

Who is covered in Colorado's Medicaid Program?

ELIGIBILITY GROUPS

FFS^{2, 3, 4}

- Children (0-18 years)
- Parents and other Caretaker Relatives
- Pregnant Women
- Aged, Blind, and Disabled Adults
- Children with Disabilities
- Current and Former Foster Care Children
- Dual Eligibles
- Adults (19-64)
- Individuals with Intellectual or Developmental Disabilities (I/DD)
- Qualified Non-Citizens*

*Qualified Non-Citizens can apply (and be eligible) for Medicaid after being in the U.S. for 5 years and if they intend to remain in Colorado. Pregnant women and children (up to age 19) may be immediately eligible.

Health First Colorado, Colorado's Medicaid program, contracted with seven Regional Accountable Entities (RAEs) to coordinate the care of its members. RAEs integrate physical and behavioral health services and follow a Primary Care Case Management model. Behavioral health services are paid for on a capitated rate but primary care providers are paid on a fee-for-service basis.

Important News

March 2017 - A system error mistakenly registered thousands of Medicaid beneficiaries as eligible for an "enhanced" federal match. Colorado could owe the federal government between \$21.8 million and \$43.4 million.⁵

June 2017 - Governor Signs Medicaid Home Health legislation to cover home health services in the community, effective July 1, 2017, for Medicaid beneficiaries. The governor also signs a conflict-free case management bill that allows Medicaid beneficiaries to choose the agency that will provide their case management services for home and community-based services.⁶

July 2018 - Health First Colorado launched phase II of the Accountable Care Collaborative. Phase II consists of implementing seven Regional Accountable Entities that provide integrated physical and behavioral health care.⁴



Do Medicaid health plans provide coverage? * 7

YES NO

- Rocky Mountain Health Plans*
- Denver Health and Hospital Authority*

+Serve as Regional Accountable Entities.
*Excludes non-MCO Regional Accountable Entities.

Eligibility Criteria for Specific Populations as a Percentage of the Federal Poverty Level (FPL)¹

Children: 265% Seniors & People with Disabilities: 74%
Expansion adults: 138% Parents: 138% Pregnant women: 200%

Percentage Breakdown of Colorado's Medicaid Population⁸

Adults: 39% Elderly Adults: 8% Children: 40%
Individuals with Disabilities: 12%

Medicaid Medical Directors Network

The state of Colorado has begun the integration of physical and behavioral health through Phase II of the Accountable Care Collaborative program.

SECTION 1115 WAIVER^{9, 10}

Colorado Adult Prenatal Coverage and Premium Assistance CHP+ Waiver

This waiver utilizes Title XXI funds to expand coverage to uninsured pregnant women with family incomes above 133% and up to and including 185% FPL.

EFFECTIVE:
10/8/2002

APPROVAL:
9/27/2002

EXPIRATION:
7/31/2020

Expanding the Substance Use Disorder Continuum of Care

This waiver aims to address substance use disorder in the Medicaid population by improving health outcomes, promoting long-term care, and reducing deaths due to overdose. If approved, the waiver will allow Medicaid to cover inpatient and residential SUD treatment and improve access to withdrawal management and Medication-Assisted Treatment. As of March 2020, the waiver was pending approval.

STATUS: Pending Approval

Colorado Hospital Transformation Program

The Colorado Hospital Transformation Program (HTP) will use delivery system reform incentive payments (DSRIP) for hospital-led projects that aim to improve health outcomes through care redesign, integrate with community-based providers, lower health costs, accelerate value-based payment implementation, and increase collaboration between hospitals and other providers for data sharing, integration of physical and behavioral health, and chronic care management. As of March 2020, the waiver was pending approval.

