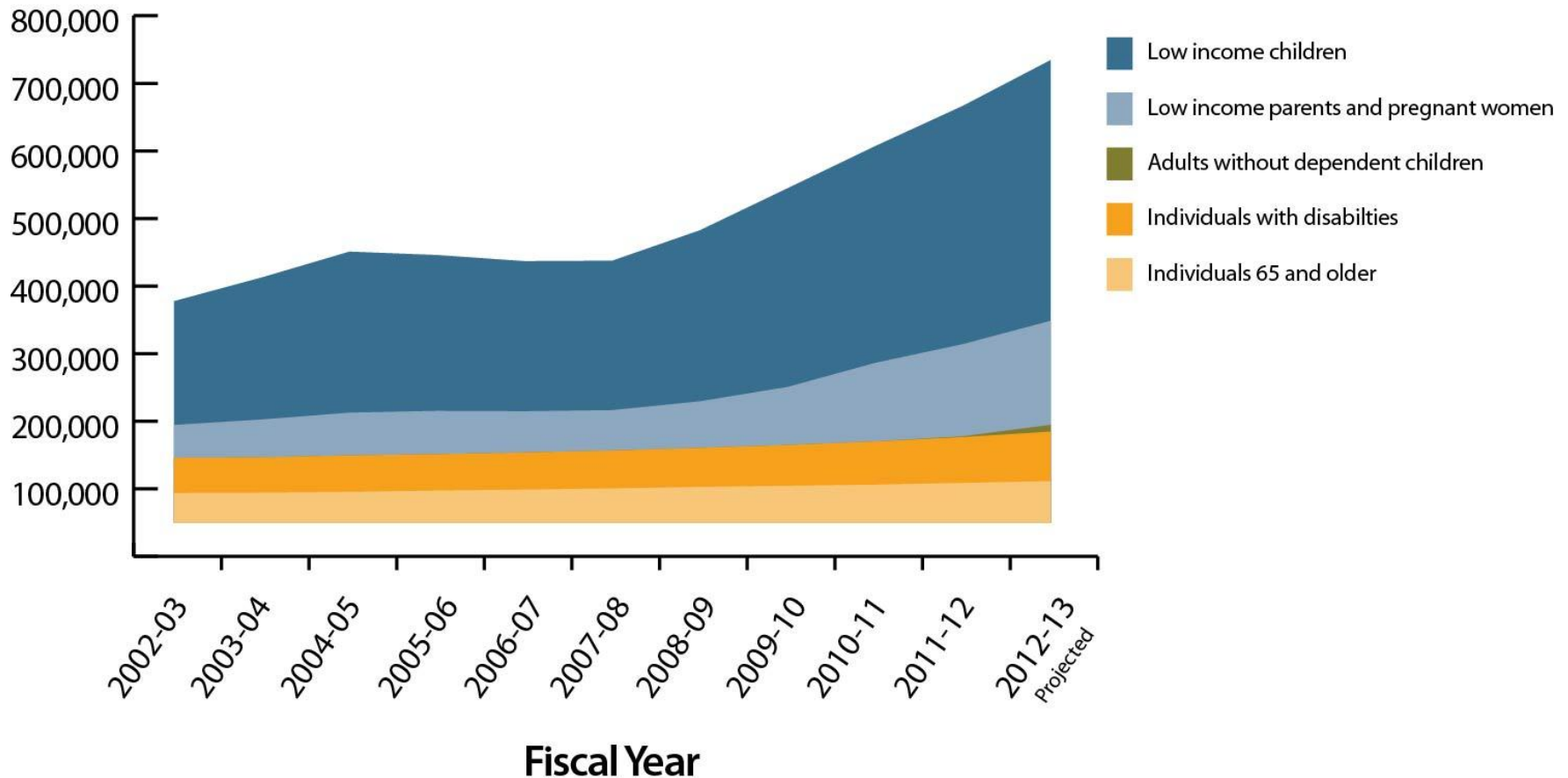


* Medicaid expansion planned for January 1, 2013

** Capped at 10,000 individuals

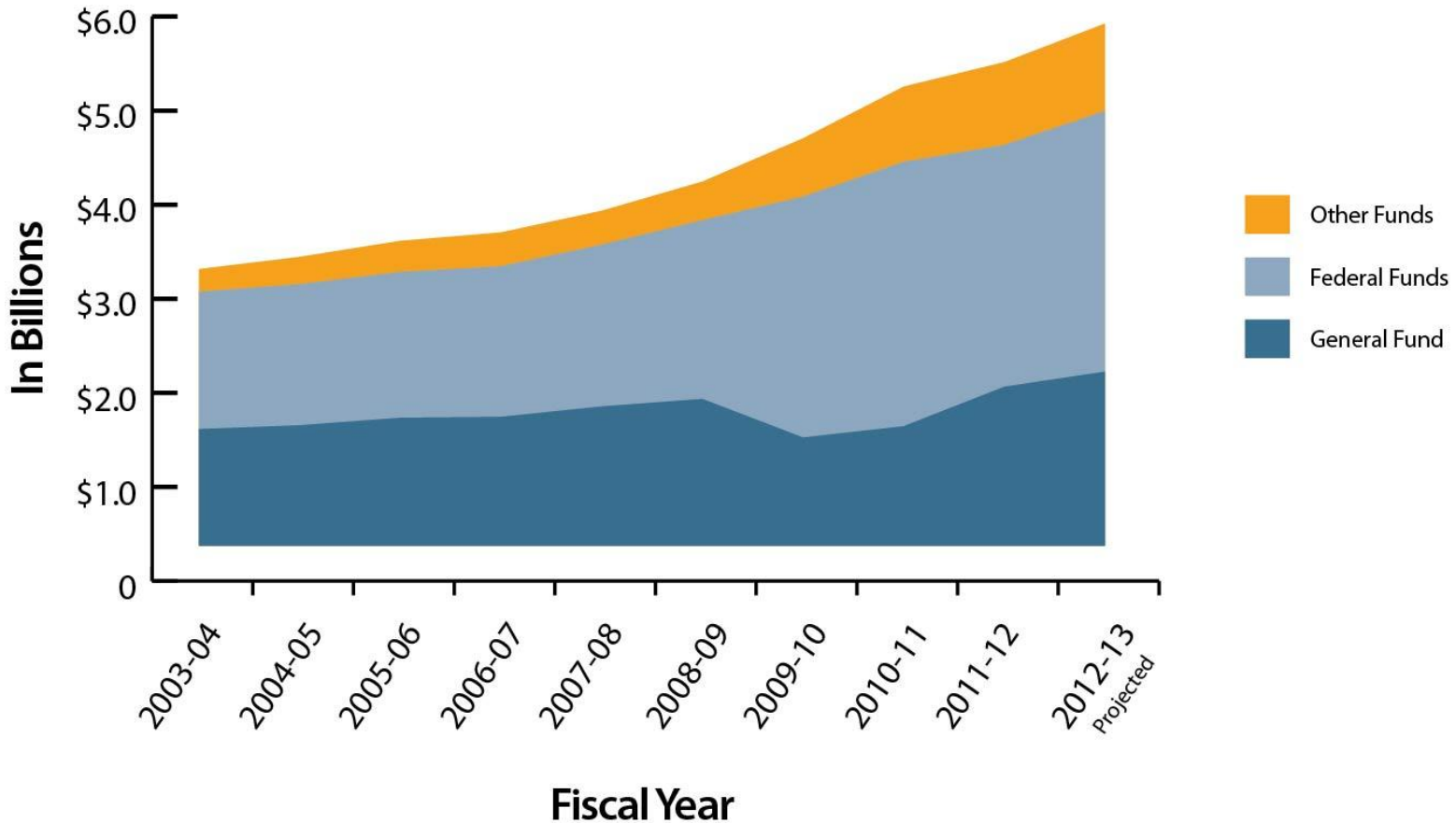


Medicaid Caseloads Have Been Increasing



Source: Colorado Department of Health Care Policy and Financing, Executive Budget Request, Feb. 15, 2012

