

## Community of Caring

### Comprehensiveness

*a)(1) What problem does this proposal address?*

Colorado must reorient the health care conversation from lack of funds and the cost of the uninsured to a commitment to creating healthy families, healthy communities and a healthy state. We must create a new context for prosperity in Colorado – one that includes the health of its people as the centerpiece of our community.

As a nation, providing even the most basic health care coverage has been a significant challenge. There have been several attempts to fix our ailing health care system, but the issues are fraught with competing interests and solutions have always seemed to be out of reach. However, most Americans have now come to realize that our health care system has reached a crossroads.

In 2006, health care premiums grew twice as fast as wages and inflation. More Americans than ever are uninsured. The public health insurance system has continually ignored working adults. All growth in the number of uninsured between 2000 and 2004 was related to adults:<sup>1</sup> Employer-based coverage for the middle class is increasingly threatened as coverage dropped from 82.4% to 78.5%. Absent employer-based coverage, the uninsured are forced to look to the individual market, where they can expect to find:

- Higher premiums;
- Higher cost sharing including deductibles, coinsurance and copayments;
- Preexisting condition limitations and permanent exclusions; and
- General coverage limitations for maternity or mental health.

Additionally, individual market coverage is only available to people in near perfect health. Self employed or employees of small businesses have a “tougher time finding decent coverage, usually pay more for the coverage and ... may not be able to get insurance at all.”<sup>2</sup>

The conditions are not any better in Colorado. Since 2000, there has been a significant decline in both the number of small group plans available (34%) and the number of covered lives (33%). Of the 4.5 million people who live in Colorado, almost 780,000 (17%) are uninsured.<sup>3</sup>

Many reports describe that it is unhealthy for individuals to be uninsured:

- Public sources and uncompensated care account for 72% of total expenditures among adults who decline coverage;<sup>4</sup>
- Adults who lacked health insurance at the outset had a 25 percent greater chance of dying than those who had private health insurance;<sup>5</sup>
- Uninsured children risk abnormal long-term development if they do not receive routine care;<sup>6</sup>
- Uninsured adults have worse outcomes for chronic conditions such as diabetes, cardiovascular disease, end-stage renal disease and HIV;<sup>7</sup>
- Medical problems are the leading cause of personal bankruptcies in America, with majority of filers reporting being insured;<sup>8</sup>
- Under-insurance and high out-of-pocket financial liability are major barriers to medical care. Patients report postponing care, skipping recommended tests and treatments and not filling prescriptions;
- Health care disparities exist within our state: <sup>9, 10</sup>
  - Latinos, African Americans and American Indians are all disproportionately affected by diabetes;
  - The Latino population has the highest rate of death from chronic liver disease;
  - Latinas have incidence and death rates of cervical cancer that are statistically higher than the state average rate; and
  - The Latino and African American populations have a statistically higher rate of deaths from kidney disease than the state average rate.
- Health insurance and much of health care is focused on episodic and or emergency services. The system for the most part does not reward wellness, prevention, continuity, transparency, consumer choice or equity.

Cost shifting is a hidden tax which Coloradans already pay. In Colorado, privately insured individuals pay an extra \$355 per year and families pay an extra \$934 per year in insurance premiums to pay for some of the care that uninsured people receive.<sup>11</sup> On average, 10-11% of health care premiums are to cover the uninsured.<sup>12</sup> Dollars are currently used inefficiently to pay for treatment of preventable disease and for emergency room visits when a visit to a doctor would suffice.<sup>13</sup> The calculations in Colorado are consistent with those found in other states. California's health care reform plan is predicated in part on reallocating the approximately 10% of health care premiums going toward cost shifting and utilizing it more efficiently in a proactive program of universal coverage linked to a primary and preventive health care model.<sup>14, 15</sup>

In its 2006 Annual Report, the Commonwealth Fund challenges the United States' widely held belief that we have the best health system on earth. "The evidence... suggests this confidence is misplaced." Their report presents data on myriad health care benchmarks that demonstrate that the health status of Coloradans is less than ideal, less than that of many of the other states, and less than what we could achieve if we focused our efforts on reasonable, sustainable goals for the community as a whole.

*a)(2) What are the objectives of your proposal?*

Our proposal directly addresses the issues described above with a four pronged approach:

1. Create a ***Community of Caring Collaborative*** to:
  - a. Promote a culture of health, wellness and prevention;
  - b. Develop quality standards for the ***Health Insurance Partnership***;
  - c. Develop programs that address health care workforce needs; and
  - d. Facilitate community change and be an incubator for health innovation.
2. Create a ***Health Insurance Partnership*** to:
  - a. Provide universal, continuous and affordable coverage to all Coloradans;
  - b. Combine and leverage the purchasing power of the public and private markets; and
  - c. Enhance portability for Coloradans as they move through employment situations and on and off eligibility for public health insurance.

3. Create the *Colorado Health Benefit Package* to ensure that all Coloradans have access to adequate health care benefits regardless of their payer source.
4. Create a *Safety Net Stabilization Program* to recognize and provide a funding stream for providers that serve a disproportionate share of low-income and special needs Coloradans.

**b) General**

*b)(1) Please describe your proposal in detail.*

**Introduction**

The Colorado Community Health Network, Colorado Children’s Campaign, Colorado Behavioral Healthcare Council and Colorado Access are pleased to submit this comprehensive proposal for health care reform to the Blue Ribbon Commission for Health Care Reform (the 208 Commission). Our proposal embodies all of the values of the 208 Commission and fully addresses all components delineated in the Request for Proposal (RFP) including financing, access to care, technology and wellness. As indicated in the RFP, this proposal does not include the aged, disabled or waiver populations in Medicaid. Refer to Attachment 1 for a table which compares how our proposal meets the goals of Senate Bill 208.

At the center of our proposal is an active commitment to developing a culture of health in Colorado.<sup>16</sup> Our commitment includes covering all Coloradans in a family-centered system which is safe, efficient, effective, timely and equitable. Our proposal protects those already covered and helps those most in need through education, improved access and safety net support.

To reorient the conversation from lack of funds, disparities, and the cost of the uninsured and to become a healthier state, we must create a new context for prosperity in Colorado – one that includes the health of its people as the centerpiece of our community. Therefore, we propose to:

- Provide health coverage for every Coloradan;
- Create a public-private partnership to lead a focused community discourse on a culture of health care for Colorado; and
- Leverage health care funds from all sources.

We are proposing a comprehensive approach to coverage and financing and a broad community-based approach to prevention, wellness and developing systems for health, rather than the existing systemic fragmentation. These themes are interwoven throughout our proposal.

