



# Department of Health Care Policy and Financing

## Hot Topics

Prepared for the Colorado General Assembly

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*The Mission of the Department of Health Care Policy and Financing is to provide cost-effective, quality health care services for Coloradans.*

### ***\$17 Million Awarded to Health Care Providers***

The Department of Health Care Policy and Financing has awarded \$16,920,000 to 32 health care providers who serve the uninsured. Funding for the awards is possible through the [Primary Care Fund](#).

The Primary Care Fund was established when voters approved an increase in Colorado's tobacco tax in 2004. This fund supports providers to build infrastructure and provide health services to uninsured Coloradans who are not eligible for Medicaid, the Child Health Plan Plus (CHP+) program or any other insurance.

"MCPN has been incredibly grateful for being able to expand its services to the uninsured in Colorado through the Primary Care Fund," said Dave Myers, president and CEO of the Metro Community Provider Network. "Since the first grant award, we have been able to increase the number of people served by 30%. Those are a significant number of people receiving health care who would otherwise not have access were it not for the Primary Care Fund." Services provided include medical, dental, pharmacy services, care-coordination, and case management.

### ***Colorado Household Survey***

In November 2008 the [2008-09 Colorado Household Survey](#) (COHS) was initiated to collect information about the health insurance status of Coloradans. The COHS was sponsored by the Colorado Department of Health Care Policy and Financing and funded by The Colorado Trust and resulted in a more accurate assessment of issues surrounding health insurance coverage in Colorado and baseline information about coverage and access.

#### *Issue Briefs*

The Colorado Health Institute (CHI) administered the survey and has completed the first [Issue Brief](#), which is a comprehensive overview of the survey results, and will be completing three more issue briefs by the end of the year.

#### *Availability of results*

CHI will maintain the public-use and research files as well as provide dissemination support to individuals and organizations interested in downloading the public-use file or who have questions about using and analyzing the data. The [public-use file](#) is available free of charge to the public.

#### *Methodology*

#### Timeframe

The survey was administered from November 2008 to March 2009 by the Colorado Health Institute (CHI), which is maintaining the public-use and analytic research files on behalf of the Department.

#### Sample

The 2008-09 COHS consisted of a telephone survey of 10,000 randomly selected households in Colorado. Ten thousand households were contacted by randomly selecting 400 cell phone-only households and 9,600 randomly selecting households through traditional landline telephones.

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## Contacts

For general information about the COHS, please contact Lindy Wallace, Department deputy director, at [Lindy.Wallace@state.co.us](mailto:Lindy.Wallace@state.co.us) or 303-866-5066.

For technical assistance, or to submit a data request for analysis of the COHS data, please contact Anna Furniss, CHI, at [furnissa@coloradohealthinstitute.org](mailto:furnissa@coloradohealthinstitute.org), 303-831-4200 extension 204, or by fax at 303-831-4247.

## **Center for Improving Value in Health Care (CIVHC)**

Last month, the Center for Improving Value in Health Care, or [CIVHC](#), received a \$225,000 grant from the Colorado Health Foundation.

CIVHC was established by [Executive Order D 005 08](#) signed by Governor Ritter on February 13, 2008 and is a part of the governor's Building Blocks to Health Care Reform plan. It is a public/private coalition of consumers, business leaders, health care providers, insurance companies and state agencies created to identify and implement strategies to contain costs, improve quality and ensure a better value for the overall health care received in Colorado.

The [Colorado Health Foundation](#) approved a one-year, \$225,000 grant to help support key portions of CIVHC's operations. This funding will support the development of a strategic business plan and many important functions that are important to the success of CIVHC's goals.

"CIVHC has enormous potential to improve the health of Coloradans by ensuring access to coordinated, high quality care," said Anne Warhover, president and CEO of the Colorado Health Foundation. "If CIVHC is successful in its goal to align payment with quality, it could contain cost growth in health care, thereby increasing the number of Coloradans with adequate coverage."

CIVHC is also supported by the Colorado Trust.

## **Medicaid Infrastructure Grant**

It is with great excitement that we announce that Colorado's Department of Health Care Policy and Financing (the Department) was recently awarded a Medicaid Infrastructure Grant (MIG) from the Centers for Medicare and Medicaid Services (CMS).

This two-year grant begins on January 1, 2010 and provides funding for the Department, in collaboration with the Division of Vocational Rehabilitation and several community-based organizations, to develop a strong infrastructure to support employment and health care coverage for people with disabilities, including the development of a Medicaid Buy In program for working adults with disabilities.