Increasing Expenditures for Medicaid and CHP+

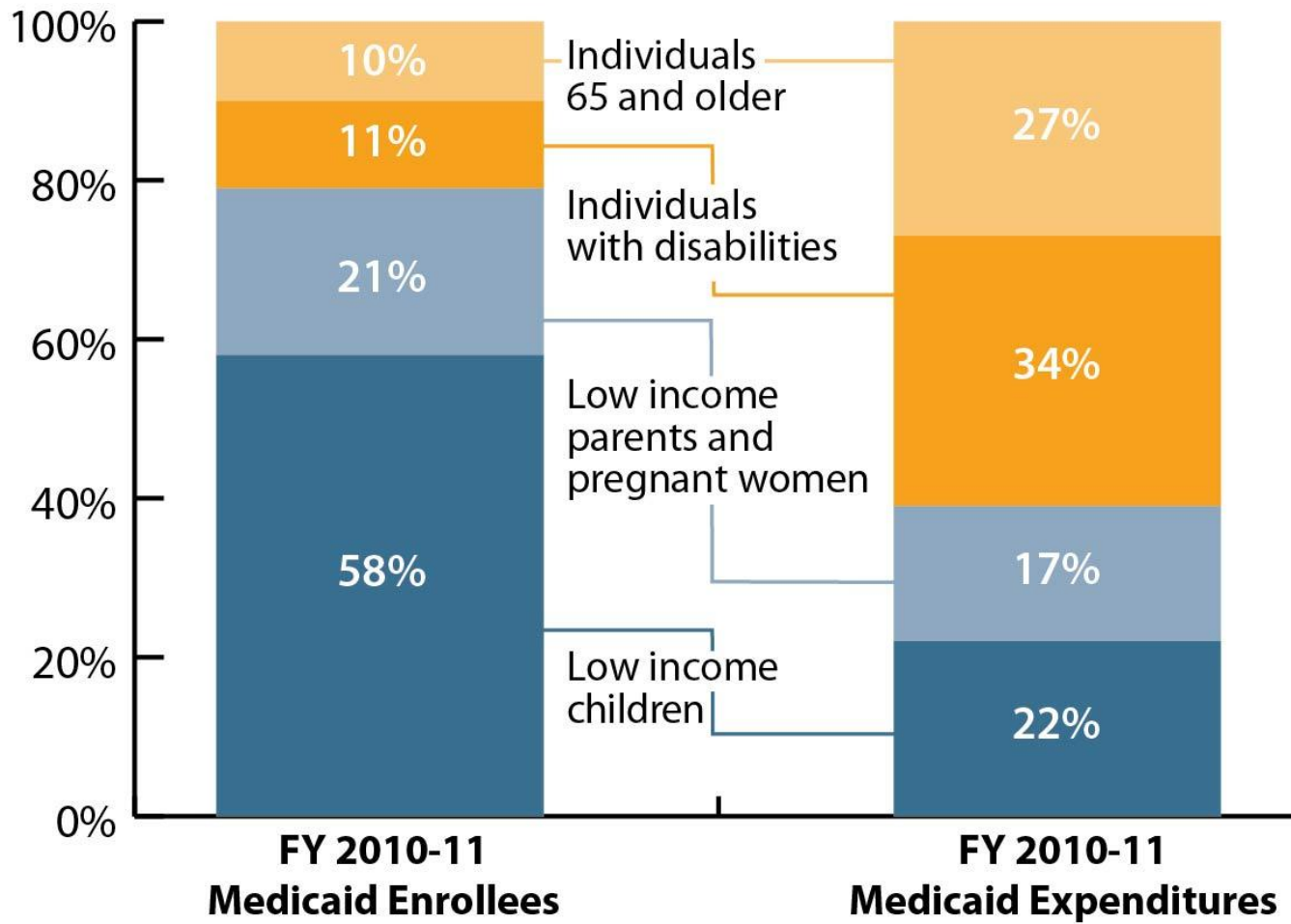


Source: Colorado Department of Health Care Policy and Financing, Executive Budget Request, Feb. 15, 2012

NOTE: Includes appropriations to the Department of Health Care Policy and Financing.