#### ***A. Community of Caring Collaborative***

To meet our goal of creating a culture of wellness and prevention, we introduce the ***Community of Caring Collaborative***. The primary focus of the ***Community of Caring Collaborative*** is to create innovative programs to enhance health and wellness and promote prevention by providing quality services and education that incentivizes and empowers Coloradans to make lifestyle and behavioral choices that improve health outcomes, reduce disease and save health resources. It will be charged with:

- Facilitating community change and being an incubator of ideas;
- Working with the Colorado Regional Health Information Organization (CORHIO), or other appropriate entity, around health information technology improvement and expansion;
- Assuring quality;
- Assuring that individuals have the full range of information about the quality and cost of health care options; and
- Developing quality standards that the ***Health Insurance Partnership*** will use when making purchasing decisions.

The ***Community of Caring Collaborative*** derives its authority from state law. It will have oversight, input and financing from the broadest representation of public and private sectors, including Colorado residents, elected officials, educators, private foundations, public health organizations, employers and providers and will be governed by a representative Board of Directors. The resources to sustain the ***Community of Caring Collaborative*** exist today and are operating independently or, occasionally, in small collaborative efforts. We propose taking the existing fragmented system and bringing it together under one vehicle for change.

This public-private partnership is not intended to create a statewide mandate for specific programs. Rather, it is an incubator of ideas to foster innovative community approaches to

health, wellness and prevention. Behavior change will require a long term commitment and extensive, continued support across the state.

Models exist nationally and internationally for this effort. The Institute for Healthcare Improvement has a well described plan for actions for communities.<sup>17</sup> Communities such as Portland, Oregon<sup>18</sup> and Jonkoping, Sweden<sup>19</sup> have also demonstrated a positive impact on the health of the community with similar efforts.

The *Community of Caring Collaborative* must include all stakeholders in the design and implementation of strategies to:

- Support state-of-the-art patient education by building and supporting community resources and technologies that provide transparent, accessible information for Coloradans to make decisions;
- Provide consumers with incentives for prevention and wellness<sup>20</sup> and for self-management of chronic illness.<sup>21</sup> Incentives in this case are not intended to reference financial incentives- but lifestyle incentives and community support;
- Integrate and support all aspects of technology, including acceptance of electronic medical records and promotion of interoperability;
- Develop and administer the *Safety Net Stabilization Program* including setting certification criteria for provider participation;
- Strengthen the health care workforce needs, including recruiting and retaining qualified health care providers, particularly in rural and underserved areas;
- Support and manage quality initiatives that improve efficiencies and cut waste in the delivery system while delivering better health outcomes for patients; and
- Encourage innovations that we have yet to envision.

### **B. Health Insurance Partnership**

Every Coloradan must be covered without regard to age, race, ethnicity, immigration or health status or other circumstance. In order to achieve this goal, this model will:

- Require individuals to have adequate health insurance coverage;
- Require employers to contribute to employee coverage;

- Guarantee the availability of health insurance coverage regardless of health status;
- Provide subsidies to low-income Coloradans and small businesses to help with the cost of coverage;
- Leverage the purchasing power of the public and private markets to maximize efficiencies, ensure rate stability, eliminate cost-shifting and reduce administrative barriers; and
- Expand public programs: Medicaid to 200% of the federal poverty level (FPL) and CHP+ to 300% FPL for any Coloradan who qualifies based on income.

Coverage for all Coloradans is more likely to be reached through a model with mandated coverage.<sup>22</sup> The model will require a health care home for all Coloradans. Because of the distribution of providers, the low-income level of some Coloradans and the rural nature of a great deal of our state, a health care home may not be readily available for all. We acknowledge there are deficiencies in capacity, therefore investments must be made in infrastructure. The *Safety Net Stabilization Program* will help accomplish this objective.

**A new public-private partnership to purchase health insurance coverage for all Coloradans will be established.** This includes all publicly funded health insurance, the individual market and the employer group health insurance market (to include all employers that purchase state-regulated products). The populations that our proposal targets represent every individual the State can legally cover under federal Employee Retirement Income Security Act (ERISA) laws. The state cannot directly require self-insured ERISA-covered employers to participate.

The *Health Insurance Partnership* will be a quasi-governmental entity that will be exempt from TABOR, maximize revenues in the system and utilize best practices from the private and public sector in purchasing health care for Coloradans. The *Health Insurance Partnership* will leverage the consolidated purchasing power of existing public and private markets and maximize the use of individual, employer and public contributions toward premiums.

The ***Health Insurance Partnership*** will be responsible for:

- Establishing a comprehensive and consumer-oriented ***Colorado Health Benefits Package***;
- Competitively negotiating contracts with private health plans using value-based purchasing;
- Implementing quality standards for health insurers and health care providers based on guidelines from the ***Community of Caring Collaborative***;
- Educating and empowering Coloradans to make informed choices about their health insurance coverage;
- Collecting contributions from individuals, employers, state agencies and paying premiums to health plans; and
- Participating with the ***Community of Caring Collaborative*** to measure and monitor health plan performance, focusing on continuous improvement consistent with evidence-based medicine and to integrate best practices in wellness and prevention.

The ***Health Insurance Partnership*** will provide every Coloradan a choice of health insurance coverage products through one purchasing organization. These individuals include:

- Employed workers;
- Self-employed workers;
- Individuals and families;
- Public employees;
- Individuals eligible for Medicaid and CHP+; and
- Currently uninsured.

The ***Health Insurance Partnership*** will provide a variety of health insurance products all based on the ***Colorado Health Benefits Package*** that either modify the cost sharing (up to a maximum approved amount) or offer an enhanced benefit (***Wrap Around Benefits***). Individuals will choose the type of coverage that is most suitable for them. Health plan choice will be a new feature for most individuals who currently access employer-based coverage, maximizing resources by integrating funding streams from public and private sources. Priority will be given to safety net health plans with demonstrated experience in providing care to special needs populations.

Insurers selected to participate through a competitive bidding process with the ***Health Insurance Partnership*** will be required to:

- Comply with guaranteed access and community rating standards;
- Offer standardized products (with each product including the set of benefits in the ***Colorado Health Benefits Package*** at a minimum);
- Meet quality standards;
- Contract with providers certified through the ***Safety Net Stabilization Program***;
- Prioritize safety net health plans with demonstrated experience to care for populations who are historically underserved; and
- Commit to the ***Community of Caring Collaborative*** by integrating the community-based values into their operating procedures (e.g. supporting a health care home approach and integrated chronic care management, incentivizing wellness, prevention and reimbursing providers adequately to create desired outcomes).

