
Colorado Health Care Affordability Act And The Affordable Care Act (ACA)

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What You Should Know

- Colorado Health Care Affordability Act
 - What are the expansion programs?
 - How will community apply for these programs?
- Affordable Care Act
 - What does it mean for future coverage?
 - How is Colorado preparing for change?



Expansion of Public Health Care Programs

- Colorado Health Care Affordability Act authorizes Department to collect hospital provider fee
 - Hospitals pay a fee to the state based on a specific formula
 - State receives a federal match for Medicaid payments funded by fee
- Combined funds are used to
 - Pay for health coverage expansions
 - Increase payments to hospitals for services to Medicaid and Colorado Indigent Care Program (CICP) clients
 - Pay Department's related administrative costs



What does the Health Care Affordability Act accomplish?

- Expansion of the Public Health Care Programs
 - Expand health care access, increasing the number of insured Coloradans by 100,000
 - Improve the quality of health care for clients served by public health insurance programs
 - Reduce cost-shifting to private payers
 - Secure increased funding for Medicaid and uninsured clients



Expansion of Public Health Care Programs

- Spring 2010
 - Medicaid parents up to 100% Federal Poverty Level (FPL)
 - CHP+ children up to 250% FPL
 - CHP+ prenatal up to 250% FPL
- Early 2012
 - Adults without Dependent Children (AwDC) up to 100% FPL
- Spring 2012
 - Continuous eligibility for Medicaid children
- Phased In with implementation to be determined
 - Medicaid Buy-In expansions for Working Adults and Children with Disabilities



Family Medicaid and CHP+ Expansion

Impact of expansion:

March 2010 – April 2011

- Medicaid Parents to 100% FPL: 29,500 enrolled
- CHP+ 206% -250% FPL:
 - Children : 5,700 enrolled
 - Prenatal Care Program: 360 enrolled



Adults without Dependent Children (AwDC)

A new Medicaid eligibility category for

- Low-income Colorado adults without Medicaid dependent children
- Adults not eligible for other Medicaid programs



Specific Eligibility Requirements for AwDC

- Adults age 19 – 64 years
- No Medicaid dependent child in the home
- No resource test
- Ineligible for Medicare or another Medicaid eligibility category
- Adjusted family income up to 100% FPL, ACA allows for phase-in enrollment by income
 - Will cover up to 133% FPL on January 1, 2014



AwDC Benefit Plans

- Benchmark or Benchmark-Equivalent Benefit Plan
 - Most AwDC eligible adults
- Regular Medicaid also known as *State Plan Benefits*
 - Some AwDC eligible adults may receive Regular Medicaid



What is a Benchmark Medicaid Benefits Plan?

- A benefits plan that allows the state to utilize new flexibility created by the Deficit Reduction Act (DRA)
- States may:
 - Restructure Medicaid benefits
 - Customize Medicaid health care benefits to specific populations
 - Model some benefit package after commercial-like plans
 - Offer additional benefits as incentives to reward healthier patient behavior