Distribution of Medicaid Enrollment and Expenditures by Eligibility Category



Source: Colorado Department of Health Care Policy and Financing, Executive Budget Request, Feb. 15, 2012





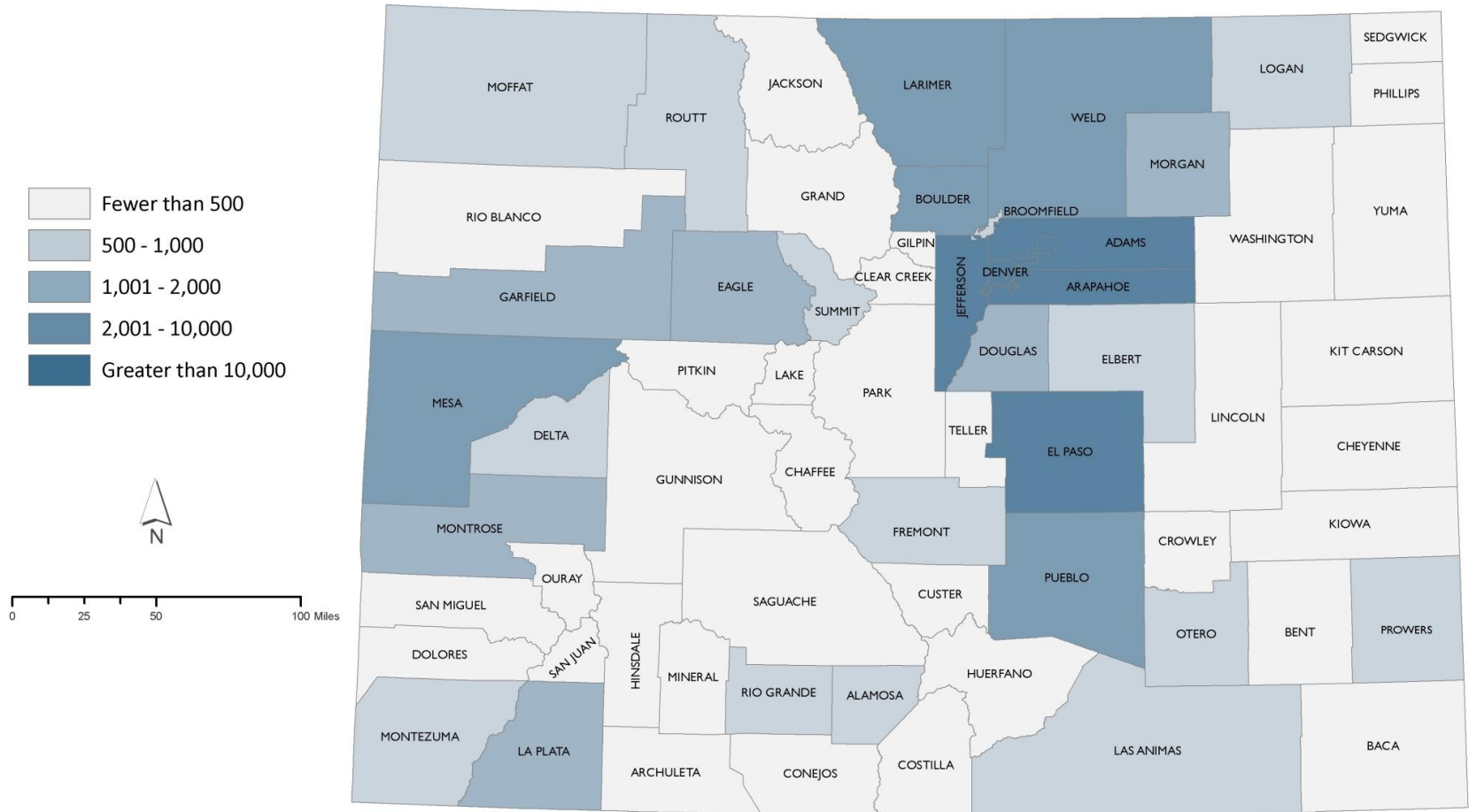
*State Policy Changes to Publicly Funded
Health Insurance Programs*

