COLORADO CHOICE HEALTH PLANS

Request For Information
(RFP# HCPFKQ0904RFICENT)

Value Benefit Plans Proposal
Centennial Cares Choice Program

December 2, 2008

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Executive Summary

EXECUTIVE SUMMARY

Colorado Choice Health Plans, (d/b/a San Luis Valley) has been serving the San Luis Valley in rural south central Colorado for over 35 years. During 2008 we expanded into additional counties in southeastern Colorado, increasing our licensed counties to 14. The counties we serve are among the most economically depressed and medically underserved counties in the State. We believe we have something to offer the uninsured population, especially in rural communities, through our participation in the Centennial Care Choices Program.

Colorado Choice Health Plans has been in discussions with potential partners for statewide coverage which is required under the Centennial Care Choices Program and is prepared to either partner with one of those carriers or to expand current licensure.

The uninsured population in the rural area served by Colorado Choice has continued to grow driving many discussions with employer groups, employees, the broker community and providers, around the issue of affordable health care. Economically distressed rural areas in the south central and eastern plains regions of the State are especially hard hit by higher than average Medicaid, Medicare and uninsured populations. The result of this demographic mix means more cost shifting to insurance carriers and ever rising premiums. This creates a real roadblock to recruiting and retaining providers in communities that are already underserved.

This spiral creates problems that require a unique viewpoint and a strategy that is very different from that of urban/suburban areas. Colorado Choice believes working on the problem of the uninsured and the underinsured can best be done by creative collaborative efforts in local communities. Several programs are currently under discussion and/or development that are the result of strong relationships between Colorado Choice and local hospitals and health care providers. These programs are focused on containing the ever-increasing cost of health care, supporting the local provider community to ensure their financial viability and improving health care outcomes in the community. This grassroots approach to local involvement is a strength that Colorado Choice would bring to their VBP(s) under Centennial Care Choices.

Colorado Choice has spent a significant amount of time and resources on technologies and internet based applications to promote better consumer involvement in the process of managing health care. Care management tools include an interactive, goal-driven health and wellness program, a strong disease management and care gap program which is based on best medical practices as reviewed by Harvard Medical School (vendor product private labeled for Colorado Choice) and an internet portal into our system allowing members to see all of their health care information as well as interacting with their providers and care management teams when appropriate. These tools are discussed further in this document.

The need for a program like Centennial Care Choices is definitely here and Colorado Choice is a committed partner on this Program. We would ask that some consideration be given to our suggestion in Item Number 9 in the proposal that it may make sense to allow carriers, like Colorado Choice, that currently manage primarily rural populations not be mandated to be statewide, in order to maintain the community focused programs developed for these underserved areas.

Colorado Choice Health Plans
RFI Response

COLORADO CHOICE HEALTH PLANS RFI RESPONSE

1) **Please thoroughly describe the design of and benefits included in your proposed :**

   a) **Please provide a schedule of benefits summary.**

      SEE page 4 for the Schedule of Benefits Summary

Colorado Choice Health Plans
Centennial Care Choices
Schedule of Benefits Summary

DESCRIPTION	Plan <250% FPL	Plan 250%-300% FPL	Plan >300% FPL
Deductible	$250	$500	$750
OOP max *(does not include copayments)*	$2,500	$4,000	$6,000
Coinsurance *(member's share)*	40% after deductible	40% after deductible	40 % after deductible
Preventive Care (Child/Adult)	$0/$5 copay deduct waived	$0/$10 copay deduct waived	$0/$15 copay deduct waived
PCP/Specialist (lab work and other procedures subject to deductible and coins)	$10 copay primary care $20 copay specialty care after deduct	$15 copay primary care $30 copay specialty care after deduct	$25 copay primary care $50 copay specialty care after deduct
Drugs Generic/Limited Brands	$5 copay generic $15 copay brand	$10 copay generic $20 copay brand	$15 copay generic $40 copay brand
Inpatient Hosp (subj. to deductible then coinsurance)	$150 copay per day up to 5 days then 40% coins after deduct	$150 copay per day up to 5 days then 40% coins after deduct	$150 copay per day up to 5 days then 40% coins after deduct
Outpatient Hosp (subj. to deductible then coinsurance)	$250 copay then 40% coins after deduct	$250 copay then 40% coins after deduct	$250 copay then 40% coins after deduct
Lab/X-ray (subj. to deductible then coinsurance)	$10 copay then 40% coins after deduct	$15 copay then 40% coins after deduct	$25 copay then 40% coins after deduct
MRI, nuclear, etc (subj. to deductible then coinsurance)	$250 copay then 40% coins after deduct	$250 copay then 40% coins after deduct	$250 copay then 40% coins after deduct
Emergency Care (subj. to deductible then coinsurance)	$150 copay then 40% coins after deduct	$150 copay then 40% coins after deduct	$150 copay then 40% coins after deduct
Urgent Care Consult (lab work & other procedure subject to deductible & coins)	$40 copay after deduct	$40 copay after deduct	$40 copay after deduct
Mental Health Outpatient	$50 copay per visit up to 10/yr ($1,000 max) after deduct	$50 copay per visit up to 10/yr ($1,000 max) after deduct	$50 copay per visit up to 10/yr ($1,000 max) after deduct
Substance Abuse Outpatient	$50 copay per visit up to 10/yr ($1,000 max) after deduct	$50 copay per visit up to 10/yr ($1,000 max) after deduct	$50 copay per visit up to 10/yr ($1,000 max) after deduct
Ambulance (Ground or air)	40% coins after deduct	40% coins after deduct	40% coins after deduct
Annual Benefit Maximum	$200,000	$200,000	$200,000
Lifetime Maximum	$1,000,000	$1,000,000	$1,000,000

b) Include utilization assumptions.

Utilization for certain classifications of care is assumed to increase slightly for the VBP(s) described in this RFI. If the coverage was mandated, utilization is assumed to increase by about 4%. If coverage is not mandated, utilization is assumed to increase about 9%. Please see the response to Question 5 pages 14-19 for more information.

c) Describe optional coverage choices (see item "2.g" under Specific Requirements, above).

Optional Coverage Choices – none proposed at this time

d) Highlight both industry best practices and your proposed solution for each requirement "2.a" through "2.j" listed above under "Specific Requirements," and note differences from your current limited benefit plans (10 page maximum).

<u>Specific Requirements 2.a.</u> Include benefits for primary and preventive care and participation in wellness programs and incentives for plan participants to engage in healthy behavior;

Best practices suggest that in order to motivate members to seek necessary primary care including preventive services, the cost and ease to obtain these services is critical. With this in mind, Colorado Choice developed the copays associated with preventive services and primary care services at nominal levels. In addition Colorado Choice makes best efforts to contract with all local providers, including safety-net providers in its service area to ensure easy access to primary care services for our members.

To support our members in good health and positive lifestyle changes, members enrolled in the Centennial Care Choices program would have access to our on-line health and wellness program which is a program geared towards members trying to improve their overall well-being. This web-based program uses technology and proven techniques to promote physical fitness, good eating habits, and behavioral management through a Personal Health Improvement Training Program.

The program centers around three philosophies Plan, Coach, and Reward.

- **Plan** refers to the benefit of having a personalized and customized regimen that will take into account the member's current status and his/her future goals. There are three different customizable programs focusing on exercise, nutrition and personal improvement.

- **Coach** refers to the unlimited internet access available to each member. When members have questions about exercise, diet, or life in general, coaches are available to talk.

- **Rewards** refer to the fun prizes, as well as the deeper rewards of fitness, wellness, and personal satisfaction that come with improving health. Members may accrue reward points by visiting different areas of the website. Reward points may be redeemed for fitness products and participation in drawings for more health equipment, vacations, etc.

By employing all three philosophies of this health and wellness program members become engaged in activities that promote physical fitness, good eating habits and behavioral management that will improve their overall well-being.

Upon enrollment into Centennial Care Choices all members are incentivized to complete a web-based health risk assessment which identifies the member's likelihood of having health or lifestyle risks. Members receive a customized risk assessment that is individualized with actionable opportunities to enhance their well-being which can help people live healthier, longer lives by enabling them to make the best health and wellness decisions. Members are proactively engaged in healthy behavior change programs aimed at lowering risk of future costly medical conditions.

Members are also assessed for chronic conditions and when identified the member is enrolled in Colorado Choice's Disease Management (DM) program that looks at 35 adult and six pediatric chronic conditions. The program is designed to help individuals with chronic health conditions understand their condition and work with their doctor(s) to better manage their care. The DM program supports the relationship between the doctor and the patient by providing information regarding treatment options, which includes clinical alerts

Customized health assessments are provided on all 35 adult conditions and 6 pediatric conditions. Those "high-risk" members identified, who have complex and chronic condition, are assigned a Nurse Care Manager (NCM) who educates the member on self management techniques so that they can take better control of their conditions. NCMs provide coaching on ways to improve the member's health, including lifestyle factors and behavioral changes. In addition, they review warning signs for all conditions and discuss appropriate actions to take if they occur.