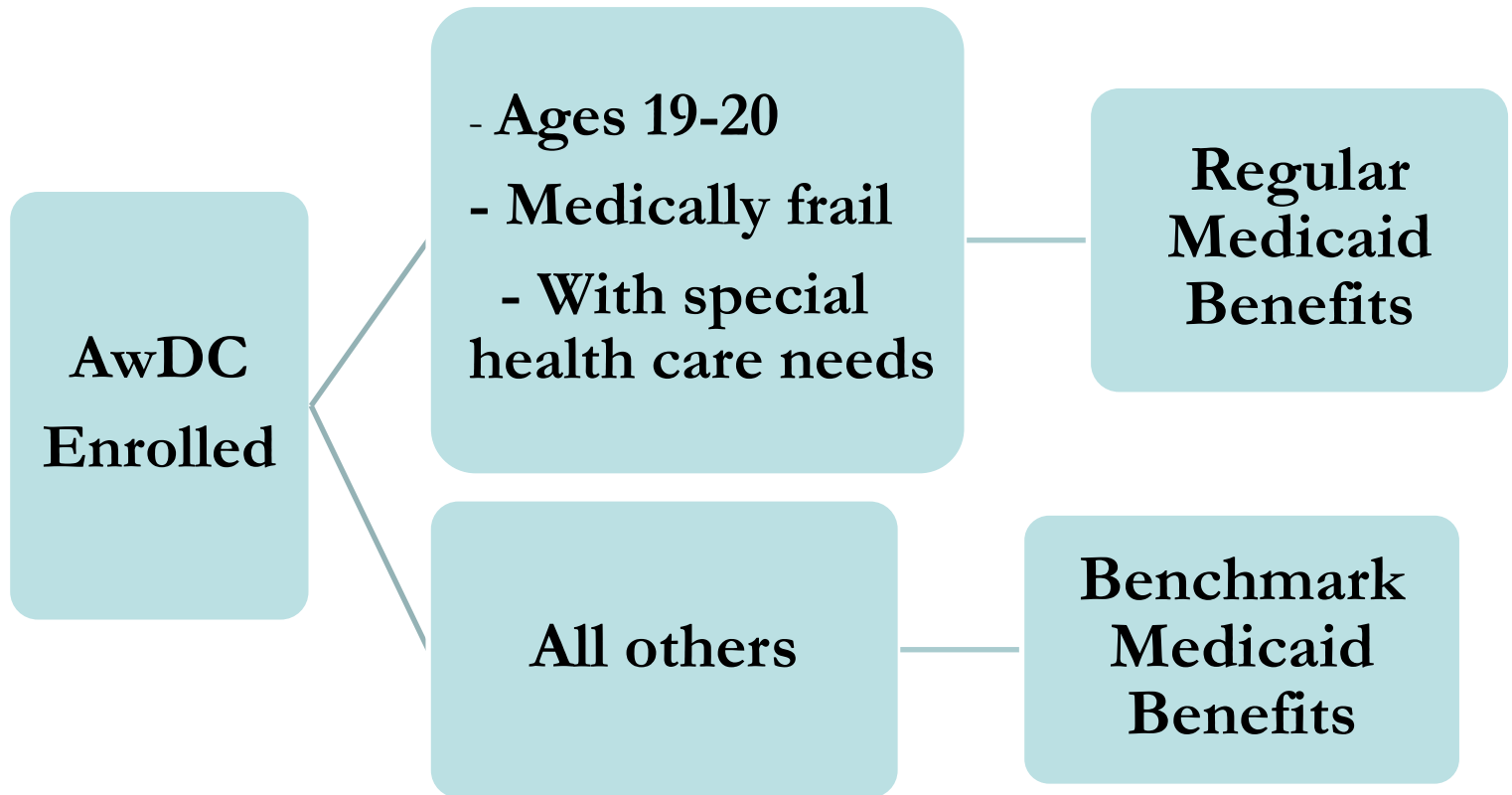
Regular Medicaid Benefits

Available to:

- Individuals age 19 – 20; must get Early Periodic Screening, Diagnosis and Treatment (EPSDT)
- Adult populations who are “medically frail or have special medical needs”



AwDC Benefits



Questions?



Continuous Eligibility for Medicaid Children

- Continuous Eligibility is guaranteed 12 month enrollment for children on Medicaid
- Children ages 18 and under

What are the advantages?

- Children will not go on and off of Medicaid
- Continuity of care: can keep the same doctor and continue treatments
- Decreases provider billing issues



Medicaid Buy-In for Working Adults with Disabilities expansion

- For adults who earn too much income or have too many resources to ordinarily qualify for Medicaid
- Allows them to receive Medicaid
 - By paying a monthly premium based on their income
- Enabled by legislation
 - Ticket to Work and Work Incentives Improvement Act
 - CO Health Care Affordability Act



When is the Buy-In for Working Adults with Disabilities an option?

- As a wrap-around to other insurance
- When a client chooses to work more and becomes over income for their existing program
- When a client is already over income or resources for other programs
 - SSI Mandatory
 - 1619(b)



Specific eligibility requirements for Working Adults with Disabilities

- Individual eligibility
 - Household of one
 - Between 16 and 64 years old
- Demonstrating work
 - No minimum/maximum hours or wages
- Having a qualified disability as determined by Social Security Administration (SSA) or Action Review Group (ARG)
 - Without consideration of ability to work
 - Referred to as substantial gainful activity requirement



Specific eligibility requirements for Working Adults with Disabilities

- No resource limit
- Sliding scale monthly premiums based on income
 - Those earning above \$75,000 will pay 100% cost of benefit
- Not eligible for other Adult Medicaid programs
 - If applicant is eligible for another Medicaid program, he/she will be enrolled in that program



How is the Buy-In different from other Adult Medicaid programs?