Colorado Healthcare Affordability Act (H.B. 09-1293)

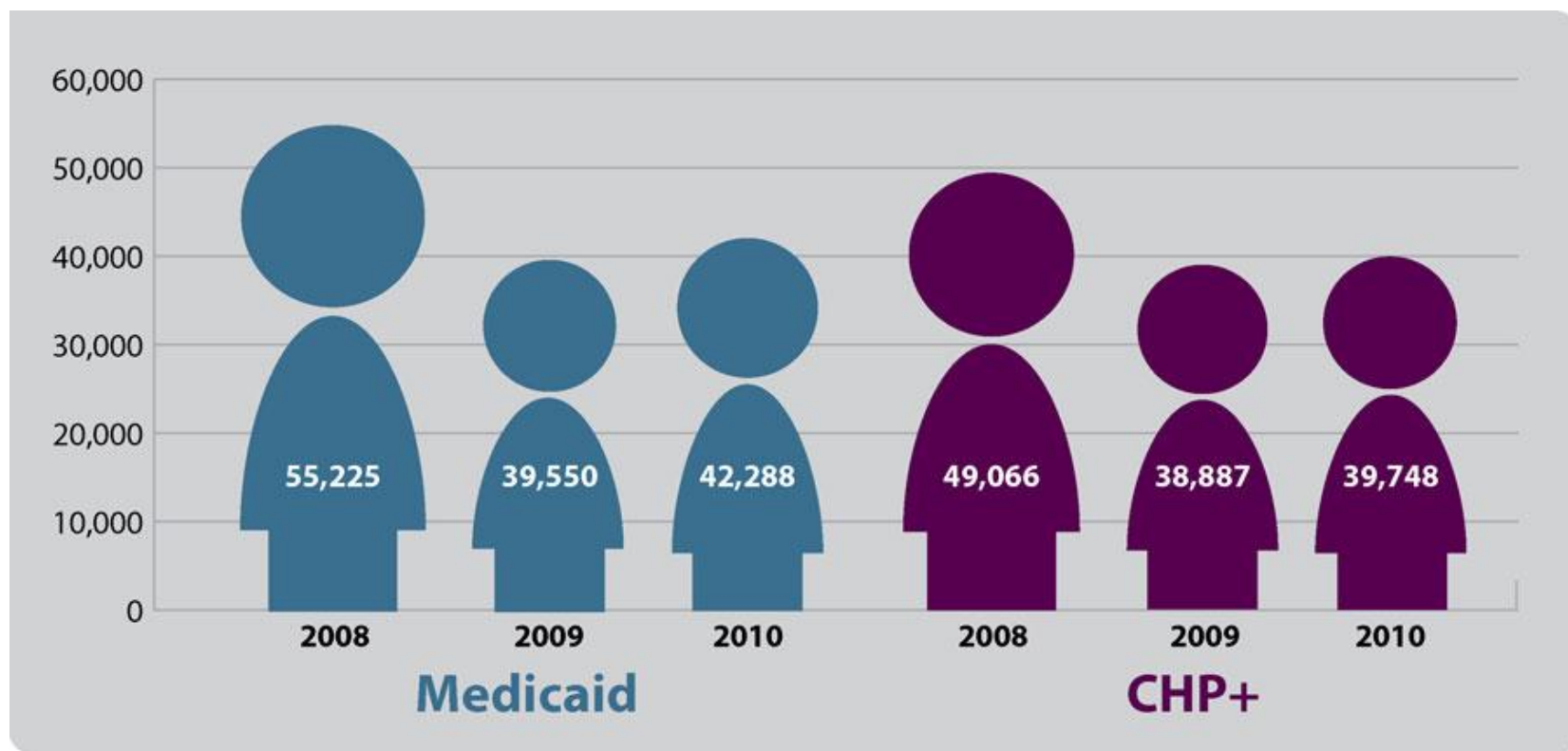
- Eligibility expansion funded without General Fund expenditures
- State assesses hospital fees and draws down federal Medicaid match
- State using additional federal funds to expand eligibility for Medicaid and the Child Health Plan Plus (CHP+)
- In return, hospitals receive increase in Medicaid and CACP payments