In selecting insurers to offer the ***Colorado Health Benefits Package***, the ***Health Insurance Partnership*** will prioritize safety net health plans with demonstrated experience to care for populations who are historically underserved.

The Department of Regulatory Agencies, Division of Insurance will continue to regulate the insurance industry, ensuring that insurance companies are properly licensed, solvent and operate in accordance with state consumer protection standards and applicable federal laws. The Department of Health Care Policy and Financing will be responsible for managing federal financial participation for Medicaid and the State Children’s Health Insurance Program (known as CHP+ in Colorado), eligibility rules, relationships with the federal government, and supporting the Executive Branch in related budget and financing functions. Purchasing health services for family and children’s Medicaid moves to the ***Health Insurance Partnership***.

The statewide purchasing pool will be rated for the entire participating membership using actuarially sound practices and community rating. All rating for the ***Health Insurance Partnership*** members will be done in the same manner to enable insurers to provide competitive

products to all participants. Insurers will not be allowed to charge people with medical needs higher rates. Individuals will choose their benefits package and insurers. Even if their employer is no longer contributing toward the coverage, the individual may remain in the same plan for the remainder of their plan year.

Consistent with the theme of personal responsibility, individuals who live in Colorado will be required to have health insurance coverage and employers will be required to contribute toward the cost of coverage. Subsidies will be available for low-income individuals according to income and small businesses based on financial need. Employers will be required to establish section 125 “cafeteria plans” so that employees will receive the tax benefits of using pre-tax dollars to pay the premium. If an employer does not establish a 125 cafeteria plan and does not make the required contribution toward employee and family coverage, there will be an employer assessment. Additionally, if an individual chooses to remain uninsured, he or she will be assessed to help pay for the medical care. While federal law prohibits any state from requiring self-insured ERISA employers to participate in state regulated health insurance programs, requiring individuals to have health insurance coverage will eliminate cost-shifting by providers. Refer to Attachment 2 for a graphic depiction of the program.

### ***C. Colorado Health Benefits Package***

Health benefits will be sufficient for the healthy and sick alike. The ***Colorado Health Benefits Package*** will be based on the CHP+ package, with enhancements for oral and mental health. The package includes:

- Age-appropriate preventive care;
- Routine medical services;
- Maternity services such as prenatal care, delivery and post-partum care;
- Diagnostic testing;
- Inpatient hospitalization;
- Urgent and emergent care;
- Outpatient surgery;
- Behavioral health care (mental health and substance abuse treatment);
- Physical, occupational and speech therapies;

- In-home, hospice, and nursing facility care;
- Durable medical equipment; and
- Pharmacy.

The standard oral health benefit will be based on the CHP+ oral health benefits, with some enhancements.

### ***Wrap Around Benefits***

Additional or more extensive services for special needs populations, as well as for voluntary individual participants, will be available for adults and children. These special needs services are very individualized, not easily categorized, and must be flexible but will have detrimental physical, emotional and financial effects if they are not covered. These services will be provided and paid for outside of the *Colorado Health Benefits Package* to ensure that Colorado's most vulnerable citizens receive necessary treatment and support. Service delivery for severe mental illness and severe emotional disturbance in children will be managed through a comprehensive behavioral health system.

### ***D. Safety Net and the Safety Net Stabilization Program***

Many individuals will continue to rely on safety net providers because of the providers' understanding of the unique needs of low-income and special needs populations and their long standing role of providing direct care to these vulnerable populations. Even with statewide insurance coverage, safety net providers will be necessary to meet the needs of special populations including those in underserved areas, and any reform process needs to recognize and support safety net providers. Currently, core safety net providers have two distinguishing characteristics:

- Either by legal mandate or explicitly adopted mission, they offer care to patients regardless of the patient's ability to pay for those services; and
- A substantial share of their patients are uninsured, Medicaid and other vulnerable patients.

Core safety net providers typically include public hospitals, Community Health Centers (also called Federally Qualified Health Centers), Community Mental Health Centers, Rural Health Centers and local health departments, as well as special service providers such as AIDS and school-based clinics. Throughout Colorado, the safety net also includes many private providers who demonstrate a commitment to caring for Medicaid, CHP+ and the uninsured.

**The *Safety Net Stabilization Program* will ensure that the safety net is able to continue to meet the needs of Colorado’s vulnerable populations and assure desired health outcomes.**

The purpose of this program is to significantly improve the health outcomes of individuals who receive their care predominantly through safety net providers in both urban and rural areas of Colorado. This new program recognizes that a disproportionate number of those who have traditionally been uninsured, underinsured or special needs populations receive their services through safety net providers, and as a result, these providers have become skilled at addressing their needs in a high quality, culturally appropriate manner that leads to improved health outcomes. Through this program, enhanced reimbursement and/or monies for comprehensive, family-centered services focusing on distinct populations and expansion and infrastructure will be provided to health care providers that meet certain criteria. The *Community of Caring Collaborative* will administer the *Safety Net Stabilization Program* to incentivize a broad range of providers to meet the needs of distinct populations. In order to qualify for the *Safety Net Stabilization Program*, a provider will need to demonstrate that they have the capacity to:

- Provide family-centered care;
- Provide evidence-based care;
- Have experience in providing care to special needs populations including providing or arranging for wrap-around services;
- Utilize a sliding fee scale for distinct populations including but not limited to: homeless; migrant; immigrants; HIV/AIDS; ethnic minorities; chronically ill; and the uninsured;
- Meet or exceed defined measures for quality and outcome; and
- Assist patients with enrollment into the *Health Insurance Partnership* plans.

Final criteria will be developed by the *Community of Caring Collaborative*. Start up financing will come from existing sources such as tobacco tax or other revenues. It is our expectation that

the participants in the process would voluntarily add funding to the Collaborative over time as its value is established.

Attachments 2 and 3 graphically depict the major components of this proposal.