Medicaid Buy-In for Working Adults with Disabilities	Other Adult Medicaid Programs
<ul style="list-style-type: none"> No income limit 	<ul style="list-style-type: none"> Structured income limits per program
<ul style="list-style-type: none"> No resource limit 	<ul style="list-style-type: none"> Resource limit for some programs
<ul style="list-style-type: none"> Must demonstrate work 	<ul style="list-style-type: none"> No work requirement
<ul style="list-style-type: none"> No consideration of ability to work (SGA) 	<ul style="list-style-type: none"> Inability to work required for some programs (SGA consideration)
<ul style="list-style-type: none"> Monthly premiums 	<ul style="list-style-type: none"> No premiums
<ul style="list-style-type: none"> 16-64 years 	<ul style="list-style-type: none"> 19 years and older
<ul style="list-style-type: none"> Household size of 1 	<ul style="list-style-type: none"> Household family size

Benefits

Working Adults with Disabilities

- State Plan Services
 - E.g., office visits, hospitalizations, x-rays, home health services, durable medical equipment and prescriptions
 - Utilize Health Insurance Buy In (HIBI) program to support employer sponsored insurance premiums
 - Future: Looking into amending waivers to allow clients to buy into waiver services
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Medicaid Buy-In for Children with Disabilities expansion

- Children with a disability previously ineligible for Medicaid or CHP+ due to family income limits
- Allows them to receive Medicaid
 - By paying a monthly premium based on their income
- Enabled by legislation
 - Family Opportunity Act
 - CO Health Care Affordability Act



Specific eligibility requirements for Children with Disabilities

- Household income up to 300% FPL after standard deductions and disregards
- Children under 19 years
- No resource limit
- Sliding scale monthly premiums based on household income
- No “institutional level of care” requirement



Specific eligibility requirements for Children with Disabilities

- No waitlist
- No waiver benefits
- Not eligible for other Medicaid programs
 - If applicant is eligible for another Medicaid program, he/she will be enrolled in that program



Buy-In Benefits

Buy-In for Children with Disabilities

- State Plan Services
 - E.g., office visits, hospitalizations, x-rays, home health services, durable medical equipment and prescriptions
- Early Periodic Screening, Diagnosis and Treatment (EPSDT)



Questions?



Implementation and Activities

- Working with CMS Working with CMS to obtain guidance on program specifics to ensure a path to success
- Working with contractor to assist with best practices, forecasting costs and developing benefit options
- Working on systems changes (MMIS and CBMS)
- Developing trainings for clients, community partners, and employers
- Dates of implementation to be determined



Colorado Medical Assistance Application

- The Department developed a new application for all Medical Assistance Programs
- Developed by a committee of policy staff, counties, and community partners
- This application helps simplify the application process for Coloradans who need assistance with medical coverage



All Medical Programs Application

Medical Application for Assistance

- Family Medicaid
- CHP+
- Adult Medicaid
- Long Term Care (LTC)
- Medicare Savings Program (MSP)
- Emergency Medicaid

In the Future

- Medicaid Buy-In programs
- Adults without Dependent Children program



Application Process

Goal is for applicants to have the following options:

- Complete the Application for Medical Assistance (medical only application)
- Visit an Application Assistance Site, colorado.gov/hcpf and click on Application Assistance Site

OR online

- Colorado PEAK
colorado.gov/peak



[En Español](#)



Home
Benefit Information
For Community Partners
For Counties
FAQs
Contacts
Help

[Click here to read more about how to use this website.](#)



Welcome to PEAK

The fast and easy way to access benefit information – anytime and anywhere.

PEAK is an online service for Coloradoans to screen themselves and apply for medical, food, and cash assistance programs.

Other benefits are available, check with your county office for details.

Click on any icon to begin!

Am I Eligible?



Click to see if you might be eligible.

Apply for Benefits



Click to apply online for benefits.

Check My Benefits



Click to check your benefits.

Report My Changes



Click to report a change to your case.

Before You Begin

Click below to learn more about assistance programs.