Incentives to complete an HRA and to participate in health and wellness programs, including the DM program, include reduction in premium, copayments, and/or deductibles, gift certificates, reward points, and/or monthly promotional drawings.

Specific Requirements 2.b. Encourage the use of health information technology and telemedicine, including, without limitation, health information exchange, electronic health records, and electronic prescriptions;

In addition to completing the Health Risk Assessment, members are encouraged to create and maintain a Personal Health Record which gives a member the ability to collect, store, maintain and share their health data in a private portal manner.

Colorado Choice also encourages and incentivizes members to take an active roll in their health care, by providing its members access to a HIPAA compliant personalized secure web tool known as ChoiceConnect. Through ChoiceConnect members can check their benefits; review the status and amount of claims, and the status of authorizations for specialty care; view their medication history; find a participating provider; choose a primary care physician; request an ID Card or print a temporary ID Card; update their address; and submit questions or comments to Member Services. This program is an incredible tool to help members feel less isolated and more empowered in taking charge of their health care.

Information is available to the member's primary care physician and any other physician the member designates as well as to any care management team member, with the member's permission.

Specific Requirements 2.c Encourage the use of a pay-for-performance system for reimbursing health care providers where appropriate

There is much division among experts whether pay-for-performance (P4P) has a place in the health care system. Proponents for P4P believe these programs improve health care quality, minimize cost, maximize efficiency, reduce variability in healthcare delivery and improve adherence to evidence based practice guidelines. Opponents believe P4P programs severely restrict physician's clinical treatment decisions, will promote a decline in reimbursement. Encourage undue competition and may not result in high quality, lower cost care.

Colorado Choice has taken a tentative step into the P4P arena focusing on HEDIS related results that can be impacted with intervention by the provider and health plan. Colorado Choice launched an educational member and provider campaign around influenza and pneumococcal immunizations for adults. Those providers with outstanding vaccination rates were monetarily rewarded for their outreach and delivery of services efforts. Colorado Choice is focusing on other HEDIS measures to expand the P4P program to include colorectal cancer screening, breast cancer screening, and diabetes compliance. Through targeted mailings, reminders and physician intervention members will receive timely and potentially life saving screenings and physicians will be rewarded for their engagement and outreach to their members.

Specific Requirements 2.d. Provide consumers with educational materials regarding how to access internet-based healthcare tools;

In order for members to gain the rewards of internet-based health care tools it is imperative that members are first educated on all the tools available to them and secondly the ease of which to access this information. Colorado Choice promotes the use of its three primary online applications, its HRA/PHR, health and wellness program, and ChoiceConnect at the time of enrollment, through member mailings and targeted interventions.

These promotional materials include a comprehensive listing of each health care application, when each application should be utilized, the benefits to using the application and a very easy user guide that walks the member through logging into each application and how to navigate the program in order to gain the most benefit of each program.

Colorado Choice has made accessing the internet-based health care applications easy as each application can be accessed directly through its website. The website includes help features to assist members in navigating through each application and contact information should a member need some assistance with each tool.

Each health care application features access to user friendly health information and articles on numerous illnesses, diseases, nutrition, wellness and fitness, all discussed in layman terms.

SEE VALUE ADD BENEFITS on pages 29-35 for more information.

Specific Requirements 2.e. Specify an adequate network of providers available under the VBP;

Colorado Choice will utilize its existing provider network for the Centennial Cares Plan, supplemented with its wrap network for outlying areas within Colorado.

Colorado Choice adheres to its Access Plan in ensuring sufficiency is met that includes: 1) Ratio of Primary Care Providers (PCPs) to members; 2) Ratio of Key Specialty Providers to members; 3) Geographic accessibility including proximity of acute care hospitals; 4) Waiting times for appointments; 5) Hours of operation; and 6) Volume of technological and specialty services available to serve the needs of members

Given the above criteria Colorado Choice's Network Standards that are used in maintaining a comprehensive network are as follows:

Criterion	CCHP Standard
Ratio of PCPs to Members	1:2,000
Ratio of Key Specialists to Members	
General Surgeons	1:15,000
Obstetrician/Gynecologists	1:4,000
Orthopedic Surgeons	1:20,000
Appointment Availability	
Preventive or Routine Primary Care (non symptomatic, non-urgent)	Within 30 days for Commercial members Within 20 days for Medicare members
Acute Primary Care (symptomatic, non-urgent)	Within 3 days
Urgent Care	Within 24 hours
Emergency Care	Not life-threatening: within 6 hours Life threatening: Immediate

Colorado Choice's Geographic Accessibility standards as follows:

Criteria for Monitoring Geographic Accessibility		
Provider Type	**Rural[1]**	**Urban[2]**
PCP	45 miles	20 miles
Key Specialist	60 miles	30 miles
Other Specialist	100 miles	45 miles
Acute Care Hospital	60 miles	30 miles
Pharmacies	30 miles	15 miles

[1]*Defined as a population density less than 1000 per square mile within a given ZIP code*
[2]*Defined as a population density of at least 1000 per square mile within a given ZIP code*

In the event there are no providers to provide a covered service, CCHP/SLVHMO will arrange for a referral to a provider with the necessary expertise and ensure that the member obtains the covered benefit at no greater cost to the member than if the benefit had been obtained through a participating provider or facility. Colorado Choice considers geographic proximity when arranging for this "out-of-network care" as to not unduly inconvenience the member.

Colorado Choice routinely assesses its provider network to ensure that there are sufficient providers to serve its membership within regulation and the Plan's policies. Colorado Choice annually evaluates the number of providers and geographic distribution of providers to members to confirm that Plan standards are met and that services are readily available within geographic accessibility.

Specific Requirements 2.f. Encourage the use of regional networks and hospitals, physicians, community health centers, and other safety net providers and other healthcare professionals including, but not limited to: hospice and palliative care providers, where available, and innovative or collaborative efforts within communities for the provision of health care services;

Colorado Choice's primary service areas are in the most rural parts of Colorado. To ensure local access to care in these rural service areas, Colorado Choice makes good faith efforts to contract with all providers including acute care hospitals, primary care providers, safety net providers, specialists, hospices, pharmacies and other licensed ancillary providers, such as mental health professionals and rehabilitation therapists practicing in the service area who meet Colorado Choice's credentialing and quality standards.

Having been servicing rural communities for over 35 years, traditional safety net providers have been contracted as network providers and are a critical part of Colorado Choice's delivery system. Colorado Choice's relationships with certain Critical Access Hospitals have been developed over years and the collaborative nature of these relationships has resulted in other CAH and rural hospital to request Colorado Choice to work with them in their counties to develop a Community health plan that engages all providers in their rural communities.

In rural areas where Colorado Choice has very strong relationships with providers a specific pathway of care, referred to as a "Choice Care Pathway" continues to be developed. These pathways support local providers and encourage participation in specific care programs that ensure a coordinated care effort that is so critical to continuity of care for members in rural areas. Members in rural communities often have to travel to more urban/suburban areas for most high-end specialty care.

Specific Requirements 2.g. Include optional coverage choices for purchase by consumers to add to their VBP(s) and the estimated consumer cost for each particular coverage option;

Optional Coverage Choices – none proposed at this time

Specific Requirements 2.h. Limit the characteristics used by health insurance carriers in determining premium rates exclusively to the age of individuals to be covered under the VBP and the geographic location of the policyholder;

The rating assumptions used for this RFI assumed only age and area would affect the premium rates as required by statute.

The age bands used were based on commercial rating practices for Colorado Choice Health Plans. The rates by age bands were based on current experience. Area factors outside of the current Colorado Choice area were based on expected provider contracted rates. Because Colorado Choice Health Care has current contracts with providers in the San Luis Valley area and certain South Eastern counties, MSA 8 (counties < 20,000) was split into four different rating areas. The geographic factors for sub-area (a – San Luis Valley counties) and (b- Southeastern counties), reflect the current Colorado Choice contracts and experience.

Actuarial best practices suggest the actuary consider the effect of adverse selection. Adverse selection in health insurance would occur when those needing the care are more likely to purchase it, with the healthier going without coverage. This could cause the pool to spiral down to unaffordable levels. The Centennial Care Choices program, as currently defined by law, may contribute to adverse selection because:

- Centennial Care is guarantee issue with a different rating structure than the currently available individual products. In general individual underwritten policies allow gender specific rating and geographic rating by county or zip code.