*b)(2) Who will benefit from this proposal? Who will be negatively affected by this proposal?*

This proposal requires a commitment to a culture of caring and coverage. This new way of doing business requires all stakeholders to rethink their role in the health care system. Building on the approach offered by CareOregon, there will be “improved value accomplished with intention!”<sup>23</sup> Three results inherent in a system where quality is the central strategy is a system with “resource efficient, improved patient experience, highest quality of care.” Specific benefits will accrue to:

- The community as a whole, over time, with “improved health outcomes including life expectancy, mortality and prevalence of disability and limitations due to health”<sup>24</sup>;
- Previously uninsured Coloradans who now will have access to safe, efficient, family-centered, timely, equitable health care;
- Currently insured Coloradans whose premiums for health insurance will reflect the cost of their care and not the 10% cost shift from the uninsured;
- Employers who will be able to offer cost effective, comprehensive health insurance enabling them to compete in the global economy;
- Insurers who can provide competitive products based on quality, outcomes, access to care, provider networks and care management. They will no longer have to address the level of adverse selection that exists in the marketplace today;
- Self insured ERISA groups who currently experience cost shifting from providers that have to cover the cost of the uninsured. These employers will be required outside of the state regulated insurance market to participate equitably in the system;
- Coloradans with special needs, who will be ensured access to necessary care;
- Safety net providers and safety net health plans, which will be able to access reimbursement for those members of their patient population who have historically been uninsured. Safety net providers will also have access to the *Safety Net Stabilization*

**Program** which will provide enhanced reimbursement needed to appropriately care for special needs populations; and

- The Colorado economy because:
  - The health of the community will improve over time with an increased focus on prevention and wellness;
  - The state will attract and maintain a healthy work force through a commitment to a **Community of Caring Collaborative**; and
  - Health care reimbursement generates income to the local economy.<sup>25, 26</sup>

*b)(3) How will your proposal impact distinct populations (e.g. low-income, rural, immigrant, ethnic minority, disabled)?*

Distinct populations will be served in a variety of ways:

- All individuals will be covered without regard to health condition, age, income, status, etc.;
- Benefits that meet special needs populations will be offered through **Wrap Around Services**;
- Subsidies will be available to individuals who, because of income or illness, cannot afford the standard premium or cost sharing;
- The health plans selected will be required to demonstrate a commitment to vulnerable populations and the chronic care model or similar strategies;
- Safety net providers and plans demonstrating a commitment to care for special needs populations will be maintained and strengthened through direct contracting and special funding streams;
- The stability of a health care home will be provided for high needs populations who migrate between different systems, employment situations and health care needs; and
- The **Community of Caring Collaborative** will address the design and quality of the health care system over time with the commitment of local communities to reflect the real needs of individuals and families.

*b)(4) Please provide any evidence regarding the success or failure of your approach. Please attach.*

Across the country, there are numerous examples of communities working to improve our health status in innovative ways:

- North Carolina's commitment to improve the health of children through a statewide coordinated early childhood collaborative (ABCD);<sup>27</sup>
- The Puget Sound, Oregon collaborative includes business, state and community leaders to radically change the way employers provide health and wellness programs;
- Nationally, 1,000 Community Health Centers use the Chronic Care Model to improve interventions focused on diabetes, asthma, and hypertension, which together affect more than 25 percent of the U.S. adult population;<sup>28</sup>
- In Colorado, communities are working collaboratively with providers, the Department of Public Health and Environment and foundations to integrate a health care home model;
- Governor Huckabee in Arkansas mobilized his state to deal with obesity problems prompted by his own health issues; and
- In the area of behavioral health, the Colorado Medicaid Capitation Program has demonstrated success by increasing penetration rates for consumers, reducing institutional based care and providing significant cost savings to the state.

These models are examples of areas where progress has been made to address the inadequacies of the current health system. These developments may also be used to guide reform to Colorado's ailing system. There are an increasing number of public entities that are creating large purchasing pools to maximize coverage and improve efficiencies. The Federal Employees Health Plan is a highly successful example of a large purchasing agent.

No state has undertaken a large scale commitment to the health of its citizens at the level we are proposing. There are a number of states which routinely rank higher than Colorado on a range of risk assessments. Communities in the United States and elsewhere have demonstrated significant results from integrated, community based health efforts. What is hopeful is that there is clear evidence of communities and countries that have been able to improve health status of

the populace and be more cost effective. Internationally, countries like Switzerland and Germany, which have a private insurance structure, report:<sup>29</sup>

- Better health outcomes and administrative costs 20-30% lower than the United States; and
- Reduced hospitalizations for potentially preventable conditions could save the country “\$4-8 billion annually.”

*b)(5). How will the program(s) included in the proposal be governed and administered?*

A comprehensive public-private ***Community of Caring Collaborative*** will invest in the overall wellness of the community, will bring together business, the educational community, government and the charitable community to facilitate moving Colorado toward an overall commitment to health. The ***Community of Caring Collaborative*** will be a public-private partnership deriving its authority from state law and governed by an independent Board of Directors. The Board of Directors will be self sustaining and should be representative of the following constituencies: consumers, educators, business, state agencies, insurers, providers and philanthropic organizations. It coordinates existing participants and financing in the system and offers the promise of attracting new participants and financing.

The ***Community of Caring Collaborative*** will be created legislatively with an administrative structure defined and funded for the specific proposed purposes. It is the intent of the authors that other entities will join and voluntarily participate over time. As organizations join and commit to the values and administrative structure of the ***Community of Caring Collaborative***, they will be represented as appropriate on the Board of Directors and expected to participate fully and contribute to the ongoing functions of the organization.

The ***Health Insurance Partnership*** will purchase health care in the most cost effective manner using evidence based medicine and is charged with providing Coloradans with comprehensive, portable, accessible, transparent, understandable and affordable health care coverage. It will derive its authority from state law and will be constituted as an independent authority with a Board of Directors having fiduciary responsibility for the organization. Governance details will be established through a broader conversation with the Colorado community.

The *Community of Caring Collaborative* will be responsible for administering the *Safety Net Stabilization Program*.

*b)(6) To the best of your knowledge, will any federal or state laws or regulations need to be changed to implement this proposal (e.g. federal Medicaid waiver, worker's compensation, auto insurance, ERISA)? If no, what changes will be necessary?*

We do not believe that any federal laws will need to be changed although a federal waiver will be required to consolidate public financing and maximize federal match for previously unmatched public funds. The following areas of state law will need significant changes and additions:

- Create and fund the public/private *Health Insurance Partnership* outside of TABOR;
- Create and fund the *Community of Caring Collaborative*;
- Create and fund the *Safety Net Stabilization Program*;
- Change individual and small group insurance laws to consolidate health insurance markets and provide the *Health Insurance Partnership* the authority to purchase health insurance;
- Provide explicit authority to:
  - a. Require individuals to have health insurance coverage;
  - b. Require employers to contribute to employee coverage;
  - c. Guarantee the availability of health insurance coverage regardless of health status;
  - d. Provide subsidies to low-income Coloradans and small businesses to help with the cost of coverage; and
  - e. Redistribute existing state and local funds to maximize federal financing through Medicaid participation.
- Medicaid and SCHIP eligibility, benefit design and scope of services.

