

2008 HEALTH CARE ACCOMPLISHMENTS Q&A

Office of Governor Bill Ritter, Jr.

What were the Building Blocks to Health Care Reform?

The Building Blocks to Health Care Reform was a bold and realistic agenda that put in place foundational pieces of health reform. The package **expands access to care**, especially for children, and **addresses quality improvement** and **cost containment**. It follows closely the recommendations of the 208 Commission for Health Care Reform and marks the first major investment in health care in many years.

Expanded Access to Health Care

- Expanding eligibility in the Child Health Plan Plus (CHP+) to children and pregnant women earning 225% of the Federal Poverty Level (FPL). 225% of FPL is about \$48,000 per year for a family of four. Before this expansion, eligibility was set at 205% of FPL. (SB 160, Hagedorn / McGihon)
- Expanding outreach and enrollment efforts for CHP+ and Medicaid (Budget).
- Increasing reimbursement rates for primary and preventive health care and dental care. (Budget).
- Improving mental health benefits for children in CHP+ program by providing the same benefits as those provided through Medicaid. (SB 160, Hagedorn / McGihon)
- Providing *all children* in Medicaid and CHP+ a Medical Home to ensure access to primary and preventive care to keep them healthy, strong and out of expensive emergency rooms. (Budget)

Establishment of the Center for Improving Value in Health Care

- Establishing an inter-disciplinary, multi-stakeholder center to identify and pursue strategies for quality improvement and cost containment. It will bring consumers, businesses, health care providers, insurance companies and state agencies together to develop long-term strategies for ensuring a better value for the \$30 billion spent on health care in Colorado every year.

Improved Efficiencies in Private Health Insurance & Public Programs

- Standardizing health plan ID cards and requiring the use of magnetic strips on all cards to allow for electronic data exchange. This will make it easier for consumers and providers to interact with insurers. (SB 135, Mitchell / Gagliardi)
- Investing in health information technology through the Colorado Regional Health Information Organization (CORHIO). This will improve the quality of care and address cost issues.
- Implementing disease management programs to deliver better health outcomes and to better control health care costs.
- Reducing fraud and abuse in Medicaid.

Increased Transparency

- Creating a web-based, consumer-friendly Report Card on Health Insurance Companies, with information about insurance companies so businesses and individuals shopping for health insurance can make better, informed decisions. (HB 1385, Primavera / Schwartz)
- Helping consumers make better informed decisions about health insurance purchases by requiring brokers to disclose to consumers their compensation structure. Similar disclosure requirements are in place for real estate brokers and other sales professionals. (HB 1385, Primavera / Schwartz)
- Adding nursing-sensitive quality measures to the Colorado Hospital Report Card (SB 196, Boyd and Tochtrop / Pommer)

How do the Building Blocks relate to the 208 Commission's recommendations?

The following are some of the 208 Commission's recommendations that were initiated and / or implemented this year through the Governor's Building Blocks:

- Expand eligibility for public programs (*Recommendation 25*)
- Create a multi-stakeholder center focused on increasing value in health care by containing costs and improving quality (*Recommendation 15*)
- Ease barriers to enrollment in public programs (*Recommendation 26*)
- Promote consumer choice and direction and encourage cost-consciousness by improving access to cost and quality information (*Recommendation 12*)
- Reduce cost-shifting by increasing Medicaid provider reimbursements (*Recommendation 1b*)
- Commission an independent study to explore ways to minimize barriers to such mid-level providers as advanced practice nurses, dental hygienists and others from practicing to the fullest extent of their licensure and training (*Recommendation 7*)
- Encourage and incentivize the use of medical homes (*Recommendation 8*)
- Support the adoption of health information technology (*Recommendation 9*)
- Provide targeted case management services for Medicaid patients (*Recommendation 8c*)
- Increase price and quality transparency (*Recommendation 13c*)

What progress was made on Health Information Technology?

Recognizing the importance of health information technology (HIT) in increasing efficiencies and improving quality in the provision of health care services, Gov. Ritter made significant investments in this area. As part of his Building Blocks budget request, Gov. Ritter secured funding for the Colorado Regional Health Information Organization (CORHIO), a public-private partnership that is working to develop a statewide electronic health information exchange.

What have we done to address access to health care in rural Colorado?