- Those that can find more favorable rates in the individual market will choose to buy in that market and those in the VBP will be the more expensive consumers. This will be more extreme in the non-mandated scenario, but would have an effect even if insurance is mandated. This adverse selection could be somewhat mitigated by how the subsidies are set up.

Actuarial best practices would suggest that the VBP and individual markets have similar rating classifications in order to reduce the adverse selection. Specifically, geographic rating should be based on the cost by county and the age-gender classification should be the same for the two markets. Another option would be to offer higher subsidies to those in the lower cost counties and age-gender categories to offset the difference in the individual and VBP markets.

Specific Requirements 2.i. Be offered statewide and issued to any Colorado resident eligible pursuant to the terms of the approved VBP who agrees to make the premium payments required;

Colorado Choice is currently licensed in fourteen counties, which include the most rural and poorest counties in Colorado. In addition Colorado Choice is one of two carriers that were awarded the bid to offer health care coverage to the State of Colorado employees alongside their self-funded program. Colorado Choice has consistently met the State's performance measures at 100% and has not had an employee complaint in 5 years. Given that this RFI requires the VBP to be statewide coupled with Colorado Choice's passion and advocating for low cost health care in Colorado, especially within rural communities, Colorado Choice will expand its licensure to cover the entire state of Colorado or enter into a partnership with a statewide carrier.

Specific Requirements 2.j. Allow for the payment of all or a portion of the covered person's premium from a state-paid premium subsidy, if made available by the State for low-income individuals and families.

Best practices would have subsidies available to low income individuals to allow them to receive care in the most appropriate setting. The subsidies should allow the individual to purchase the VBP without creating hardship. This could be done on a sliding scale basis with those in the lower income brackets receiving the most subsidies. The VBP(s) set up in this response have three different benefit levels for different income levels. In the lowest income level, the adult copays for preventive care are $5 and increase to $15 for those with incomes above 300% of FPL. The lower individual cost sharing along with subsidies should allow individuals to purchase health insurance that does not have barriers to receiving the proper care.

2) In which regions of the State could you offer this/these? If necessary, please describe how will you partner with another entity to create a statewide program (5 page maximum).

Colorado Choice is currently licensed in fourteen counties, which include the most rural and poorest counties in Colorado. To be in compliance with the regulation of the Centennial Care Choice plans, the proposed VBP(s) will be offered statewide. Colorado Choice will either expand its licensure to cover the entire state of Colorado or enter into a partnership with a statewide carrier. Colorado Choice has had discussions with two carriers that have shown a willingness to collaborate.

3) Please describe the proposed provider network and reimbursement methodology and assumptions. What provider access standards will you monitor to assure appropriate access for enrollees? (2 page maximum).

Colorado Choice will utilize its existing provider network for the Centennial Care Plan, supplemented with its wrap network for outlying areas within Colorado.

Colorado Choice reimburses providers on a fee-for-service basis; rates are set at a negotiated percentage of the Medicare Fee Schedule (RBRVS) published annually by CMS, based on the Colorado Geographic Practice Cost Index (GPCI), in effect at the time services were rendered. For procedures not listed, by report, and procedures without established unit values, Colorado Choice uses the Ingenix's copyrighted Relative Value Fee schedule to gap-fill the RBRVS for the approximately 17% of CPT codes not assigned relative values in the RBRVS. In the event no factors are available then procedures not listed, by report, and procedures without established unit values shall be paid at a percentage of billed charges.

Colorado Choice reimburses hospitals at rates, which are established on a negotiated fee schedule based on set fees per day (per diems) that differentiates at the acuity or level of care the member is receiving, case rates (e.g. fixed rate for OB Delivery stay or DRGs), or a percentage of billed charges.

Colorado Choice adheres to its Access Plan in ensuring sufficiency is met that includes: 1) Ratio of Primary Care Providers (PCPs) to members; 2) Ratio of Key Specialty Providers to members; 3) Geographic accessibility including proximity of acute care hospitals; 4) Waiting times for appointments; 5) Hours of operation; and 6) Volume of technological and specialty services available to serve the needs of members

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Pharmacies	30 miles	15 miles

[1]*Defined as a population density less than 1000 per square mile within a given ZIP code*
[2]*Defined as a population density of at least 1000 per square mile within a given ZIP code*

In the event there are no providers to provide a covered service, Colorado Choice will arrange for a referral to a provider with the necessary expertise and ensure that the member obtains the covered benefit at no greater cost to the member than if the benefit had been obtained through a participating provider or facility. Colorado Choice considers geographic proximity when arranging for this "out-of-network care" as to not unduly inconvenience the member.

Colorado Choice routinely assesses its provider network to ensure that there are sufficient providers to serve its membership within regulation and the Plan's policies. Colorado Choice annually evaluates the number of providers and geographic distribution of providers to members to confirm that Plan standards are met and that services are readily available within geographic accessibility.

4) How will safety net providers ("Those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid, and other vulnerable patients" *Institute of Medicine, 2000*) be incorporated into your network? (2 page maximum).

Colorado Choice's primary service areas are in the most rural parts of Colorado. To ensure local access to care in these rural service areas, Colorado Choice makes good faith efforts to contract with all providers including acute care hospitals, primary care providers, safety net providers, specialists, hospice, pharmacies and other licensed ancillary providers, such as mental health professionals and rehabilitation therapists practicing in the service area who meet Colorado Choice's credentialing and quality standards.

Having been servicing rural communities for over 35 years, traditional safety net providers have been a critical part of Colorado Choice's delivery system. Colorado Choice's relationships with certain Critical Access Hospitals (CAH) have been developed over years and the collaborative nature of these relationships has resulted in other CAH and rural hospitals to request Colorado Choice to work with them in their counties to develop a Community health plan that engages all providers in their rural communities.

In reviewing the Safety Net Provider spreadsheet provided with this RFI, Colorado Choice currently contracts with all listed providers (that actually contract with insurance companies) in its current service area. Not only are these safety net providers incorporated in Colorado Choice's network, they are critical in providing services to our members.

In a state-wide program every effort would be made to ensure participation by, and protection of safety net providers.

5) Pricing of

a) Please provide proposed per member per month (PMPM) premium rates by age and region for each VBP and specify if family rates will be available. Use the state mandated small group geographic regions (Division of Insurance Regulation 4-6-7). Provide rates for two scenarios: (i) Assuming an individual mandate for coverage is imposed; and (ii) Assuming an individual mandate is not imposed.

Per Member per month premium rates: please the following tables on page 15. Rates will be charged for each member of a family. Colorado Choice would prefer to rate MSA 8 with additional county groupings according to current provider contracts and cost of care which is allowed under current regulations.

SEE the PREMIUM RATES BY AGE & PREMIUM on page 15.

Colorado Choice Health Plans
Centennial Care Choices
Premium Rates By Age & Region

Mandated Coverage

Area Factor 1.000

Age	<250% FPL	250-300% FPL	>300% FPL
0-19	$154.34	$145.37	$132.04
20-24	$225.12	$212.04	$192.59
25-29	$246.33	$232.01	$210.73
30-34	$262.58	$247.32	$224.63
35-39	$312.27	$294.12	$267.14
40-44	$363.16	$342.06	$310.68
45-49	$446.81	$420.85	$382.24
50-54	$552.44	$520.34	$472.61
55-59	$641.48	$604.21	$548.78
60-64	$689.33	$649.27	$589.71
Average	$327.37	$308.35	$280.06

Non-Mandated Coverage

Area Factor 1.000

Age	<250% FPL	250-300% FPL	>300% FPL
0-19	$425.47	$400.44	$362.99
20-24	$620.61	$584.10	$529.48
25-29	$679.06	$639.11	$579.34
30-34	$723.86	$681.27	$617.56
35-39	$860.84	$810.19	$734.43
40-44	$1,001.14	$942.24	$854.12
45-49	$1,231.74	$1,159.26	$1,050.86
50-54	$1,522.94	$1,433.33	$1,299.29
55-59	$1,768.41	$1,664.36	$1,508.72
60-64	$1,900.30	$1,788.49	$1,621.24
Average	$1,060.55	$998.15	$904.81

Area Factors to be applied to the Above Rates:

MSA	Description		Area Factor	Counties
1	Boulder		1.10	
2	Denver		1.05	
3	Greeley		1.06	
4	Colorado Springs		1.06	
5	Fort Collins		1.06	
6	Mesa		1.05	
7	Pueblo		1.03	
8	<20,000	San Luis Valley	1.00	Alamosa, Conejos, Costilla, Mineral, Rio Grande & Saguache
		Southeastern Plains	1.15	Bent, Crowley, Huerfano, Otero & Prowers
		Mountain Counties	1.20	Lake, Pitkin & Summit
		All other Counties	1.17	
9	> 20,000		1.17	

5) Pricing of

b) Provide a step-by-step explanation of how the rates were developed. Comment on each of the following rating steps for each of the two scenarios:

<u>Step One – Baseline Population</u>. Describe the baseline population, data and source(s) of data used as the starting point for developing the VBP rates. For example, commercial population with average age of 45 and provider reimbursement level at 130% of Medicare, or Medicaid population with 85% females and average age 30 with provider reimbursement at Medicaid reimbursement levels.