The state must have a conversation with federal policy makers to find an appropriate role for the federal government in state-based health reform activities including grants/funding and the potential exploration of an ERISA waiver.

*b)(7) How will your program be implemented? How will your proposal transition from the current system to the proposed program? Over what time period?*

The development of the ***Community of Caring Collaborative*** and the ***Health Insurance Partnership*** will require legislative action as part of a broad health care reform effort. The timeframe must be developed collaboratively between the Governor and the General Assembly. This is a comprehensive, integrative package of reforms in which you improve value, quality, access with intention. The primary concern about the existing health care system is that it is comprised of a patchwork of incremental fixes to the system that have had unintended consequences. The various components of this proposal will require whole-system integration and will not reach the desired outcomes if the proposal is implemented in a fragmented manner.

### **Access**

*c)(1) Does this proposal expand access? If so, please explain.*

Yes, our proposal expands access. It provides comprehensive coverage to all Coloradans – with no exception. The data are clear that, in the current system, individuals with access to health insurance have improved access to appropriate health care services. Every Coloradan will have access to a health care home where they can receive comprehensive primary and preventive services, appropriate and timely referrals for specialty care and a comprehensive, coordinated approach to health care including chronic disease management. The Chronic Care Model (CCM) identifies the essential elements of a health care system that encourage high-quality care. These elements are the community, the health system, self-management support, delivery system design, decision support and clinical information systems. Evidence-based change concepts under each element, in combination, foster productive interactions between informed patients who take an active part in their care and providers with resources and expertise.<sup>30</sup>

There are structural issues that also have to be addressed to assure access in a state as diverse as Colorado. The ***Safety Net Stabilization Program*** is a step towards assuring the adequate infrastructure especially in underserved communities and for patients with special needs. Health care workforce development needs to be integrated into the conversation and is a role for the ***Community of Caring Collaborative***. The Center for Nurse Excellence has begun the important work of recruiting and retaining nurses, but the state has a shortage of trained health care

professionals across all specialties. Health professional associations have worked collaboratively with the legislature to address innovations in the provision of health care to underserved communities. The ***Community of Caring Collaborative*** can assess the issues from a global perspective including financing, certification and licensing regulations, use of physician and dentist extenders, use of telemedicine and electronic health information exchange and other innovations to create more accessible systems that serve the many needs of our state.

*c)(2) How will the program affect safety net providers?*

Our proposal supports the safety net in multiple ways:

- By providing coverage for all Coloradans through public programs, especially those under 300% FPL, this proposal provides a continuous funding stream for safety net providers who are currently caring for the uninsured and special needs individuals.
- Safety net providers currently strive to provide their patients with all aspects of a health care home such as providing comprehensive care, chronic disease management, enabling services, meaningful referrals, care, management and coordination. Finding all enrollees a health care home is a key goal of the ***Health Insurance Partnership***. Safety net providers are experienced in providing the high quality care the ***Health Insurance Partnership*** will demand.
- Participating insurers must agree to negotiate in good faith with providers certified through the ***Safety Net Stabilization Program*** and maintain them in the insured networks.
- Creation of the ***Safety Net Stabilization Program*** will support current safety net providers and plans and encourage private providers around the state to care for low-income, underserved patients and increase the availability of family-centered care.

#### **(d) Coverage**

*d) (1) Does your proposal “expand health care coverage?” (Senate Bill 06-208) How?*

Yes. This program expands coverage to the 780,000 uninsured Coloradans without regard to age, income, immigration or health status or other circumstance (with the previously stated Medicaid excluded populations). See section c)(2) for a description of increasing coverage through safety net expansion.

*d) (2) How will outreach and enrollment be conducted?*

Outreach will be conducted through the ***Health Insurance Partnership*** as part of its regular course of business. Outreach is enhanced in this proposal by the integration of the ***Community of Caring Collaborative***.

Enrollment processes need to be simple, especially for low-income individuals, those currently uninsured or who have had difficulty purchasing insurance in the past. Medicaid and CHP+ will centralize the eligibility determination process and:

- Maximize the use of enrollment assistance sites (outstationing);
- Offer presumptive eligibility for: hospitalized patients; those seeking care in the emergency room; individuals with behavioral health or substance abuse diagnoses; or, those seeking care at any site that is willing to participate in the process; and
- Offer automatic enrollment for those known to the system through other processes.

The private sector also needs to assess creative enrollment processes that encourage health insurance coverage, whether it is through the ***Health Insurance Partnership*** or through more traditional means, such as employers, licensed agents and participating insurance companies. The underlying principles that should drive the process is that enrollment must meet the needs of the client, be simple, and cost-effective.

Administrative efficiencies are also being proposed including:

- Increased use of mail-in, online and telephone applications;
- Self-declaration of income using administrative records for verification supplemented with random audits;
- Passive re-enrollment; and
- Implementing 12 month continuous eligibility: rather than engage in monthly redetermination processes, we propose 12 month continuous enrollment with an annual enrollment period for everyone, regardless of payer source. This is a major efficiency for the public sector benefiting the individual with a simplified process and benefiting the overall system with cost savings through administrative efficiencies.

*d) (3) If applicable, how does your proposal define “resident?”*

This proposal defines resident as anyone living in Colorado is eligible for the program, without regard to health condition, age, income, or immigration status. This proposal does not include the aged, disabled or waiver populations in Medicaid.

#### **e) Affordability**

*e)(1) If applicable, what will enrollee and/or employer premium-sharing requirements be?*

We are proposing a system where any financial assistance – public or private – available to a family is blended through the ***Health Insurance Partnership***. Combining the public and private purchasing in one unified community rated system creates a more affordable insurance product for the private sector and maximizes the use of federal funds through federal Medicaid participation. The specific amounts must be determined annually based on actual utilization and cost sharing features. Employers will be required to contribute at least 50% toward employee/family coverage. Subsidies will be available for small businesses based on their financial need. Employers will be required to establish section 125 “cafeteria plans” so that employees will receive the tax benefits of using pre-tax dollars to pay the premium.

Premium levels for low income individuals/families will be assessed considering:

- Experience of CHP+ premium collections;
- More recent experience with the Oregon Health Plan, Utah and Rhode Island<sup>31</sup> and
- Research on the affordability of health care for families under 200% of federal poverty level (FPL).<sup>32</sup>

The following premium sharing for individuals/families is representative of a structure with a sliding fee scale that balances personal responsibility and affordability:

- Full premium subsidy – under 150% FPL,
- Annual Enrollment Fees under 225% FPL: An annual enrollment fee based on a percentage of the individuals one month income paid at the time of enrollment,
  - 150-200% FPL – up to 1% monthly income
  - 200-225% FPL – 2% monthly income

- Monthly Premiums for 225% and over
  - 225-275% FPL – 2% annual income
  - 275-300% FPL – 3% annual income
  - 300% + FPL – no premium subsidy.