STATUS: Pending Approval

How is Colorado meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Patient-centered medical homes are available, through the case management program Healthy Communities, for families, individuals under age 21, or those who are pregnant.¹¹

The Healthy Communities program provides education on preventive health services, links members to providers who serve as their medical home, and offers assistance in enrollment and program applications.¹²

Colorado has implemented phase II of its Accountable Care Collaborative, which was designed to better coordinate the care of Medicaid members while reducing costs. Seven Regional Accountable Entities have contracted with the state to do this. RAEs receive a per member per month (PMPM) payment to manage the care of enrollees in a region and to provide integrated physical and behavioral health services. RAEs and primary care providers can receive incentive payments based on performance and quality of care.⁴

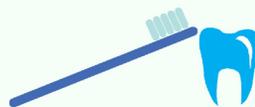
Colorado has tied incentive payments to health outcomes for deliveries and perinatal care for providers.¹³



Oral Health

Colorado Medicaid covers routine dental care for children and adults, including:¹⁴

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Fillings
- Sealants
- Root canal procedures
- Space maintainers
- Crowns



For adults, Colorado Medicaid will pay up to \$1,000 for these services each benefit year (July 1 through June 30).¹⁵

Social Determinants of Health (SDOH)

Colorado's Regional Accountable Entities are required to establish relationships with community organizations that address SDOH such as food, housing, and job security.²¹

Colorado is developing a process for reporting referrals to community and social services with the goal of eventually tying a related metric to incentive payments.¹³

NEMT coverage policy was altered to increase access for members by removing the requirement for rides to be scheduled 48 hours in advance.¹³



Family Planning

Family planning benefits available for all clients of child-bearing age.¹⁵

Family planning benefits provided include office visits, counseling, lab services, screening and testing, birth control pills, insertion and removal of approved contraceptive devices, diaphragms and male/female surgical sterilization. Surgical sterilization is only available to members over age 21.^{14, 15}

The Teen Pregnancy and Dropout Prevention Program allows Medicaid to contract with individual state-approved programs to target Medicaid eligible at-risk teens.¹⁶

Under the Colorado Family Planning Initiative, a state-administered program, low-income clients have access to Long-Acting Reversible Contraception (LARC), tubal ligations, and vasectomies.¹⁷



Women's Health

Office visits, cervical cancer screenings, STD/STI testing, risk counseling and treatment, HPV vaccination, BRCA screening and genetic counseling, and other related services are covered.¹⁸

Women who are pregnant or postpartum are eligible for maternity services that include office visits, lab services, ultrasounds, gestational diabetes care, prenatal vitamins, labor and delivery, home births, lactation services, breast pumps, and other testing when needed.¹⁸

Offers nurse midwifery services through a fee-for-service arrangement.¹⁹

Special Programs:
Special Connections is a program provided through Colorado Medicaid that helps pregnant women who are involved with alcohol or drugs to receive case management, group health education, group and individual substance counseling, in-depth risk screening, urine screening, and monitoring.²⁰



Child and Adolescent Health²²

Testing for lead poisoning is provided for children at 12 and 24 months old or between 36 and 72 months for members that were not previously tested.

Family Health Coordinators assist members ages 20 and younger with the following services:

- Providing information about services
- Finding providers
- Making appointments
- Connecting to other community services or programs such as food banks, housing agencies, child care, Head Start, Health Care Program for Children with Special Needs (HCP), and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

How is Colorado meeting the needs of Medicaid enrollees?

Children with Special Health Care Needs²³

The Children with Life Limiting Illness Waiver provides home and community-based services to children who are 18 and younger, receiving hospital care, and meet the medical criteria. Services include:

- Counseling/bereavement services
- Expressive therapy
- Palliative/supportive care
- Respite care services

The Children's Extensive Support (CES) waiver provides services to children with developmental disabilities or delays and who have intensive behavioral or physical health needs. Services include:

- Respite care
- Behavioral services
- Homemaker
- Specialized medical equipment and supplies
- Assistive technology

The Children's Habilitation Residential Program waiver (CHRP) provides services to children with intellectual or developmental disabilities and intensive needs. Services include:

- Habilitative services (24 residential care outside of the home)
- Respite services
- Community connection services
- Intensive and transition support services
- Professional services (e.g. physical therapy)

The Children's Home and Community-Based Services Waiver (CHCBS) provides home and community-based services to children ages 17 and younger with medical needs who are at risk of being placed in a nursing facility or hospital. Services provided include:

- Case management
- In-home support services

Pediatric Personal Care services assist children ages 20 and younger with physical, maintenance and supportive needs including:

- Bathing
- Dressing
- Meal preparation
- Medication reminders

School-based health services are available to children with disabilities who have been referred through an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP). Services include:

- Physician services
- Speech-language services
- Nursing services
- Audiology services
- Personal care services

Long-Term Services and Supports (LTSS)²²

Long-term services and supports available to qualifying enrollees include:

- Durable medical equipment such as:
 - Oxygen, wheelchairs, bathroom and bedroom equipment
- Habilitative services and equipment
 - Outpatient physical, occupational and speech therapies and devices
- Home health care
- Hospice care
- Rehabilitation services and devices
- Skilled nursing services



Behavioral Health

The community behavioral health services program is a statewide initiative that provides comprehensive mental health and substance use disorder services to all Colorado Medicaid members. All Colorado Medicaid members are assigned to a Behavioral Health Organization (BHO) based on where he or she lives. BHOs arrange for enrollees to obtain medically necessary behavioral health services, such as therapy or medications, with a covered behavioral health diagnosis.²⁴

Covered benefits include services such as:²⁴

- Emergency services
- Day treatment services
- Recovery services
- Therapy
- Inpatient and outpatient hospital care
- Case management services
- Drug screening and monitoring



Drug therapies include naloxene, naltrexone, and disulfiram.²⁵

Colorado has integrated the management of physical and behavioral health by providing behavioral health services through a capitated managed care program managed by Regional Accountable Entities.⁴

Cost-Sharing²⁶

Children under 18, pregnant women, members who choose Denver Health as their health plan, members who live in a nursing home or who receive hospice care, members who are American Indian or Alaskan Native, and former foster care children ages 18 through 26 do not have copays.

Emergency services, family planning services and supplies, behavioral health services, and preventive services do not have copays.

The following copays are charged for adult enrollees:

- \$10 per day for inpatient hospital services after the first day
- \$6 per outpatient hospital non-emergent emergency room visit
- \$4 per visit for outpatient hospital services
- \$2 per visit for primary care physician and specialist services
- \$2 per day of service for clinic services
- \$1 per day of service for laboratory services
- \$1 per day of service for radiology services
- \$3 for generic and brand name prescription drugs (each prescription or refill)

Copays paid monthly cannot exceed 5% of a member's monthly income. This maximum applies for an entire household.





Timeline

Federal

Colorado

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



1969

State of Colorado adopts the Medicaid program.²⁷

Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

1983

Colorado starts managed care in Denver and surrounding counties under the Denver Health Managed Care Program.²⁸

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999



Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

ACA implementation begins.

2014

2011

Colorado introduces its latest managed care arrangement, the Accountable Care Collaborative (ACC) program, that utilizes a network of Regional Care Collaborative Organizations (RCCOs) to coordinate acute, primary, and specialty care; pharmacy, and select behavioral health services to most Medicaid beneficiaries in the state.²⁸

2013

Colorado authorizes Medicaid expansion.²⁸

2014

Colorado expands state Medicaid program to 138% FPL.²⁷
The Medicaid prime program launches as a component of the ACC to experiment with an MCO model through Rocky Mountain Health Plans (RMHP).

36 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2020

2018

RCCOs are combined with managed behavioral health organizations to create regional accountable entities (RAEs), which will still receive capitated payments for managed behavioral health.^{29,39}

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www.MedicaidInnovation.org

For a complete list of sources, please contact the Institute for Medicaid Innovation at Info@MedicaidInnovation.org



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