The baseline population is all commercial members from Colorado Choice Health Plans for 2007. The average age of this population is 36. 98% of the groups or individual policyholders live in the San Luis Valley area of the state.

<u>Step Two – Adjustment for Demographics</u>. Describe your assumptions about the expected demographics of the VBP population you will insure (age, gender, region, etc.), how this will differ from the baseline population, and how this affect the rates.

The list of uninsured provided in the RFI was used as a starting point for developing the demographic assumptions. The distributions also assumed adequate subsidies for members below 300% FPL. The non-mandated distribution assumed that males between ages 20 and 55 would be less likely to purchase insurance in this market. The unisex requirement would probably make the rates unattractive to males in these age ranges. Allowing gender rating could decrease rates by as much as 20% on average.

The average age of the members in the assumed mandated demographics is 33 with 58% males. This difference will decrease the base rates by 21%. The average age of the members in the non-mandated demographic is 39 with 22% males. This difference will increase the base rates by 7%.

<u>Step Three – Adjustment for Health Status</u>. Describe your assumptions about the expected health status of the VBP population, how this differs from the baseline population, and how this affects the rates.

The Health Status of the population under a mandate was assumed to have 10% higher costs. The uninsured and the population living below 300% FPL have generally poorer health. The Health status of the population under non-mandated coverage is assumed to have 150% higher costs than the commercial population. It is assumed that only the sicker people would choose to buy coverage even with a subsidy.

<u>Step Four – Adjustment for Utilization</u>. Describe your assumptions about expected health care utilization by the VBP population, how this differs from the baseline population, and how this affects the rates. Describe how adverse selection (if any) affects the utilization assumptions.

Utilization increases were assumed for physician visits, prescription drugs and outpatient surgeries if coverage was mandated. This has the affect of increasing the base by 4.2%. Higher utilization assumptions were assumed for physician, prescription drugs and outpatient surgeries for non-mandated coverage. This would increase the base rates by 9.3%.

<u>Step Five – Adjustment for Provider Reimbursement Levels</u>. Describe your assumptions about the expected provider reimbursement levels used for the VBP, how this differs from the baseline plan, and how this affects the rates.

It is expected that the current provider reimbursements will be the same for this population, so no adjustment is needed.

<u>Step Six – Other Adjustments</u>. Describe any other adjustments made to unit costs or utilization, how they differ from the baseline population, and how they affect the rates.

No other adjustments were made.

<u>Step Seven – Actuarial Equivalence Demonstration</u>. Illustrate how the benefits of the proposed VBP are actuarial equivalent to 80% of the State preferred provider organization plan.

Actuarial Equivalence

<u>Scenario One - Mandate</u>

	State PPO Plan	VBP for <250% FPL	VBP for >250% & <300% FPL	VBP for >300% FPL	Combined
Total Claims Cost	$304.00	$304.00	$304.00	$304.00	
Member Cost Sharing	$70.11	$128.38	$133.24	$143.98	
Paid by Plan	$233.89	$175.62	$170.76	$160.02	
Deductible, Out of Pocket Maximum and Annual Maximum	$22.29	$61.72	$52.79	$43.02	
Out of Network Benefits	$17.86	$0.00	$0.00	$0.00	
Total	$274.05	$237.34	$223.55	$203.04	$221.31
Percent of State Plan		87%	82%	74%	81%

<u>Scenario Two – Non-Mandate</u>

	State PPO Plan	VBP for <250% FPL	VBP for >250% & <300% FPL	VBP for >300% FPL	Combined
Total Claims Cost	$985.59	$985.59	$985.59	$985.59	
Member Cost Sharing	$228.51	$416.80	$433.10	$469.08	
Paid by Plan	$757.08	$568.80	$552.50	$516.51	
Deductible, Out of Pocket Maximum and Annual Maximum	$72.27	$200.11	$171.17	$139.48	
Out of Network Benefits	$40.15	$0.00	$0.00	$0.00	
Total	$869.51	$768.90	$723.66	$655.99	$716.18
Percent of State Plan		88%	83%	75%	82%

<u>Step Eight – Administrative Costs, Profit and Contingencies</u>. Describe the administrative costs, profit and contingency assumptions used in developing the VBP rates, and how they differ from assumptions used in pricing other plans offered by your company. Describe how you expect administrative processes to be different for the VBP plan as compared to other products offered by your company. Please provide the major components of administrative costs expressed as an average percentage of the VBP rates. Please also describe the provision for profit and contingencies expressed as a percentage of the VBP rates.

The administrative costs for this product are expected to be similar to the commercial line of business. Commissions are assumed to be 20% of premium for the first year and 5% for renewing years. Additional cost of partnering with another carrier for statewide requirement is not included in this analysis.

Operating expense	15.0%
Commissions	10.0%
Reserves	2.5%
Total retention2	27.5%

c) Provide a summary of the adjustments made in steps one through six above which shows the expected average cost PMPM for each step using a table layout similar to the following:

a. Summary of Adjustments

Pricing Step	Average Cost PMPM	
	Without Individual Mandate	With Individual Mandate
Baseline	$337.14	$337.14
Adjustment for Demographics	$23.39	-$71.98
Adjustment for health status	$540.80	$26.52
Adjustment for Utilization	$84.25	$12.33
Adjustment for Provider reimbursement Levels	$0.00	$0.00
Other adjustments	$0.00	$0.00

d) Provide rates for the optional coverage choices described in question 1)c) and a description of the rate development, using steps one through six and step eight outlined above for both scenarios, if applicable.

Optional Coverage Choices – none proposed at this time

6) Anticipated enrollment (10 page maximum):

a) Which segments of the currently uninsured population and underinsured population, if an individual mandate is imposed, will your product target, and how will you reach them?

The proposed VBP(s) would be marketed to the uninsured population above the 100% FPL who are not currently eligible for state or federal programs. They would also be marketed to anyone who needs coverage to meet the state-mandated limits. Colorado Choice's efforts to outreach to potential members would include a media campaign that works with local communities. Through collaboration with community agencies such as Social Security offices, churches, Head Start programs, School Districts, Immigration offices, and Outreach centers, Colorado Choice would provide informational flyers, written for understanding at the sixth-grade reading level and health literacy level, about how to choose a VBP, providing examples of situations prospective members may currently be experiencing. These situations would include health status, monthly budget considerations and current life style

b) For which segments of the currently uninsured and underinsured populations will your product not be appropriate?

This coverage would not be appropriate for individuals who are eligible for other state or federal programs or those with adequate coverage through their employers.

c) How much subsidy did you assume the State will have to provide to make these products attractive to the currently uninsured residents of Colorado?

If coverage is mandated, the subsidy the state would pay would range from 45-85% for the lowest income individuals going down to 15-55% for those in the 250-300% of FPL. This represents the individual contributing between 7-10% of his income.

Since the cost of care for non-mandated coverage would be much higher due to adverse selection and individuals only purchasing care when needed, the state covered subsidy would need to be much higher. The subsidy would range from 75-93% in the lowest income bracket to 45-63% in the 250-300% of FPL bracket. This care would most likely be unaffordable for those over 300% FPL without a subsidy.

Colorado Choice Health Care, being one of several VBP options available, made assumptions regarding the individuals who would choose their VBP(s). Using these assumptions the average state subsidy for mandated care would be $197 per member per month. For non-mandated care the subsidy would be $681 per member per month.

d) What are your assumptions about crowd out and the current individual market if VBP(s) become available?

If mandated, this product would potentially draw in uninsured members of the population and not those already in the individual or group markets. However, if the VBP risk classifications differ significantly from the individual market, the individual market may siphon off the lower-cost people (younger males and lower cost counties), leaving the most expensive people in the VBP. Subsidies would help keep lower cost individuals in the VBP market.