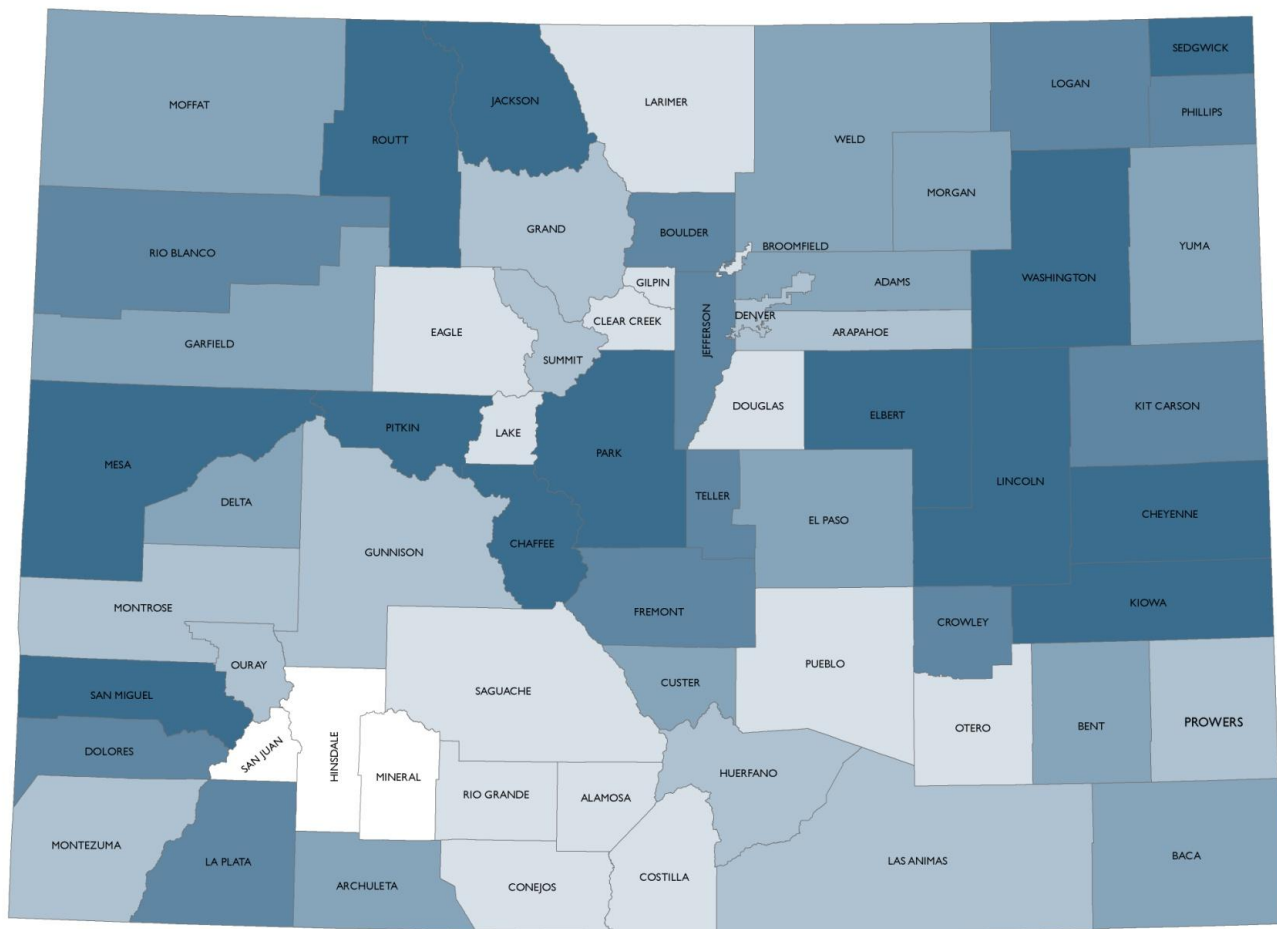
Uninsured Adults Without Dependent Children With Incomes at or Below 100% of FPL by County, Colorado, 2012



Number of Children in Colorado Eligible But Not Enrolled in Medicaid and CHP+, 2008-10



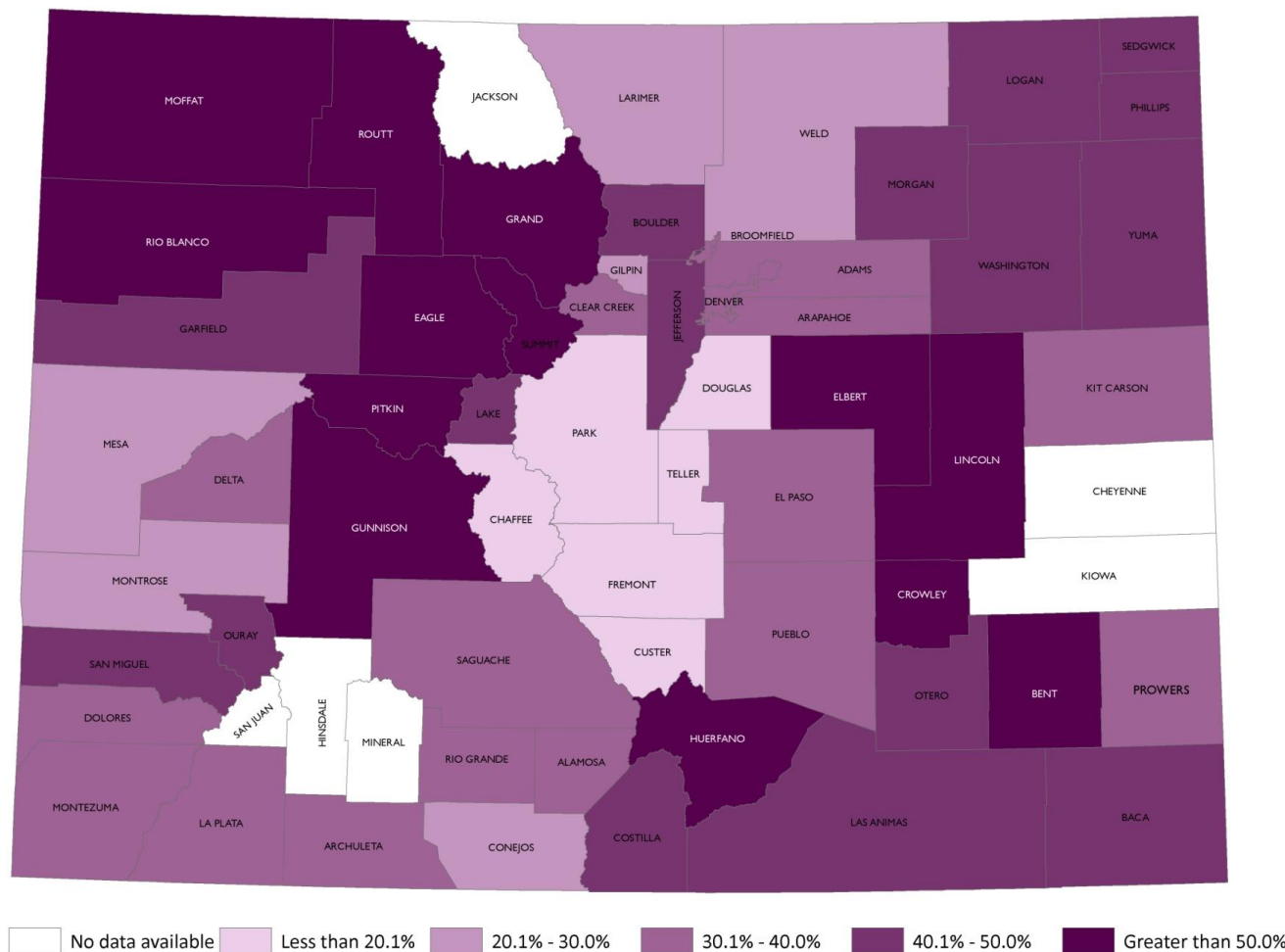
Percent of Children Who Are Eligible But Not Enrolled in Medicaid by County, Colorado, 2010



