

Medicaid Provider Fee Update

HB 09-1293, Colorado Health
Care Affordability Act

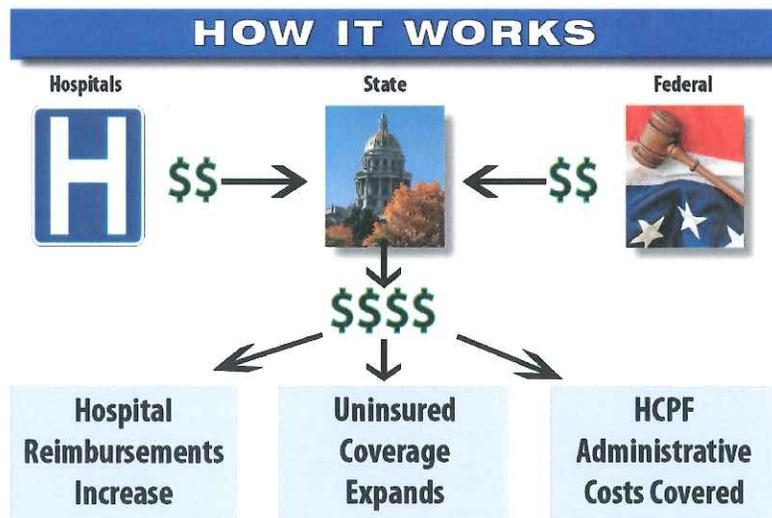
Presented by
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History of the Colorado Healthcare Affordability Act

- Allows State to draw down matching federal funds to pay for additional health care programs
- Three express purposes of Law:
 - Increase reimbursement to hospitals for Medicaid and CACP
 - Increase the number of persons covered by Medicaid
 - Pay administrative costs of the Department
- Signed into Law in April, 2009
 - CMS approved, implemented April 2010 to fund FY 09-10
- Collaboration: Governor Ritter; CHA; HCPF; Legislators; Businesses

How it Works In Colorado



Provider Fee Eligible Populations

- Expands Medicaid eligibility to Coloradans who earn up to 100 percent of the federal poverty level (\$11,490/year for an individual) including:
 - Adults without dependent children in the home
 - Parents of children who are Medicaid eligible
- Provides a Medicaid buy-in program for persons with disabilities
- Expands the Children's Health Plan Plus (CHP+) coverage to more uninsured families and individuals
- Continuous Medicaid eligibility for children

The Impact of the Provider Fee on Reimbursement

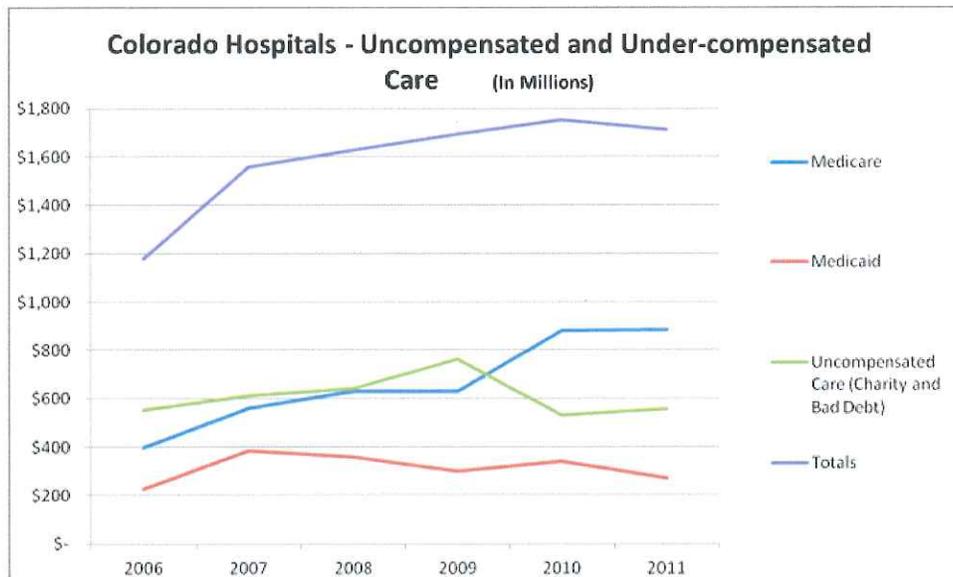
“The provider fee enables us to continue to provide the services that are so badly needed in our community.”

-Russell Johnson, CEO of San Luis Valley Regional Medical Center

Medicaid Payment to Cost Ratio



The Impact of the Provider Fee on Colorado Hospitals



Impact of the Provider Fee

Provider Fee impact on :

1. Consumers and Patients

- The provider fee increases coverage and access, thereby improving health in Colorado

2. State

- The provider fee brings new federal funds into Colorado and effectively increases access to health care without drawing any funds from the state General Fund

3. Hospitals

- The provider fee increases Medicaid reimbursement rates and increases coverage, which has reduced uncompensated care from the Medicaid program