If coverage is not mandated, this product would only draw in people who needed care and would have very little effect on the current individual market.

e) Recognizing the health literacy level of many uninsured populations, please describe the tools and educational processes that you would use to educate currently uninsured consumers before and after they enroll in your VBP about:

- **Choosing an appropriate VBP**

  Colorado Choice's efforts to outreach to potential and enrolled members would include a media campaign that works with local communities. Through collaboration with community agencies such as Social Security offices, churches, Head Start programs, School Districts, Immigration offices, and Outreach centers, Colorado Choice would provide informational flyers, written for understanding at the sixth-grade reading level and health literacy level, about how to choose a VBP, providing examples of situations prospective members may currently be experiencing. These situations would include health status, monthly budget considerations and current life style

- **Appropriate use of preventive care, urgent care, and emergency services**

  Enrolled members will receive a Member Handbook written at a sixth grade reading and health literacy level that provides information on the program on getting care at the right time, the right way and at the right place. As well as direct the member to Colorado Choice's website and online health & wellness applications to get them enrolled in the various programs, starting with the HRA/PHR.

- **The expected costs of services that are covered benefits and those that are not covered,**

  Prospective and enrolled members will receive information on each benefit plan with a very detailed easy to follow and understand explanation on covered and non covered benefits at a sixth grade reading and health literacy level. Colorado Choice's member services personnel are well trained in this area and are promoted as a resource for such questions. Enrolled members have the ChoiceConnect tool

available to them as well which clearly outlines covered and noncovered benefits as well as copay, coinsurance and deductible amounts that may apply to these services.

- **How they can plan appropriately for out-of-pocket expenses.**

  When it is identified that a member may be subject to significant out-of-pocket expenses in relation to a health condition, Colorado Choice's medical management team will notify a member services representative that additional cost for treatment may occur. Colorado Choice's member services representative will contact the member and explain these additional costs and may help facilitate a discussion between the provider and member to arrange for a payment plan or other provisions for these out-of-pocket expenses.

7) What are the health outcomes goals of your VBP? Please briefly describe the quality improvement program and other metrics that will be used to make sure that enrollees have improved health status under your proposed. What is your medical management strategy? (3 page maximum).

Colorado Choice's Quality Management (QM) Program is designed to continuously, objectively, and systematically monitor and improve the quality, timeliness, and appropriateness of clinical care and services provided to members of Colorado Choice Health Plans. Through assessment of pertinent data and coordinating the tasks necessary for successful quality improvement activities, the program stresses health outcomes and seeks to provide the highest quality of service.

Program Goals and Objectives of the QM Program include:

A. Strengthen overall quality functions and integrate quality improvement, disease management, utilization management, wellness promotion, risk management, provider credentialing, and the appeal and grievances process to the extent possible.
B. Maintain a level of quality and service that meets or exceeds national, state, or local standards and is consistent with current medical knowledge.
C. Provide a systematic and ongoing mechanism for identifying important processes and outcomes of care with an emphasis on services that are either high risk or high volume.
D. Coordinate the collection and analysis of objective, measurable data related to important processes and outcomes of care and service.
E. Plan and conduct Quality Improvement (QI) projects based on the data collected and evidence-based improvement strategies.
F. Report results of QI activities to providers, consumers, the Board of Directors, and other stakeholders as needed.
G. Continually evaluate and improve the effectiveness of the QM program and base actions on data collected.
H. Provide useful data for provider credentialing, certification, and performance appraisal.

A systematic and ongoing method for identifying QI projects that are likely to result in improved health outcomes is followed. As stated above, services that are high risk or high volume will be emphasized. Topics or specific QI projects may be brought to the Committee for consideration through a)Quality concerns voiced by the Committee of the Whole, members, or other

stakeholders, b) CMS or other regulatory requirements, c) Review of mandatory review events and conditions by the Committee, d) Review of outpatient or ER charts by the Committee, e) Concerns identified through member surveys or complaints, and/or f) Systematic reviews of administrative data or medical charts

QI projects will be adopted by the Committee or by consensus of the Medical Directors and the QM Manager based on the following criteria: a) Opportunity for improvement, based on data collected, b) Feasibility, including cost effectiveness, c) Availability of effective interventions or strategies, and/or d) Burden of disease, including prevalence, morbidity, and mortality.

Specific interventions in addition to performance measures may not always be necessary. When interventions are planned, they are chosen based on a) Effectiveness, b) Cost, c) Feasibility, d) Impact on physician scheduling and productivity, and/or e) Ability to maintain confidentiality of patients and providers

Once a project is adopted, measures of performance will be selected. Performance measures are critical to assess baseline performance and improvement over time. Measures will be chosen prior to implementation of interventions, if planned, based on criteria developed and specified in Health Plan Employer Data and Information Set that includes Relevance, Feasibility, and Scientific soundness.

Performance measures are based principally on administrative data. When applicable and possible, Colorado Choice will maintain consistency with specifications for performance measures developed by nationally or locally recognized groups such as the National Committee for Quality Assurance, the Foundation for Accountability, or the Joint Commission on Accreditation of Healthcare Organizations.

The Medical Director and QI Manager take primary responsibility for selecting candidate measures and presenting these to the QI Committee for final adoption. Whenever possible, process measures that are clearly linked to outcomes of interest—sometimes referred to as "intermediate outcomes"—will be chosen. Measures will be retained until goals are met, refined measures are adopted, or they are found to no longer be useful by the Committee for other reasons.

To the extent possible, HEDIS or other widely recognized specifications are used for data collection to allow Colorado Choice data to be compared with that from other entities. A Medical Director is primarily responsible for analysis of performance measurement data.

When project goals are not met or undesirable variations in quality are discovered, a specific plan to rectify the situation(s) are developed by the QI Manager, the Medical Directors, and Committee. The plan should specify the minimum acceptable goal(s), specific activities that should be undertaken and the order of those activities, appropriate follow through and a time table. Problem-solving activities shall continue at least until an acceptable level of quality of care, as specified in the plan, is achieved. In keeping with the severity of the concern, the plan may include, but is not limited to, further focused review of a particular procedure or provider, provider education, or even termination of the provider from plan participation. The Committee shall communicate relevant information to the parties involved.

Colorado Choice also incorporates a patented clinical decision support technology in its Medical Management Program that continuously scans all available data for a member, including health plan-provided medical, pharmacy and lab claims; member self-reported data; and provider feedback data, and compares this member-specific information to the latest findings in evidence-based literature. When an opportunity for better care is discovered, a clinical alert is sent to the physician and member to help avoid medical errors and prevent unnecessary hospitalizations. These clinical alerts are patient-specific and when medical issues (or gap in care) are identified physicians and members are notified via phone, fax and/or mail of the issue along with specific references to medical literature. Clinical alerts are also sent to members as reminders to make appointments for preventive services and reminders of instructions already given by their physicians increasing the likely that our members will be more compliant and diligent in their health care.

Through the clinical decisions support technology and findings from the HRA members with chronic conditions or who are at "high-risk" with complex and chronic conditions are enrolled into Colorado Choice's Disease Management (DM) program.

The DM program is designed to improve the health of members with specific chronic conditions and to reduce health care service use and costs associated with avoidable complications, such as emergency room visits and hospitalizations and to help members with chronic health conditions better understand their condition and work with their doctor(s) to better manage their care. Colorado Choice's DM program supports the relationship between the doctor and the patient by providing information regarding treatment options, which includes clinical alerts.

Customized health assessments are provided on 35 adult conditions that include Coronary Artery Disease (CAD) , Diabetes , Heart Failure , High Blood Pressure, High Cholesterol, Peripheral Arterial Disease, Cerebrovascular Disease/Stroke, Asthma, Chronic Obstructive Pulmonary Disease (COPD) , Chronic Lower Back Pain, Rheumatoid Arthritis, Osteoporosis , Osteoarthritis, Gastro Esophageal Reflux Disease (GERD), Peptic Ulcer Disease, Ulcerative Colitis/Inflammatory Bowel Disease/Crohn's, Chronic Hepatitis, Migraines, Parkinson's Disease, Seizures, Cancer, Chronic Kidney Disease, End Stage Renal Failure , Weight Management, Depression, Cystic Fibrosis, HIV, Hypercoagulable State (Blood Clots), Sickle Cell Disease and 6 pediatric conditions including Diabetes, High Blood, Pressure , Asthma , Weight Management, Cystic Fibrosis and Sickle Cell Disease.

Identified members are assigned a Nurse Care Manager (NCM) who educates the member on self management techniques so that they can take better control of their conditions. NCMs provide coaching on ways to improve the member's health, including lifestyle factors and behavioral changes. In addition, the NCM reviews warning signs for all conditions and discuss appropriate actions to take if they occur.