Food Assistance

Medical Assistance

Cash Assistance

Quick Links

[About PEAK](#)

[Client Information](#)

Find Nearest Office

[Services by County](#)

[Application Assistance Sites](#)

PEAK News

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How is Colorado PEAK different?

- Colorado Peak is an online tool that allows applicants to:
 - Screen themselves for potential medical, cash or food assistance
 - Complete an Application online
- Allows existing clients to check their current coverage and renewal dates



Verification requirements

- Medicaid applicants may be asked to provide documents proving **identity** and **citizenship**
 - Must be **original** or **certified copies**
- Clients must provide documents to be verified by an Application Assistance Site
 - Certified Application Assistance Site (CAAS)
 - Presumptive Eligibility (PE) site
 - Medical Assistance (MA) site
 - Or the county department of social/human services



Verifications in the Future

Streamlining the application process:

- The Eligibility Modernization project will create interfaces with other state and federal databases to electronically verify required client documentation
- Colorado PEAK will support the expansion populations and help eliminate the need for applicants to submit a paper application.



Colorado Health Care Reform

Interfaces

IEVS Wage	Colorado Department of Labor and Employment (CDLE)	Income Verification	Summer 2011
SSA	Social Security Administration (SSA)	Citizenship and Identity	Summer 2011
Department of Motor Vehicles (DMV)	Department of Revenue (DOR)	Identity	Late Summer 2011
Vital Statistics	Colorado Department of Public Health and Environment (CDPHE)	Citizenship	2012

Express Lane Eligibility (ELE) / Automated Enrollment

Free / Reduced Lunch	School Districts	'Opt Out' on form for school year 2011-2012; systems changes Spring 2012
Income Tax Verification	Department of Revenue (DOR)	Requires legislation to modify CO Income Tax form; systems changes in progress

Ex Parte and Administrative Renewals

Ex Parte Renewals	Automatically renewing eligibility with data from other CBMS programs	Winter 2011
Administrative Renewals	Pre-population of Redetermination Notice with current data. Automatically renewing eligibility if no change is initiated by the client	Winter 2011

Questions?



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Health Care Reform Implementation in Colorado



Office of Governor John W. Hickenlooper
June 2011



The FEDERAL ACT

The Patient Protection and Affordable Care Act and a reconciliation bill passed by Congress and signed by President Obama make up federal health care reform



4 BUCKETS OF HEALTH REFORM



Coverage



Insurance
Accountability



Cost Containment



Fraud and Abuse



COVERAGE

- All individuals under 133% FPL qualify for Medicaid (\$29,000 for family of 4)
- Subsidies for those below 400% FPL
- Increased funding for community health centers (\$11b over 5 years)
- New Primary Care residency programs in rural areas and FQHCs
- More funding for student loan repayment for primary care providers
- Provides a \$250 rebate to those who reach the Part D coverage gap – eliminated by 2020

