

CO-CHAMP

Colorado's Comprehensive Health Access Modernization Program HRSA State Health Access Program (SHAP) Grant

Quarterly Update

December 1, 2011

Overview

A competitive grant awarded from Health Resources & Services Administration (HRSA) to the Department under the State Health Access Program (SHAP) in September 2009. Colorado has received \$17.8 million to use through August 31, 2012.

Program Status:

- HRSA SHAP Grant webpage: www.Colorado.gov/hcpf -->Partners & Researchers --> CO-CHAMP
- The CO-CHAMP Evaluation Documented Quote was awarded to Arpegio Health on October 7, 2011.

Colorado Health Care Affordability Act (HB 09-1293)

Several CO-CHAMP projects are linked to the implementation of Colorado's Health Care Affordability Act. HRSA SHAP grant funding will support the following three related activities and include: (1) Maximizing Outreach, Retention & Enrollment, (2) Eligibility Modernization and (3) Benefit and program design for *Adults without Dependent Children*.

1. Maximizing Outreach, Retention and Enrollment (MORE)

Outreach and marketing campaigns to inform the expansion populations of the availability of public health insurance programs and assist newly eligible expansion populations with the application process and how to access health care services in appropriate settings.

- MORE Grant Round 3 contracts were awarded to 14 grantees and executed September 1, 2011.
- As of August 31, 2011; MORE grantees have educated 7,184 people about public programs and enrolled 3,417 in Medicaid and CHP+.

2. Eligibility Modernization: Streamlining the Application Process

Creating interfaces with other state and federal databases to electronically verify required client documentation. An online application for the expansion populations will be implemented to eliminate the need for applicants to submit a paper application.

- **Interfaces -**
 - IEVS (Income verification with Dept. of Labor and Employment)
 - In production August 2011.
 - SSA (Citizenship & identity verification with the Social Security Administration)
 - In production August 2011.
 - Currently receiving a 95% confirmation rate
 - DMV (Identity Verification with Dept. of Revenue)
 - Scheduled for February 2012 implementation.
 - Automation of Vital Statistics Retrieval (Citizenship verification with Dept. of Public Health and Environment)
 - Continuing the pilot with CDPHE until the Interface is in production.
- **Express Lane Eligibility--**
 - Administrative Renewals & Ex-Parte Renewals
 - In production August 2011.
 - Free and Reduced Lunch
 - Launching manual programs with the school districts school year 2011-2012. Electronic interface scheduled for spring 2012 release. Once the interface is in production, additional schools that want to participate will be phased in.
 - SNAP
 - Colorado Works (TANF)
 - Income Tax Records
 - On hold until legislative changes occur.



3. Benefit and Program Design: Adults without Dependent Children (AwDC) Program

The Department will develop potential program designs, including models for premium structures, and cost-sharing provisions for the adults without dependents and the buy-in for individuals with disabilities expansion populations. The Department will hire contractors to conduct an actuarial study and fiscal analysis in the development of possible program models.

- CBMS and MMIS (system) changes for the AwDC program are in progress.
- Anticipate launching the AwDC program in spring 2012.
 - Due to the anticipated cost of this program, the Department has chosen to roll out to 0-10% FPL, capping at 10,000 enrollees; with a waitlist for remaining applicants. If finances permit, enrollment cap will be increased.
 - Remainder of AwDC (up to 133% FPL) will be covered in 2014 with National Health Care Reform.
 - Benefits will include regular Medicaid benefits.
 - Anticipate enrollees to go into the Accountable Care Collaborative (ACC).
 - Currently working with Centers for Medicare & Medicaid Services (CMS) for approval of 1115 Demonstration Waiver.

Multi-Share Community Projects

A basic health coverage plan that brings together employers, workers without coverage and outside funding to create a coverage plan for those workers who have no other access to health insurance.

1. Health Access Pueblo (HAP) Multi-Share Program

A community-based non-profit organization created to provide high quality, affordable, basic health coverage for the uninsured who work for employers based in Pueblo County. Grant funding will be used to increase participation in HAP through a robust marketing and advertising plan.

- As of November 2011, HAP has 73 employer groups representing 234 enrollees.

2. San Luis Valley Multi-Share Program (CarePoint)

CarePoint will provide a health coverage program aimed at the working uninsured in employer groups where the median hourly wage is \$15 per hour or less and the employer group currently provides no health insurance. Grant funding will be used to initially fund the community share in this pilot program.

- As of August 1, 2011, CarePoint has 32 employer groups representing 119 enrollees.

Innovative Benefit Design Pilot (IBD)

HRSA SHAP funding will allow the Dr. A.J. Kauvar Foundation to work with providers, insurers, and consumers to develop an evidence-based tool that can be used to design health benefit packages in private and public insurance products. These products will be offered to a targeted population of uninsured Coloradans through a regional pilot program and could eventually be offered statewide.

- Scheduled to begin a two-year pilot at the San Luis Valley Medical Center beginning January 2012.
- Working closely with Valley Wide Health Systems in Alamosa.

Adult Patient Centered Medical Home (PCMH) Pilot

Colorado Medicaid is one of seven participating payers who have partnered to support an Advanced Primary Care model and payment reform methodologies. The PCMH pays via a blended payment model to include standard fee for service, a monthly care management fee and a bonus for meeting or exceeding quality outcomes that shifts the focus of care delivery away from episodic care toward more comprehensive, holistic care and incorporates the characteristics associated with both lower costs and better outcomes.

- Distributed five (5) grants in August 2011 totaling \$134,886.