People with chronic conditions, 44 percent of non-institutionalized Americans, account for a disproportionate share, 78 percent, of health care expenditures in the United States, including physician visits, hospital care, and prescription drugs. By incorporating disease management as part of its medical management program, Colorado Choice aims to provide better care while

reducing the costs of caring for the chronically ill by substantially reducing health care service use and expenditures for members enrolled in disease management programs.

Through all the components of the Medical Management Program, Colorado Choice's members should be more informed and engaged in the management of their care then the average consumer, the number of life-threatening medical errors should be diminished, members with chronic conditions will be engaged in life extending programs and the overall health and wellness of the membership should be improved.

8) Please identify specific statutory changes (referencing the current citation) that would be needed to implement your proposed VBP(s).

Changes:

- Allow HMOs to offer limited benefit plans.
- We would intend to participate in a statewide plan but we would also like consideration of language that would allow carriers whose ***licensed service area and covered membership is primarily rural*** to be allowed to participate in their licensed service area but not have to offer the VBP statewide. We believe Colorado Choice has something unique to offer rural communities and could focus on that better if we did not have to focus on offering the VBP statewide.

9) Please describe any other suggestions you have for the Division, the Department, and the Panel relative to implementing VBPs and the Centennial Care Choices Program (2 page maximum).

Suggestions:

- Allow for the uniqueness of rural Colorado and carriers who have chosen to primarily serve the underserved rural communities.

  Colorado Choice Health Plans understands the desire to have the Centennial Care Choices Program be a statewide option and agrees that when a carrier is licensed statewide it makes sense to have them offer their program statewide and not be allowed to cherry pick more desirable counties. In addition, if a new carrier chooses to come into Colorado to participate in the Centennial Care Choices Program they would have to cover the whole state and not be allowed to only file for licensure in more desirable counties.

  Colorado Choice would appreciate consideration being given to allowing carriers, who have a long history in the State of Colorado of serving primarily underserved, economically depressed rural areas be allowed to participate within their entire licensed service area. We have chosen, as our mission, serving rural communities and believe that is where Colorado Choice could contribute the greatest value to the uninsured population.

Listed below are the reasons Colorado Choice creates unique value in our rural communities:

a) Strong provider relationships that allow for creative collaborative efforts,
b) Understanding of the unique needs of rural communities in accessing many areas of specialty care and services that are not available locally,
c) All of our employees live in the same rural communities as our members and we all access care the same way which gives us a greater understanding of the issues faced by our communities, and with a shared commitment to our community and collaborative providers, we have a better chance at addressing these issues,
d) Strong understanding of community services available enhancing the ability to direct members to these services when needed,
e) Ability to control costs in rural areas, as evidenced by the fact that we are the only carrier (other than Kaiser) that has been allowed to co-exist alongside the State of Colorado Employee Self-Funded Health Benefit Plan, which has continued over the years because we have been able to consistently offer better benefits at lower rates than the self-funded plan.

When mandated to partner with a larger carrier to participate (and anyone who wants to participate will have to have a carrier license) you lose the uniquely rural viewpoint. Are we throwing out the baby with the bathwater?

- Since this would be a guarantee issue product we would suggest that a non-mandated scenario have specific periods for individuals to join the VBP(s) with waiting periods for those who dropped out to be allowed to re-enroll.

10) Organizational Information

a) Please describe your organization (including the number of covered lives in Colorado, if applicable) and your experience with providing limited benefit health insurance products and working with underserved populations. Does your company already offer limited benefit plans that are attractive and marketed to currently uninsured residents of Colorado (or another state)? If so, please provide a brief description including benefits, target market (or target population), current enrollment, projected enrollment, average PMPM premium and an overview of marketing efforts (2 page maximum).

Colorado Choice Health Plans has been a licensed HMO for over 35 years (most of that time under the d/b/a San Luis Valley HMO). Colorado Choice is licensed in 14 rural counties in Colorado. Our mission has been serving primarily economically distressed, medically underserved rural communities. We currently cover approximately 5,000 lives in Colorado and manage another 2,400 lives in self-funded employer groups. Colorado Choice does not currently offer any limited benefit plans.

b) Please describe your actuarial experience and capacity to administer a health insurance program. Specifically identify your senior actuarial staff or consultant.

Colorado Choice uses the services of Leif Associates, Inc., an actuarial consulting firm located in Denver, Colorado. The two lead consultants are Liz Leif and Lisa Hartmann, both of whom are Fellows of the Society of Actuaries specializing in health care actuarial consulting. In addition to working with HMOs, insurance companies, and large employers, Leif Associates provides actuarial services to many public sector health plans, including CoverColorado, Colorado Child Health Plan Plus, Colorado PERA, the State of Colorado Employee Benefits Unit, and high-risk pools in five other states.

Liz Leif is a consulting actuary with 30 years of experience in the health care industry, with an emphasis in HMO, insurance company, and consulting environments. She is president of Leif Associates, a firm she founded in 1995. She has been a Fellow of the Society of Actuaries since 1984 and is also a member of the American Academy of Actuaries. She is a member of the Centennial Care Choices Expert Panel.

Lisa Hartmann has 16 years of experience working as a health care actuary. She worked for Blue Cross Blue Shield of Colorado doing health care pricing, modeling and product development prior to joining Leif Associates in 2007. She provides actuarial consulting services to Colorado Choice, Colorado PERA, and other Leif Associates clients. Lisa became a Fellow of the Society of Actuaries in 2003. She is also a member of the American Academy of Actuaries.

c) Please provide a key contact for this process (which is anticipated to take until at least March 2009) including the organization's and individual's name, phone number, email address, and corporate website.

ORGANIZATION
Colorado Choice Health Plans
Main Number: 719.589.3696
www.coloradochoicehp.com

CONTACT
Cindy Palmer – Chief Executive Officer
719.589.3696
cpalmer@slvhmo.com

VALUE ADD BENEFITS

Colorado Choice Health Plans
VALUE-ADD BENEFITS

Colorado Choice Health Plans will provide its Centennial Care Choices members with three value-add programs, ***at no cost***, just for being a Colorado Choice member.

CHOICE*Connect*

Access to **CHOICE***Connect*, a real-time, HIPAA-compliant internet based tool that allows members to check your benefits, the status and amount of medical claims, and the status of authorizations for specialty care. Members can also view their medication history, choose a primary care physician, and print a temporary ID Card. Through **CHOICE***Connect* members can even create their own Personal Health Record!

In efforts to promote healthy lifestyles, Colorado Choice offers My ePHIT, an on-line exclusive health and wellness program built by industry respected professionals geared to enhance overall health and well being. My ePHIT is designed to engage members in activities promoting physical fitness, healthy eating habits, and behavioral management. Members can use the My ePHIT tools to customize their own realistic health improvement goals in fitness, nutrition, and life management; and then it helps members achieve these goals through planning, coaching, and rewarding.

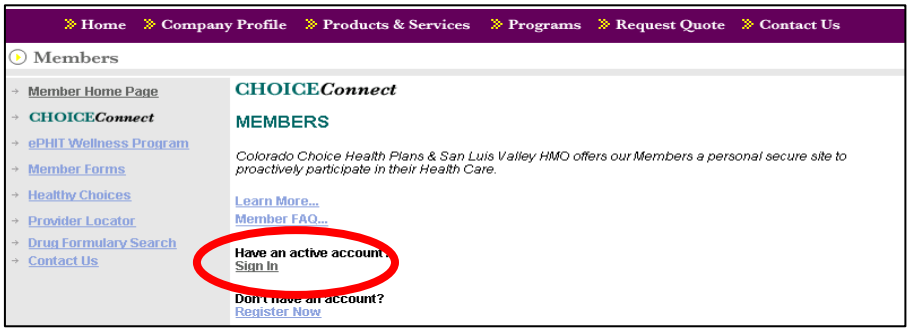
Our members are automatically enrolled in Assist America, a unique global emergency services program. If members are faced with a medical emergency while traveling 100 miles from home, Assist America will immediately connect them to doctors, hospital & other health care services. Services include Medical Consult, Evaluation and Referral, Foreign Hospital Admission guarantee, Emergency Medical Evaluation, and Care of Minor Children. Members just need to remove the card from the enclosed brochure and keep it with them at all times to experience peace of mind while traveling.

See the enclosed information on these powerful value-add programs to the Centennial Care Choices benefit plan, provided at no extra charge.