No data available
 Less than 8.1%
 8.1% - 12.0%
 12.1% - 16.0%
 16.1% - 20.0%
 20.1% - 31.5%



Percent of Children Who Are Eligible But Not Enrolled in CHP+ by County, Colorado, 2012



Medicaid Medical Home Initiative (S.B. 07-130)

- Team approach
- Comprehensive, continuous, coordinated care
- Preventive care, health education, coordination of care and medications
- Between 2009 and 2010, percentage of children without a physician visit declined from 32% to 6%

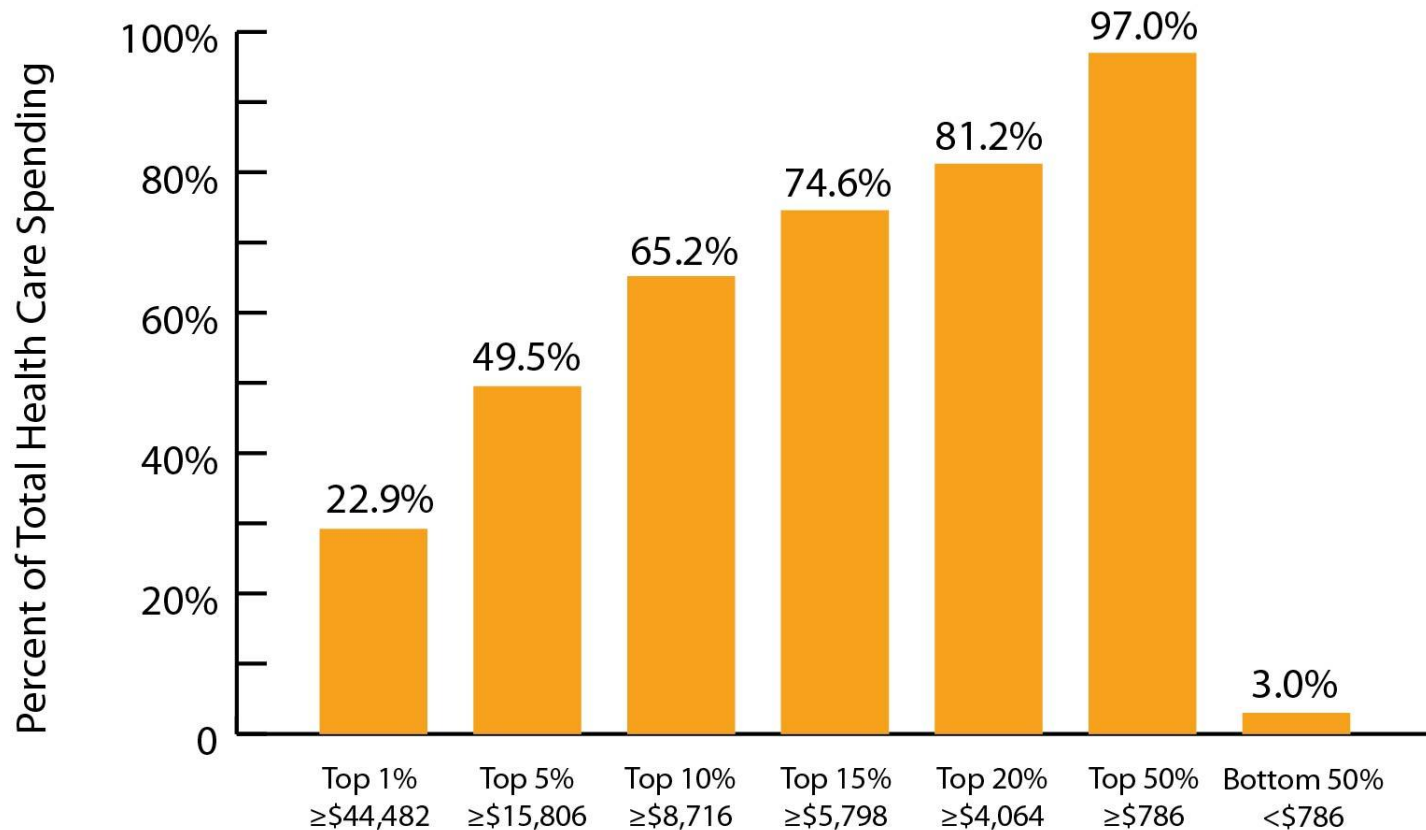


Medicaid Accountable Care Collaborative

- Integrates patient-centered medical home model with analysis of data
- Outcome-based model of care
- 7 Regional Care Collaborative Organizations
 - Care coordination, medical and network management
 - Shared accountability with providers for outcomes and costs