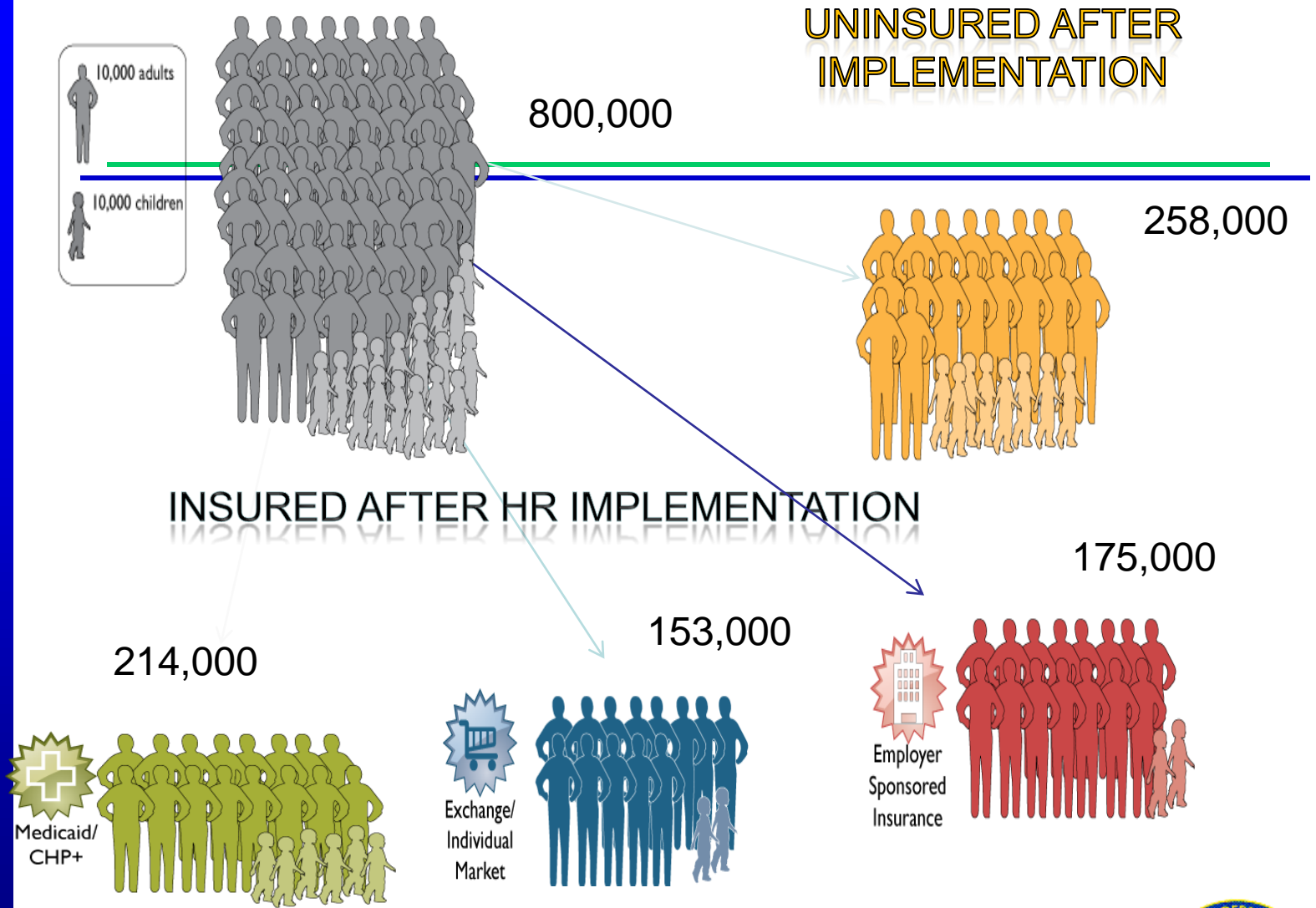


INSURANCE MARKET REFORMS

- Bans denials due to pre-existing conditions (kids 2010, adults 2014)
- No increasing/ dropping premiums when they get sick
- Prohibits lifetime limits (2010)
- Provides tax credits for small businesses
- Focus on preventive care
- Dependents can remain on parents insurance to 26



Colorado Health Care Reform



Source: Colorado Health Institute, "Helping communities prepare for health reform: Coverage estimates of Coloradans after implementation"



COST CONTAINMENT

- Improved access to proven preventative services
- Accountable Care Collaborative
- Transitions of Care
- Medical Homes
- Chronic Care Management



WOMAN AND HEALTH REFORM

Key Provisions

- Eliminating pre-existing conditions
 - Pregnancy, C-sections and domestic abuse
- Not rating health insurance based on gender
- Increasing access to Medicaid and subsidies in the exchange
 - Fewer women than men are currently eligible for employer-based coverage
- Preventative services – maternity coverage, well baby and well child, screenings
- Children can remain on their parents plan until age 26



COLORADO'S EFFORTS

- Created a strategic implementation plan
- Outreach to and engage stakeholders
- Coordinate efforts of the state agencies
- Pursue federal grants to assist in implementing reform
 - High Risk Pool – Getting Us Covered.org (4,000 Coloradans, until 2014)
 - Strengthen rate review process and transparency
 - Early Childhood Home Visitation Programs
 - Money Follows the Person
 - Exchange planning grant



EXCHANGE PERSPECTIVES

Shared perspectives

- Colorado should establish a statewide exchange
- Colorado should establish a quasi-governmental governing authority
 - Accountable and transparent, nimble, and non-duplicative to DOI
- Colorado exchange(s) should be governed by a diverse and knowledgeable board
- Colorado exchange(s) should be managed by a single state-wide governing entity



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