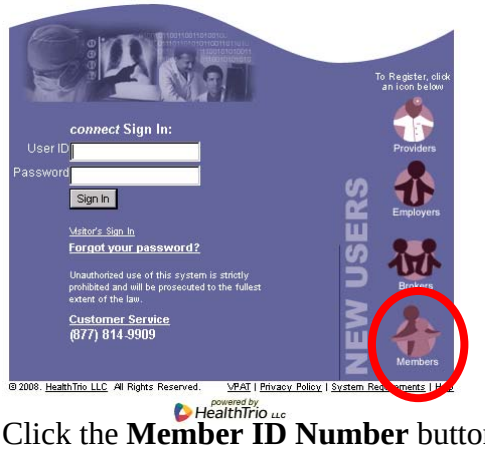
SETTING UP YOUR PERSONAL ACCOUNT

1. Go to the Colorado Choice Health Plans web site: www.coloradochoicehp.com

2. Click on "Member Home"

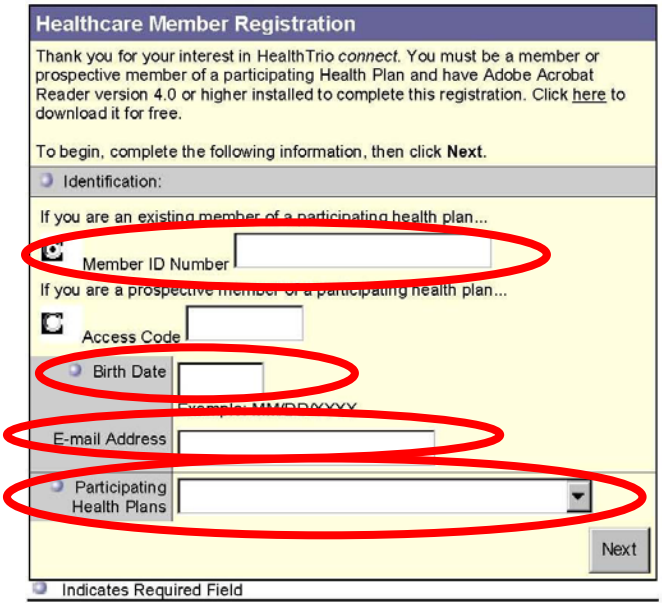


3. Click on "Sign in" under the header "Have an active account have an account?"



4. You will be taken to the HealthTrio login screen to activate your CHOICE*Connect* Account. Click the "**Member**" icon under New Users

Note: *Parents or Legal Guardians will have access to dependent-child records until the child reaches age 18.*



5. Click the **Member ID Number** button and then enter your Colorado Choice Member ID number in the associated box. (This is the number located on your Colorado Choice ID Card). Be sure to enter the two-digit suffix directly after the Member ID number. Do not leave a space or use a dash. Employee is always the "01" suffix and spouse is always "02".

6. Enter your birth date in the **Birth Date** box in mm/dd/yyyy format, for example 09/12/1955.

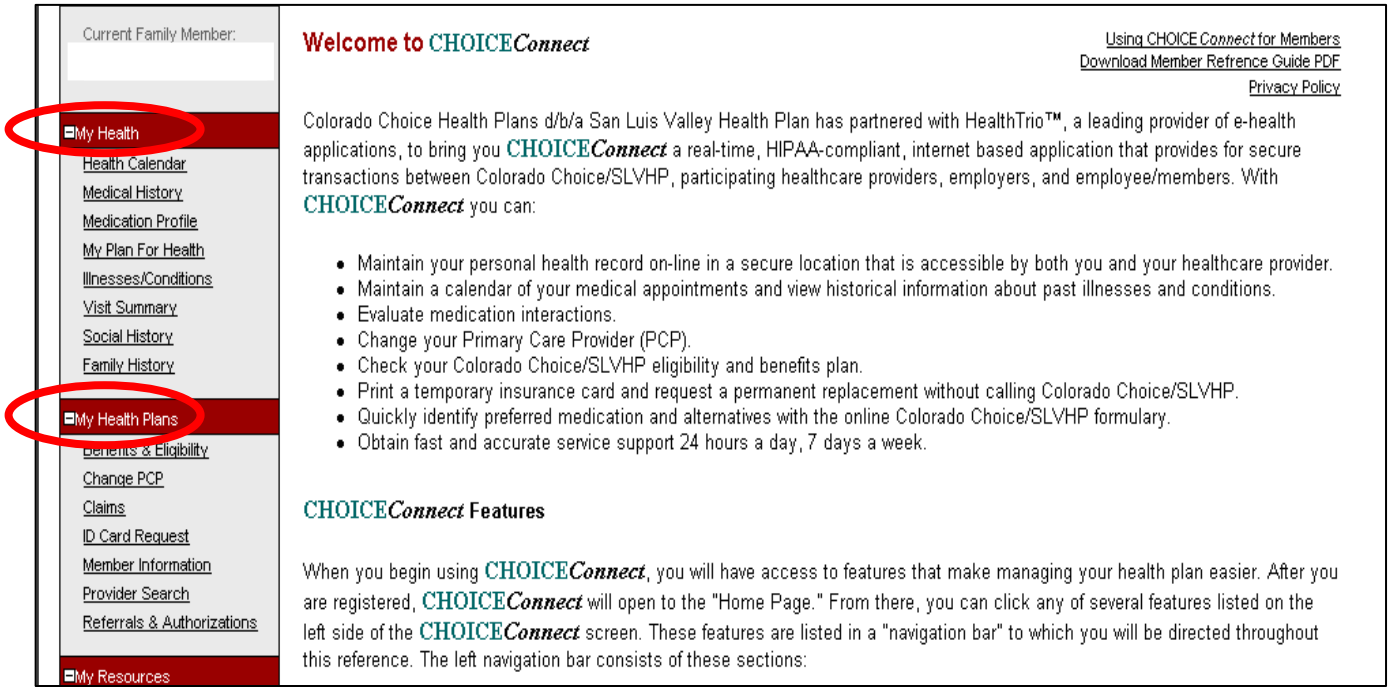
7. If you have an **E-mail Address**, you will be able to send secured messages between you and your healthcare provider. If you choose not to enter your E-Mail address at this time, you can do so at a later date.

8. Click the **Participating Health Plans** arrow and select **Colorado Choice Health Plans(SLVHMO)** from the list.

Caution If you fail to select a participating health plan, submit an incorrect birth date, or incomplete member ID number, you will receive the error message "Match Not Found." This error will prevent you from continuing with registration.

GETTING STARTED

Once you are logged into **CHOICE*Connect*** you can begin using the options under My Health & My Health Plans. If you ever have questions when navigating through this member portal just click on the Help icon located in Help per right hand corner of each screen.



Here are just a few examples of how Colorado Choice can make your life a little easier with CHOICE*Connect*.

"I'm scheduled for a visit with a specialist. Is my referral approved?"

CHOICE*Connect* provides you with access to all your referrals and authorizations with just a few clicks. You can tell which referrals were approved, which were denied and why!

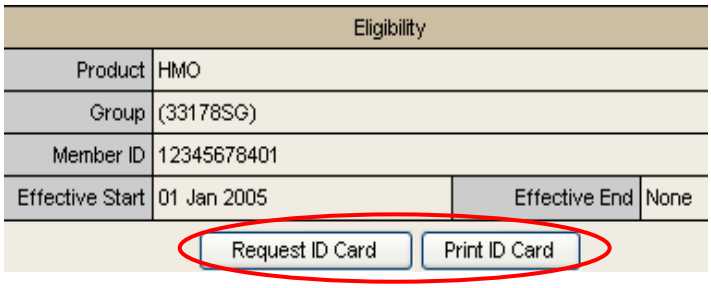
In the CHOICE*Connect* category **My Health Plans** click **Referrals and Authorizations**. The list of referrals and authorizations for you will display. At a glance, you can see the status of your referrals and a simple click on any of the column headings will sort the information anyway you want making it easy for you to find the referral you need. Click the **Referral/Authorization Number** to view additional detail about the referral or authorization such as the reason for denial.