Concentration of Expenditures Within the Population



Percent of Population, Ranked by Health Care Spending

NOTE: Based on 2007 data. Estimates include civilian, non-institutionalized population

SOURCE Kaiser Family Foundation, 2010



“Dual Eligibles” Planning Grant

- To coordinate and integrate care for individuals dually enrolled in Medicaid and Medicare (“dual eligibles”)
- Proposal submitted to CMS to include dual eligibles in Medicaid’s accountable care collaborative



Money Follows the Person

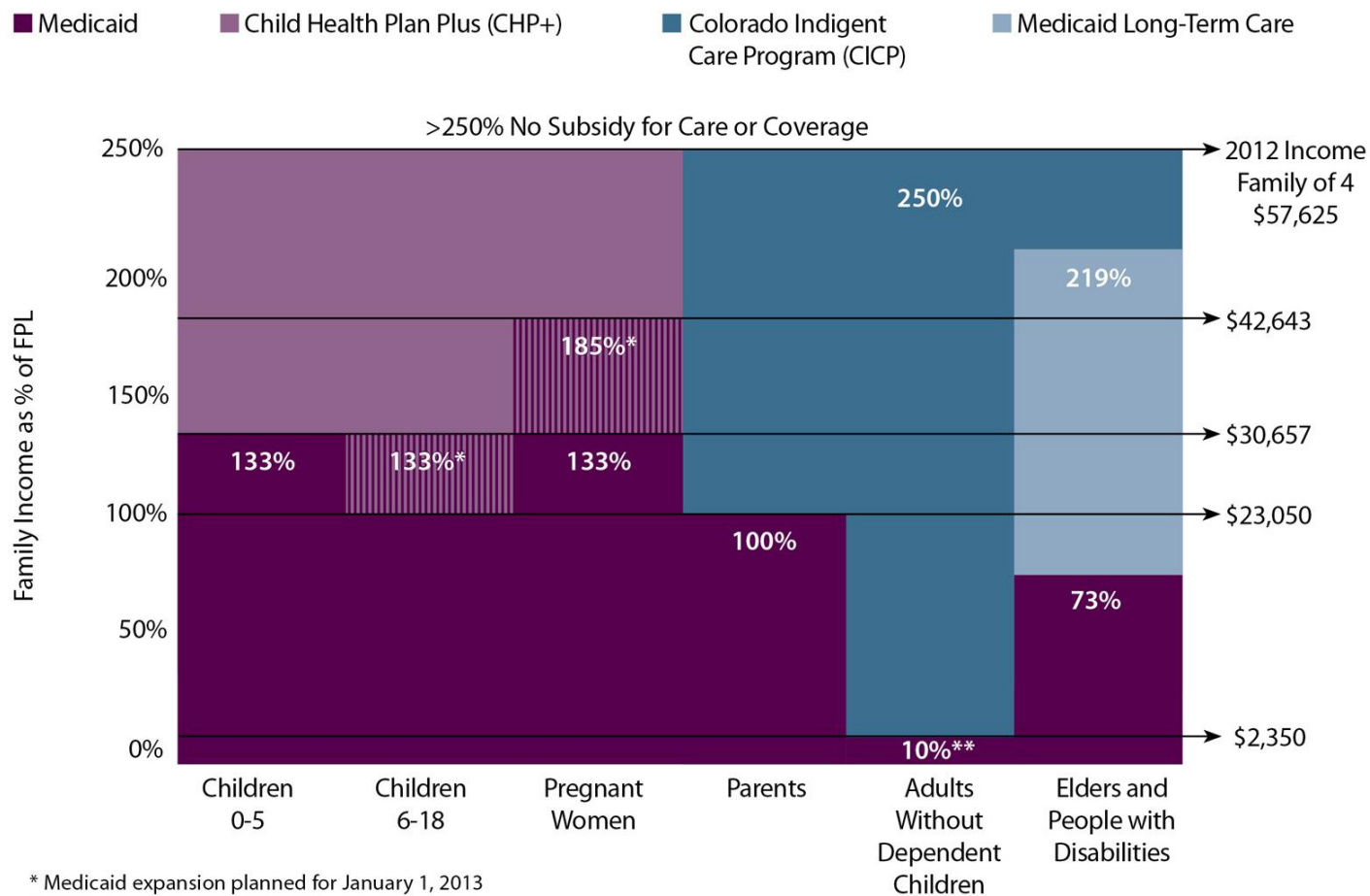
- Colorado received Money Follows the Person federal grant
 - \$22 million over five years for Colorado Access to Community-Based Transitions and Services (CO-ACTS)
 - Transition individuals on Medicaid from nursing facilities to community (based on individual preference)