*e)(2) How will co-payments and other cost sharing be structured?*

The specific amounts must be determined after the actuarial analysis is complete. Sliding scale subsidies will be available to make coverage affordable for individuals with incomes below 300% FPL with a maximum annual out-of-pocket ceiling.

#### **f) Portability**

*f)(1) Please describe any provisions for assuring that individuals maintain access to coverage even as life circumstances (e.g. employment, public program eligibility) and health status change.*

Portability and continuous coverage are central to our proposal. Individuals receiving the **Colorado Health Benefits Package** through the **Health Insurance Partnership** will receive continuous coverage, meaning that each individual may remain in the same policy for twelve months from enrollment. There will be an annual open enrollment period for every covered individual/family, including those with public funding. Continuous coverage is more likely to lead to improved health outcomes.<sup>33</sup> Health benefits of insurance are strongest when coverage is continuous rather than sporadic.<sup>34</sup> Achieving coverage well before the onset of an illness can lead to a better health outcome, since the chance of detecting disease early in its course is enhanced.<sup>35</sup> Interruptions in coverage interfere with ongoing therapeutic relationships, contribute to missed preventive services for children and result in inadequate chronic illness care.<sup>36</sup>

The **Health Insurance Partnership** will manage enrollment and contribution allocations to ensure continuity and portability of coverage. Changes in income or employment may modify the individual's contribution, but not benefits, regardless of their payer source. In the event that an individual moves to an area where they may be covered by a different insurance carrier, their enrollment card may change, but their coverage will remain continuous.

## **g) Benefits**

*g) (1) Please describe how and why you believe the benefits under your proposal are adequate, have appropriate limitations that address distinct population.*

These benefits are based on the CHP+ benefits package with enhanced oral health benefits, parity for mental health and substance abuse treatment and enhanced benefits for those with special needs. The **Colorado Health Benefits Package** meets the actuarial equivalents of the SCHIP program and mirrors the Colorado Division of Insurance Small Group Standard Plan. More extensive services for distinct populations will be available through **Wrap Around Benefits**. Individuals may also purchase **Wrap Around Benefits**.

*g) (2) Please identify an existing Colorado benefit package that is similar to the one(s) you are proposing (e.g. Small Group Standard Plan, Medicaid, etc.) and describe any differences between the existing benefit package and your benefit package.*

As described in g)(1) above, the **Colorado Health Benefits Package** is an enhanced version of the CHP+ benefit package. The **Wrap Around Benefits** for children who have special needs mirror Early Periodic Screening Diagnosis and Treatment (EPSDT) benefits of Medicaid. Adults with incomes less than 300% of the federal poverty level will have access to the **Wrap Around Benefits** as appropriate. Other individuals and families may purchase this level of coverage at annual enrollment

## **h) Quality**

*h)(1) How will quality be defined, measured, and improved?*

The **Community of Caring Collaborative** will be responsible for developing quality standards for use by a **Health Insurance Partnership**. The **Health Insurance Partnership** will develop a system for quality that defines standards, proposes measurements, collects and analyzes data and reports on outcomes as they relate to uniform quality services for all Coloradans. Specifically, we propose to:

- Collect and evaluate data that is transparent and allows for both internal and external analysis;
- Define quality in a holistic manner to include care management and processes and prevention. The guiding principles will include such things as a health system that is

focused on a health care home, individually and family-centered, and designed with individual, systemic, and program level incentives; and

- Link incentives to outcomes obtained through objective, population based analysis. The *Community of Caring Collaborative* will oversee a process that proactively rewards systems that show successful outcomes, supports systems that face greater barriers to implement improvements, and provides incentives for innovations and new partnerships.

Examples include:

- Pay for performance;
- Grant funding for innovations and partnerships; and
- Funding to create a culture of health in communities across the state.

Quality is defined as and contains elements pertaining to the following key value elements of health services and the Institute of Medicine's "Crossing the Quality Chasm."<sup>37, 38</sup>

- a. Effective – meaning that it encourages evidence-based care/interventions where appropriate to provide the best possible outcomes in patient care;
- b. Accountable – meaning it utilizes meaningful data, research, technology and best practices to provide useable information and transparency to Coloradans;
- c. Efficient – meaning that care is coordinated and proactively managed in order to ensure quality services are delivered to Coloradans and generate cost savings to the system;
- d. Patient- and family-centered – meaning that it:
  - i. engages the patient in decisions about their health care,
  - ii. respects patients' time, values and treatment choices, and
  - iii. provides information and services that are culturally sensitive;
- e. Safe;
- f. Timely; and
- g. Equitable.

While we recognize the important work being done nationally in this area, recent data suggest that defined measurable variables currently in use are insufficient measures of quality.<sup>39, 40, 41</sup> Such variables are often selected because they are measurable and/or available at a point in time and often are more likely to measure a specific component of a process rather than an outcome.

We can learn from the current data and the many important national efforts that the measurement of quality must be dynamic and able to reflect changes in new knowledge, data and values.

*h)(2) How, if at all, will quality of care be improved (e.g. using methods such as applying evidence to medicine, using information technology, improving provider training, aligning provider payment with outcomes, and improving cultural competency including ethnicity, sexual orientation, gender identity, education, and rural areas, etc.)?*

There are several ways in which our proposal will improve quality of care. Specifically, the **Community of Caring Collaborative** will be responsible for:

- Facilitating community change and being an incubator of ideas;
- Working with the CORHIO – or other appropriate entity – around health information technology improvement and expansion;
- Assuring quality of care;
- Assuring that individuals have a full range of information about the quality and cost of health care options;
- Developing quality standards that the **Health Insurance Partnership** will use when making purchasing decisions;
- Developing an inclusive and broadly representative approach to overseeing all quality functions. Quality assessment needs to be external to the process to be objective. A representative body will dynamically decide measurement points based on current literature and evidence;
- Collecting and evaluating data that is population-based and allows for both internal and external analysis; and
- Overseeing a process that proactively rewards systems that show successful outcomes; improve efficiencies and reduce costs; support systems that face greater barriers to implement improvements; provide incentives for innovations and new partnerships; and link incentives to outcomes obtained through objective, population based analysis.