Service Request Search Results For Maggie Maguire| From 16 Oct 1995

Referral/ Authorization Number	Service Request Type	Requested Service	Requesting Provider	Servicing Provider	Start Date	End Date	Status
74746R	Specialist	Medical Care	Flanders, Ned	Feelgood, Iwanna	16 Oct 2005	14 Dec 2005	Approved (10/16/2005)
Detail	Specialist	Consult	Flanders, Ned	Feelgood, Iwanna	19 Oct 2005	22 Dec 2005	Pended (10/16/2005)

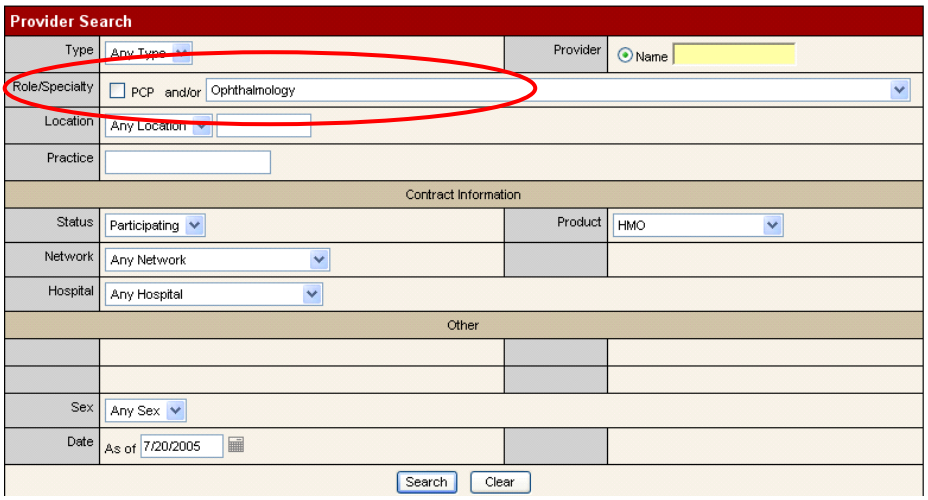
"I have a doctor appointment tomorrow and lost my ID card."

Obtaining a replacement ID card has never been easier! To request a temporary replacement, use any computer that is connected to a printer, click **Member Information.** At the bottom of the Member Information form, click **Print ID Card** and then click **Print** on the following screen. Select your printer, click Print and there you have it! You can also request a permanent replacement card by clicking the **Request ID Card** button on the Member Information screen or by clicking **ID Card Request** from My Health Plans list of features.



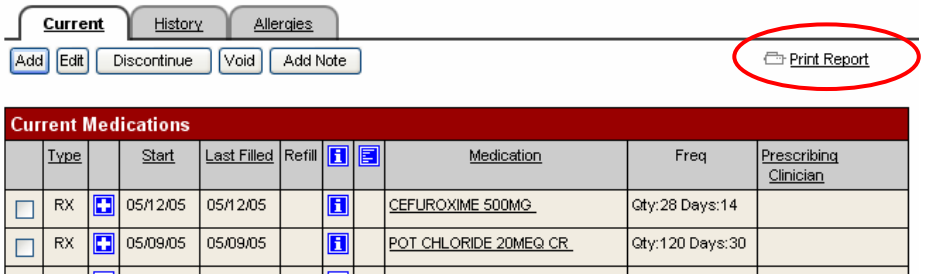
"Which specialist can I see for my eye problem?"

You can find any physician with any specialty who is participating in the SLVHMO network by using the **Provider Search** function. A search box will open that allows you to select a physician by almost 100 different roles/specialties. You can search for a PCP, find a physician in a specific area, and even search for a male or female physician depending on your preference!



"I need a list of all my current medications."

My Health provides features to help you manage your health. Click **Medication Profile** to view your current list of medications. You can see the different medications you have taken for the past three years. You can track your allergies to different medications and add over-the-counter medications and vitamins you take regularly. You can even print a report of your current medications to review with your physician at your next visit by clicking **Print Report**.



Benefits and Eligibility Detail as of 28 Oct 2005 Help

Member Information			
Name	Maggie Maguire	Birth Date	23 Jan 1962
Sex	Female	SSN	123-45-6784
Member ID	12345678401	PCP	Ned Flanders
Address	9907 Ireland Circle Alamosa, CO 81101	Phone	None

Dependent Information					
Name	Sex	Relationship	SSN	Birth Date	PCP
No dependents found.					

Benefit Information				
Benefit Description	Copay	Coinsurance	Benefit Limit	Dollar Limit
Primary Care Office Visit	$10.00			$0.00
Specialist Office Visit	$10.00			$0.00
Chiropractic Service	$10.00			$0.00
Inpatient Services	$150.00			$0.00
Emergency Care	$100.00			$0.00
Outpatient Surgery	$100.00			$0.00
Durable Medical Equipment		20%		$0.00
Mental Health Outpatient Svcs	$25.00			$0.00

"What is my copay/coinsurance for outpatient surgery?"

You can find all your benefit information under the category "My Health Plans". Simply click **Eligibility and Benefits**. Your current plan benefits will display so you can see what your copay/coinsurance responsibility is for benefits included in your health insurance plan.

"I received a bill from my doctor's office. What is my responsibility?"

With CHOICE*Connect*, you can see the status of any claim by clicking **Claims** under **My Health Plans**. A summary of all the claims submitted for services rendered will display.

Claim Status Search Results Help

Claim No.	Date of Service	Provider
0500410119	7 Dec 2004	San Luis Valley Reg Med Ctr
0506910444	16 Feb 2005	

To see detail about the claim, click on a Claim Number. If the claim is Paid, check for Member Responsibility Amount for the insurance deductible or copay and send that amount to your provider.

Claim Status Detail for 0500410119 Help

Claim Summary			
Provider	San Luis Valley Reg Med Ctr	Practice	San Luis Valley Reg Med Ctr H113
Bill Type	132		

Service Summary						
Line	Date of Service	Service	Charged Amount	Patient Resp.	Copayment/ Coinsurance Amount	Deductible Amount
210272	7 Dec 2004		$252.00	$171.36	$0.00	$171.36
		Totals	$252.00	$171.36	$0.00	$171.36

Payment Summary		
Line	Status	Payment Date
210272	Paid	13 Jan 2005

If the claim is In Process, check back with CHOICE*Connect* within a few weeks to verify payment was made. If the claim is Denied, contact SLVHMO to discuss the claim. If you cannot find the claim in the system at all, mail the claim to SLVHMO.

So what are you waiting for?

Register now and make the *CHOICE* to get *Connected*.

WELCOME to My ePHIT

HEALTHWAYS
My ePHIT

We are excited to introduce My ePHIT, an online Personal Health Improvement Training Program designed to enhance your overall well-being

Take a look at these exciting ePHIT Tools:

GetPHIT
- Customized fitness programs including cardiovascular, strength and flexibility exercises
- Virtual demonstrations of each exercise

EatPHIT
- Personalized nutrition plan
- Meal provider providing menus and shopping lists
- Calorie and food serving tracker

LivePHIT
- Personalized self-improvement program focusing on community and core values
- Life skills management
- Life challenges assessments

FamilyPHIT
- Health and wellness practices for families
- Activity Calendar
- Nutritional navigator
- KidPHIT, TeenPHIT - motivational programs and tools created to help children and adolescents become healthier

Coaching
- Certified personal trainers, registered dieticians and psychologists available online
- 24-hour response
- One-on-one instruction

Clubhouse
- Recipes
- Library of information
- Health and wellness related articles
- How-to's and instructions

My ePHIT Mall
- Place where My ePHIT points can be used to buy down the price or purchase valuable fitness merchandise

Colorado Choice Health Plans

LOG ON TODAY

1. Go to www.coloradochoicehp.com
2. Under 'Member Home' click on ePHIT Wellness Program
3. Go to 'First Time User' and follow instruction to register

Call your personal wellness assistant at 866-693-7448 if you need any help along the way.

Colorado Choice Health Plans offers members a program to make traveling worry-free

With the featured global emergency medical services of Assist America, now you and your family can travel anywhere in the world completely worry-free!

We understand that whether you are on vacation or traveling for business, unexpected events can occur. Because of this, Colorado Choice brings to you the enhanced benefits of Assist America, the one service hundreds of travelers turn to each day for advice and assistance in the event of a medical emergency.

What is Assist America?

Assist America is a global emergency medical travel assistance company. Anytime you, or your family members covered by Colorado Choice, are traveling 100 miles or more away from home or in a foreign country; you are eligible for all of Assist America's assistance services with just one phone call. Assist America makes sure that you can obtain appropriate medical care wherever you might be.

Services include:

- Medical consultation & referrals
- Medical evacuations
- Medical repatriations
- Prescription assistance
- Hospital admission guarantee
- Critical care monitoring
- Emergency Trauma Counseling
- Emergency message transmission
- Transport of friend or relative to join patient
- Care for minor children
- Legal, interpreter, counseling referrals

And much more! Services are available 24 hours a day, 365 days a year.

Colorado Choice, in its continuing effort to make sure you are well taken care of, offers this program that helps you by . . .

- Alleviating any added stress of being sick or injured while away from home or the work place - Assist America takes care of everything.
- Providing protection and peace of mind when you or your dependents are traveling
- Ensuring you receive appropriate medical care with pre-established medical protocol using the industry's highest standards
- Eliminating large, unpredictable evacuation/repatriation expenses

Assist America pays for all of the assistance services it provides with no caps, limits or charge-backs for any of the services rendered.

Make sure that you keep your Assist America card with you at all times. Visit www.assistamerica.com for additional information.