*Federal Policy Changes to Publicly Funded
Health Insurance Programs*

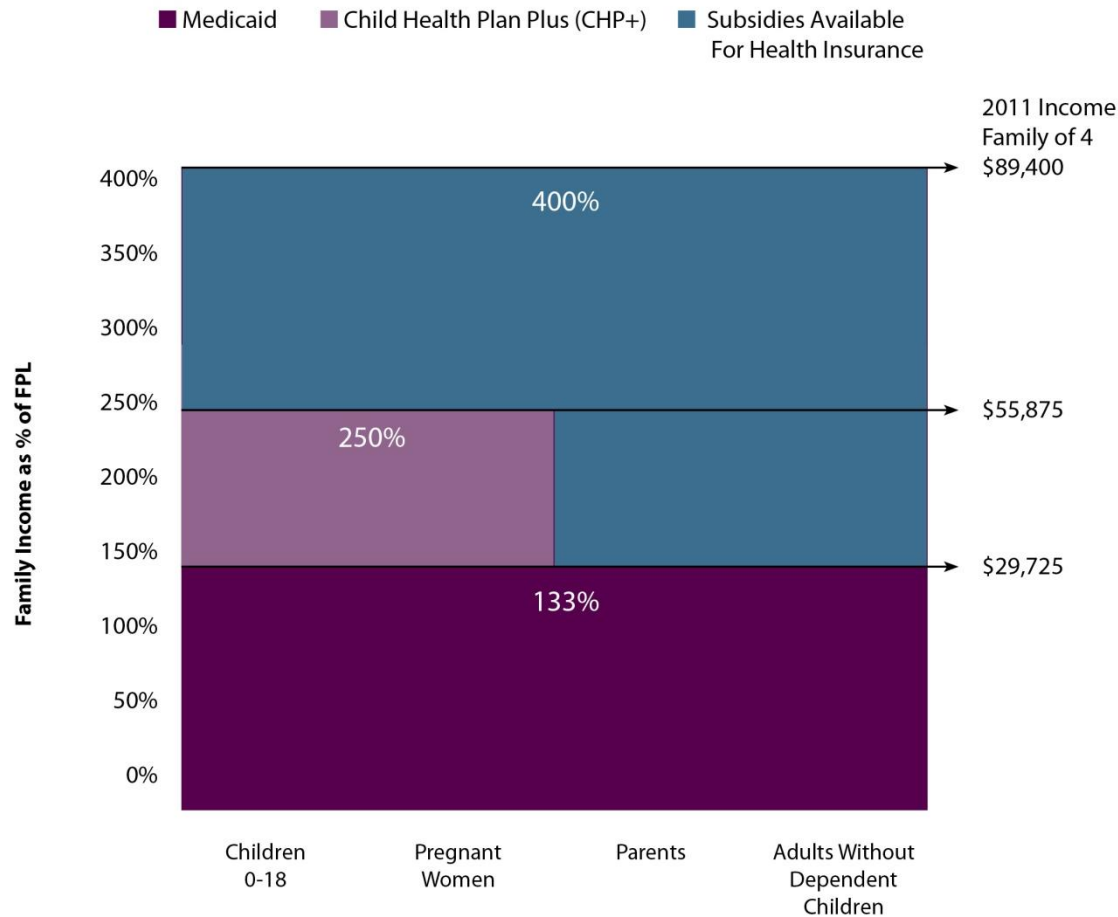
Eligibility Standards for Programs in Colorado



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Eligibility Standards in Colorado After Federal Health Reform



NOTES: Federal health reform does not make changes to Medicaid eligibility for elders and people with disabilities. CICP will likely continue to serve individuals who do not qualify for Medicaid or CHP+ or are uninsured or underinsured.



Colorado's Health Insurance Benefit Exchange (S.B. 11-200)

- Enabling legislation to create Colorado exchange as per the federal Affordable Care Act
- Created Board of Directors comprised of 12 members
- Created legislative oversight committee



Federal Policy Changes

- Center for Medicare and Medicaid Innovation
- Medical and health homes
- Accountable care organizations
- Bundled and global payments
- Federal Coordinated Health Care Office
- Reduction of Disproportionate Share Hospital financing



Questions?

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Colorado Medicaid: Optional Services

	Optional services
Prescription drugs	Private duty nursing
Prosthetics	Hospice care
Optometry and eyeglasses after surgery	Podiatry
Case management	Program for All Inclusive Care for the Elderly
Outpatient substance abuse treatment	Prosthetic devices
Alcohol and drug counseling for pregnant women	Rehabilitation services in community mental health centers
Cervical cancer immunization (under 21)	Clinic services
Services licensed psychologists	SBIRT for substance abuse
Non-emergency transportation services	Intermediate care facilities for the mentally retarded
Inpatient psychiatric services for children and elders	Home health therapies: speech, audiology, occupational