**i) Efficiency**

*i) (1) Does your proposal decrease or contain health care costs? How?*

This proposal contains health care costs by:

- Reducing disease and improving health through the ***Community of Caring Collaborative*** and by focusing on best practices to change the culture of health;
- Leveraging the purchasing power of public programs and private health insurance through the ***Health Insurance Partnership***;
- Providing all Coloradans access to primary and preventive care through the ***Colorado Health Benefit Package*** which will promote a healthier community, support wellness efforts, cost-effective care, and reduce expensive and inappropriate visits to the emergency room, and avoidable hospitalizations;
- Reducing administrative costs with the creation of a single purchasing agent and by limiting the number of health plans available;
- Reducing disease and improving health through the ***Community of Caring Collaborative*** and by focusing on best practices to change the culture of health; and
- Focusing on quality outcomes and encouraging high-quality chronic disease care which incorporates the community, the health system, self-management support, delivery system design, decision support and clinical information systems. Evidence-based change concepts under each element, in combination, foster productive interactions between informed patients who take an active part in their care and providers with resources and expertise.<sup>42</sup>

*i) (2) To what extent does your proposal use incentives for providers, consumers, plans or others to reward behavior that minimizes costs and maximizes access and quality in the health care services? Please explain.*

The ***Community of Caring Collaborative*** will provide incentives to providers, consumers, plans, communities, educational facilities, businesses and state agencies in the form of grants, pay for performance incentives, facilitating public-private partnerships, participating in federal programs and other approaches to improving the quality of health care and changing the culture to one of wellness and prevention.

The ***Health Insurance Partnership*** will incentivize providers to participate by contracting for insurance using actuarially sound rates. Rate setting should not be adjusted to reflect experience that is not directly related to utilization. We propose that the ***Health Insurance Partnership*** purchase coverage from insurers/care management companies that implement a comprehensive approach to wellness, prevention and care management. This will include measuring and evaluating care with access to broad, epidemiological data. Insurers and care managers may include non-rate based incentives such as payment of health club memberships, coupons for healthy foods, etc.

*i)(3) Does this proposal address transparency of costs and quality? If so, please explain.*

Yes. The ***Health Insurance Partnership*** will provide a central source for consumers to have access to a full range of information about the quality and cost of their health care options. The ***Community of Caring Collaborative*** will also provide data on effective approaches to health care, successful community approaches to wellness, comparative information on cost and quality, and any other information to assist Coloradans to make informed decisions about healthy lifestyles. Another area for investment is continued use of electronic health records and development of personal health records.

*i)(4) How would your proposal impact administrative costs?*

This proposal reduces administrative costs with the creation of a single purchasing agent and by limiting the number of health plans available. Merging the public and private purchasing in one unified system simplifies the administration and combines functions such as outreach, enrollment, information processing and customer service. Over time, there will be an impact on data sharing, evaluation, electronic health information exchange, rate setting and purchasing expertise. These are administrative savings which will accrue over time as the system matures.

#### **j) Consumer choice and empowerment**

*j) (1) Does your proposal address consumer choice? If so, how?*

Yes, consumer choice is a central theme of our proposal. Every consumer will have several meaningful coverage options from which to choose. Individuals choose their health plan based on cost sharing, plan type, and, over time, quality data made available to all. All plans will offer

the **Colorado Health Benefit Package** and **Wrap Around Benefits** will be available for those who need them. Refer to j)(2) for more information.

*j) (2) How, if at all, would your proposal help consumers to be more informed about and better equipped to engage in health care decisions?*

Our proposal will support and engage consumers in meaningful participation and collaboration. Through the **Community of Caring Collaborative**, Colorado will solidify its commitment to technology and electronic information exchange. Consumer choice becomes a reality only when consumers have a choice of health plans and providers and useful information to inform the decision. Current literature reports that information available today is neither useful nor meaningful to consumers as they select health plan options in the current marketplace. It is our obligation to create an environment where consumers lead and inform the process and technology becomes a tool that works. Useful information is power.

Interventions that focus on improving patient participation will encourage better health care and self-management behaviors; those aimed at addressing literacy or the readability of materials will also assist in the process. An ombudsman may be a useful vehicle to help patients navigate the system. In today's marketplace, we will need to reach a large portion of the population through their MP-3 player, iPOD or cell phone messaging. California has been a leader in reaching the youth market through paid media. If we are planning broad systemic change, the leadership in consumer empowerment needs to come from consumers—including those who currently consider themselves alienated or excluded from the system.

#### **k) Wellness and prevention**

*k)(1) How does your proposal address wellness and prevention?*

At the center of our proposal is an active commitment to the development of a culture of health and wellness in Colorado.<sup>43</sup> Our commitment includes covering all Coloradans in a family-centered system which is safe, efficient, effective, timely and equitable. Our proposal supports an approach which protects those already covered and supports those most in need through education, improved access to and investment in the safety net.

We are proposing a comprehensive approach to coverage and financing and a broad community-based approach to prevention, wellness and developing systems for health. These themes are interwoven throughout our proposal and the implementation conversation.

Our proposal includes the following specific components around wellness and prevention:

- Access to primary, behavioral health and preventive health care through the ***Colorado Health Benefits Package***;
- No cost sharing for preventive health services, including immunizations;
- Establishment of the ***Community of Caring Collaborative*** as an incubator for local ideas, fostering community development of new approaches to such things as physician and consumer involvement, e-health initiatives, sustainable infrastructure and workforce supply (e.g. nurses, dentists, mental health and substance abuse professionals, providers serving rural and underserved communities, and minority involvement) and documenting best practices in wellness and prevention approaches;
- The financing model supports and encourages a comprehensive approach to wellness and prevention and moves away from the traditional health system's medical model of treating identifiable diseases. Health plans will be required in their contracts to demonstrate how they are including a family-centered health care model which encourages and reinforces the Institute of Medicine values, including reimbursement for a health care home and support of primary care providers. They will also need to demonstrate a comprehensive approach to chronic care that integrates with a primary care model. The use of existing and expanded safety net providers with their understanding and acceptance of a family-centered comprehensive approach to health further supports Coloradans in achieving a healthy lifestyle;
- The ***Community of Caring Collaborative*** will be encouraged in its mission and charge to support local approaches to wellness and prevention, including start up grants to physicians, colleges and communities, and other supports for existing communities to encourage collaboration with health educators, schools and community-based organizations. We do not believe there is a one size fits all solution and the educational literature is clear that behavior change is complex and must meet the needs of the

individual. Reasonable goals need to be established with individual Coloradans integrated into the goal setting process. We propose a community centered approach;

- The financing model will include financial incentives for clients such as payment of health club memberships, coupons for healthy foods, bowling nights, sneakers and other incentives. Rate setting will be separate from wellness promotions and a pure, actuarial rate setting methodology will remain throughout the program. This differs from some states that are proposing a decrease in individual rates if enrollees participate in a weight loss program. Colorado’s experience is such that the rate setting methodology should be objective and replicable and not integrated into this component.