Rural communities face unique challenges in gaining and securing access to health care services, and in the 2008 Legislative Session Gov. Ritter and the Legislature took significant steps to help Colorado's communities meet those challenges:

- Ensure the availability of doctors who will provide care to children in Medicaid by increasing reimbursement rates (Building Blocks Budget Request)
- Strengthen the authority of Advanced Practice Nurses who play a significant role in delivery of care in rural areas (HB 1060, Gagliardi / Hagedorn; HB 1061, Roberts / Hagedorn; and HB 1094, Gagliardi / Hagedorn)
- Reorganize and revitalize Colorado's public health system (SB 194, Hagedorn / McGihon)
- Study appropriate collaborative scopes of care models that may enable advanced practice nurses, physician assistants and dental hygienists to meet the needs of rural and underserved communities while ensuring safe, high quality care (Executive Order)

Also, in the fall of 2007, Governor Ritter created the Colorado Rural Health Care Grants program. Funded with \$7.5 million from United Health Care, this competitive grants program will fund infrastructure needs of primary physical, mental and oral health care providers throughout rural Colorado. The Rural Health Care Grants Council, appointed to oversee the program, announced its first round of grants on July 24, 2008, in which the Council awarded over \$1.9 million to physical, mental and oral health care providers in 34 Colorado counties.

Other Important Health Care Legislation from the 2008 Session:

- Expand support for the Colorado Responds to Children with Special Needs program (HB 1100, Gagliardi / Keller)
- Request Proposals for Value Benefit Plans (SB 217 Hagedorn / McGihon)
- Empower the Division of Insurance to seek restitution for consumers who are wronged by insurance companies (HB 1228, Green / Gordon)
- Protect consumers who need long term care services by licensing home care agencies (SB 153, Boyd / Ferrandino)
- Streamline CHP+ and Medicaid enrollment processes (SB 161, Boyd / Merrifield)
- Reduce fraud and abuse in Medicaid (HB 1409, Pommer / Johnson)
- Expand family planning services in Medicaid (SB 3, Boyd / Riesberg)
- Improve access to oral health services for Old Age Pension participants (HB 1116, Gallegos / Shaffer)
- Update the public health statutes on Tuberculosis (HB1199, Ferrandino / Williams)
- Strengthen the authority of Advanced Practice Nurses (HB 1060, Gagliardi / Hagedorn; HB 1061, Roberts / Hagedorn; and HB 1094, Gagliardi / Hagedorn)
- Restructure CoverColorado to better meet the needs of Coloradans and ensure future viability (HB 1309 – Mitchell V. / Isgar and 1390 – McGihon / Isgar)
- Require insurance companies to get prior approval from the Commissioner of Insurance for premium rate increases through the Fair Accountable Insurance Rates Act (HB 1389 – Carroll M. / Sandoval)
- Implement a pilot program to involve direct-care nurses in decision-making processes in hospitals (SB 188, Boyd / Pommer)
- Continue support for community mental health services through a \$3 million investment increase (Gov. Ritter's FY08-09 budget request).
- Provide services to people with developmental disabilities through an increase of \$8.3 million (FY08-09 budget request).
- Fully fund the Colorado Immunization Information System. (FY08-09 budget request).
- Provide the Department of Health Care Policy and Financing with the budgeting flexibility to serve more children through CHP+. (Senate Bill 22, Sandoval/Ferrandino).
- Modify provisions concerning services for people with developmental disabilities to comply with federal requirements and current practices of the Department of Human Services (HB 1220, Buescher / Keller).
- Allow qualified family members to be designated as health care providers for people with developmental disabilities and to be compensated as such (SB 002, Boyd / Soper).
- Create the State Employment Program for Persons with Developmental Disabilities within DHS (SB 004, Keller / Gardner B.).
- Begin the process of creating a state program that will allow disabled people to work and maintain their Medicaid benefits (HB 1072, Soper / Williams).
- Create a pilot program that will establish an income tax credit for taxpayers who hire individuals with developmental disabilities (HB 1127, Liston / Gibbs).
- Create the position of "navigator" to help people with developmental disabilities who are on a waiting list for services provided through DHS (HB 1031, Pommer / Keller).
- Create the Developmental Disabilities Services Cash Fund with the goal of eliminating the state's developmental disability services waiting lists by 2013 (HB 1101, Gardener B. / Renfro).
- Direct DHS to create a registry of caregivers who have substantiated allegations of exploitation, mistreatment, neglect, physical abuse, or sexual abuse of a person with a developmental disability (HB 1246, Green / Keller).