Additional information about the MIG will be made available to stakeholders and the general public via the Department's website (<http://www.colorado.gov/hcpf>) in December 2009. This information will include contact information for Departmental staff working on the grant, as well as information about upcoming stakeholder meetings, public forums, and other opportunities for interested parties to be involved.

## **Mental Health Prescription Drug Guiding Principles**

In January 2007, Governor Ritter signed an executive order to implement a [Preferred Drug List](#) (PDL) for Colorado Medicaid. The Department created the PDL to promote clinically appropriate utilization of pharmaceuticals in a cost-effective manner. The PDL is developed based on safety, effectiveness, and clinical outcomes from classes of medications where there are multiple drug alternatives available and supplemental rebates from drug companies, allowing Colorado Medicaid the ability to provide medications at the lowest possible costs.

During the implementation of the PDL, a few drug classes were exempted and put on a moratorium to be examined for inclusion at a later date. One of these drug classes was anti-psychotics. On Friday, December 11, 2009, the Medical Services Board unanimously voted to support the

Department in allowing the moratorium on all remaining drug classes including the anti-psychotics drug class to expire at the end of this month. This will allow for a review of these drug classes by our Pharmacy and Therapeutics Committee (P & T Committee) for possible inclusion on the PDL. The P&T Committee is an advisory board established to perform clinical reviews of drug classes and make recommendations which help the Department develop and manage the PDL.

The following guiding principles for mental health-related drugs, which include anti-psychotics, were established to give consumers, advocates, and other stakeholders a better understanding of the Department's priorities and collective vision.

Our collective vision is that all persons seeking Medicaid-related mental health services in Colorado experience a comprehensive system of care that supports them in pursuit of their individual wellness and recovery. Quality mental health care is fundamental to the health and well-being of every person and of the state as a whole. We want to promote mental health and wellness so that individuals receive the support, treatment and services that they need to live full lives in their communities.

The Department, in partnership with local providers, clients and stakeholders, recognize that we need to work together as a team to provide high-quality mental health services for the Colorado Medicaid population and ensure individuals are appropriately engaged in the services they want and need. Our overall goal is to promote good health outcomes and clinically appropriate drug utilization and to protect our clients.

We recognize and respect the diverse needs, values and circumstances of each client and family. We recognize that mental health treatment can be complex and that therapeutic interventions must be effective, client and family-focused, culturally competent, address symptom severity and level of need and a wide array of treatment programs must be available to meet the needs of individuals to maximize mental health and wellness.

Medication therapy for any illness is complex and its management requires a thorough understanding of the person's mental health diagnosis, other illnesses, the medication's side effects, other medications the client is taking, and the person's history of medication use. The confluence of these factors makes it essential for treatment decisions to continue between the health provider and the client.

When creating policies and programs that relate to mental health and wellness, we will follow these guiding principles:

- The process will be open to the public and include stakeholders in the decision making process.
- Decisions will be made with the goal of improving client safety and quality of care working to maximizing the safety and well-being (mental and physical) of clients, and promoting their recovery.
- We will support the use of guidelines and algorithms to promote quality care and encourage providers to use appropriate drugs at appropriate doses to treat mental illnesses taking into consideration side effects, polypharmacy, family history, and effects on other illnesses such as obesity and diabetes. We will consider all outcomes including symptom management, ability to work and independent living.
- We will support the development of a statewide, standardized approach to the process of screening and assessment to ensure consistency including treatment matching in the service continuum in order to improve client outcomes. We will promote provider education to promote recognition and appropriate treatment of mental health issues. We also recognize that any process needs to be flexible and non-burdensome for providers.
- Safety and finding the right treatment to treat a client's disease are primary goals. The costs

of treatment must be balanced with the risks and benefits of treatment, and the therapeutic and personal needs of the client and/or family and avoiding disruption to stable, effective, safe, and appropriate regimens. We will have grandfathering policies for mental health drugs so that if a client is stable on a drug, they can stay on it.

- We recognize the need for individualized care in that people respond differently to different medications. We will consider adding, when clinically appropriate, mental health drugs to the Medicaid preferred drug list so that individuals' therapeutic needs are being appropriately managed and supported. We will have more than one preferred product in each class.
- We recognize that several public health systems may address mental health and wellness. We will work to align our pharmacy services, to the extent that it fits with the above principles, with other state systems including the Department of Corrections and the Department of Human Services, Division of Child Welfare and the Division of Youth Corrections.

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