## **I) Sustainability**

*l) (1)How is your proposal sustainable over the long-term?*

Our proposal is sustainable because it:

- Leverages the purchasing power of public programs and private health insurance through the ***Health Insurance Partnership***;
- Maximizes federal Medicaid and SCHIP funding participation;
- Generates “new” money into the system by including the individual and employer contributions for those that are currently uninsured and maximizing federal Medicaid participation;
- Controls costs and reduces cost shifting by:
  - Providing all Coloradans access to primary, behavioral health and preventive care through the ***Colorado Health Benefit Package***,
  - Reducing administrative costs with the creation of a single purchasing agent and by limiting the number of health plans available, and
  - Supporting health, wellness and prevention through the ***Community of Caring Collaborative***;
- Expands the capacity of the safety net through the ***Safety Net Stabilization Program***;
- Creates an ongoing system to measure quality and access from a population based/epidemiological approach;
- Blends multiple financing sources to create more affordable coverage for the individual;
- Removes the need for cost shifting since all Coloradans will have coverage;

- Reduces cost by reducing emergency room visits and avoiding unnecessary hospitalization expenses; and
- Saves money in the system by treating people with behavioral health problems before they enter the criminal justice system, lose their jobs or become homeless.

*1)(2) (Optional) How much do you estimate this proposal will cost? How much do you estimate this proposal will save? Please explain.*

Final costs will not be available until the actuarial analysis is complete. While we project that there will be implementation costs, our proposal will be cost effective because of the reasons described above.

*1) (3) Who will pay for any new costs under your proposal?*

The hidden tax of the uninsured is already being paid by employers and the insured in Colorado. In a study conducted in 2005, the cost of paying for the uninsured was primarily paid by two sources: roughly one-third is reimbursed by a number of government programs and two-thirds is paid through higher premiums for people with health insurance.<sup>44</sup> New money will enter the system from individuals who cannot afford current premiums but will be able to participate in a subsidized program that leverages individual and employer contributions and public dollars. New money will also be available from an assessment that addresses the reality that ERISA groups will benefit from this plan.

*1) (4) How will distribution of costs for individuals, employees, employers, government, or others be affected by this proposal? Will each experience increased or decreased costs? Please explain.*

The costs of this proposal will be shared by individual Coloradans, employers and the state and federal government. The full distribution will need to be addressed in the financial analysis. We believe that because of the almost 10% cost shifting already in the system, one of the funding streams will be existing dollars in the system that will be reallocated. We are already paying a significant hidden tax for the cost of the uninsured. By requiring all Coloradans to have coverage, we are redistributing costs already in the system to a more efficient purchasing model.

*l) (5) Are there new mandates that put specific requirements on payers in your proposal? Are any existing mandates on payers eliminated under your proposal? Please explain.*

Benefits: The benefit package is very similar to the standard benefit package already in place in Colorado. Individual and Employer Mandates: The success of the **Health Insurance Partnership** hinges on mandating both individual coverage and employer participation. Insurer mandates: Insurers will offer a standard set of benefits and will offer consumer choice through out-of-pocket and managed care choices. There will also be guaranteed issue and community rating.

*l)( 6) (Optional) How will your proposal impact cost-shifting? Please explain.*

The environmental factors that have incentivized cost shifting to date are eliminated under this proposal. Under a system in which all Coloradans have coverage, the 10% hidden tax on employers and the currently insured will not be needed. Providers will receive reimbursement at a reasonable level for all appropriate services. Historically, cost shifting has been described at the national level, addressing the billions of dollars that are being spent to care for the uninsured.<sup>45</sup> Recently, reports document the state specific impact, which allows us to logically discuss alternatives to the current fragmentation with baseline data available for planning and analysis.<sup>46, 47</sup>

*l) (7) Are new public funds required for your proposal?*

Until we can have a statewide discussion about the full range of costs and benefits of creating health communities, insuring all Coloradans, removing negative incentive from the system and consolidating health care purchasing and rating, we cannot estimate the full costs of the proposal.

*l) (8) (Optional) If your proposal requires new public funds, what will be the source of these new funds?*

The costs and implementation schedule must be developed collaboratively in a conversation with the citizens, the Governor and the General Assembly. If there is a commitment to a community of caring and the overall proposal, additional funds can come from a variety of public sources including improved federal Medicaid match, provider taxes, tax on reinsurance, luxury medical services tax, or other use taxes such as alcohol or tobacco. Over time, money spent on criminal justice and other publicly funded systems could be redirected to the system.

*l) (9) (Optional) How was your proposal developed? (One page limit)*

This proposal was developed by the Colorado Community Health Network (CCHN), the Colorado Children's Campaign (CCC), the Colorado Behavioral Healthcare Council (CBHC) and Colorado Access (CA).

CCHN, the association for Colorado's 15 Community Health Centers (CHCs), and its members assure access to high-quality primary and preventive health care for nearly 400,000 Coloradans a year – regardless of ability to pay. As part of the safety net, Colorado CHCs currently provide a health care home to one-third of Medicaid enrollees and one-fifth of the states' uninsured.

CCC is a statewide child advocacy organization focusing on the health, education and well-being of Colorado's 1.2 million children. With over 20 years of policy and advocacy expertise and a statewide network of local leaders, CCC promotes access to quality preventive and ongoing care to families and kids through a sustainable and efficient health care system.

CBHC represents Colorado's statewide network of community mental health providers, including 17 community mental health centers (CMHCs), two specialty clinics—Asian Pacific and Servicios de la Raza—and the 5 Behavioral Health Organizations (BHOs).

Colorado Access, a nonprofit health plan that provides access to behavioral and physical health services for medically underserved Coloradans, is sponsored by The Children's Hospital, Colorado Community Managed Care Network and University of Colorado Hospital/University Physicians, Inc.

Lead consultants for the proposal: Barbara Ladon, The Ladon Group, LLC; Jonathan Harner, JKH Consulting, LLC. Additional consultation was provided by: Mila Kofman, Health Policy Institute, Georgetown University; and Christine Ferguson, George Washington University. Editing and logistical support was provided by Andrew Brookens. Additional input was received from Denver Health and the North Colorado Health Alliance.

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