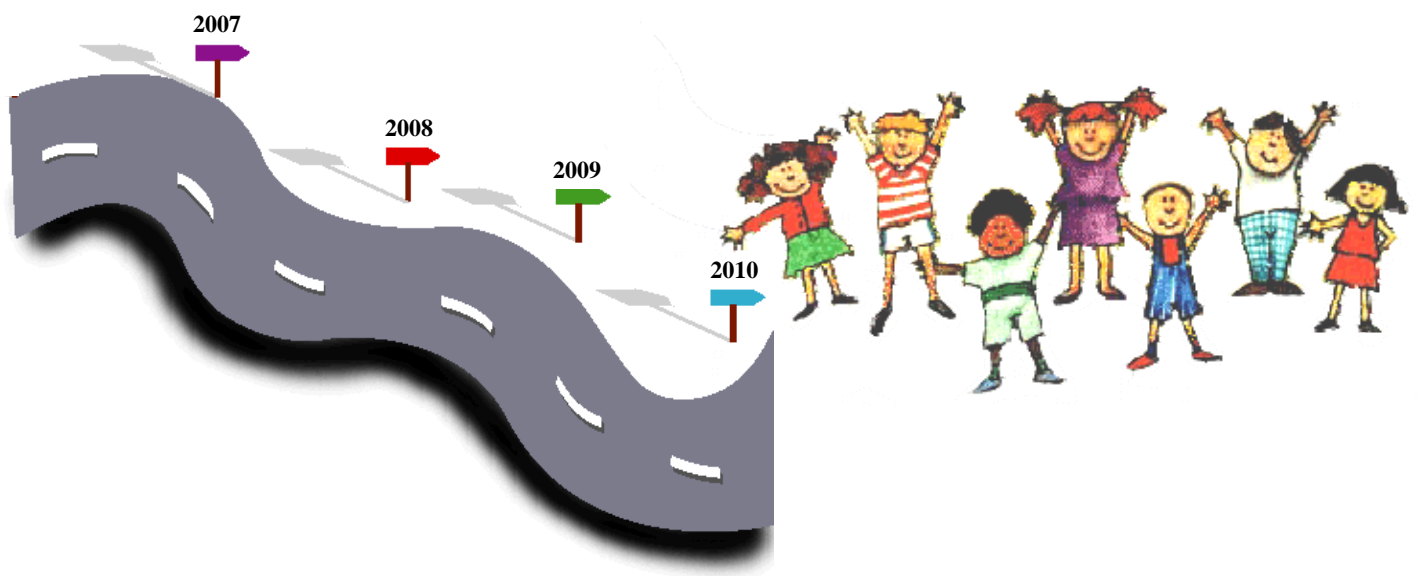




A Roadmap to Coverage for Colorado's Children



By the year 2010, all children in Colorado will have coverage through insurance or public programs that ensures access to a medical home providing appropriate and affordable health services.

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The Colorado Health Foundation™

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The formation of the concepts in this document were enhanced through the contributions of numerous individuals, organizations and groups dedicated to achieving access to health care for all Colorado kids by the year 2010. The following list does not imply full endorsement of all concepts contained in the Roadmap to Coverage for All Colorado Kids by 2010, but rather thanks contributors for their time, their ideas, and their energies in the process.

AARP

American Academy of Pediatrics
Anthem Blue Cross and Blue Shield CO
Autism Society of Colorado
Bell Policy Center
Center for Policy Entrepreneurship
Center for Systems Integration
Colorado Academy of Family Physicians
Colorado Access
Colorado Association School-Based Health Care
Colorado Association of Health Plans
Colorado Behavioral Healthcare Council
Colorado Center on Law and Policy
Colorado Children's Campaign
Colorado Coalition for the Medically Underserved
Colorado Community Health Network
Colorado Consumer Health Initiative
Colorado Health Institute
Colorado Hospital Association
Colorado Medical Society
Colorado Rural Health Center
CoverColorado

Covering Kids and Families
Denver Health and Hospitals
Denver Head Start
Denver Medical Society
Dept. of Public Health & Environment
Dept. of Health Care Policy & Financing
Family Voices Colorado
Gardner Advisory Group
Health District North Larimer County
Kaiser Permanente
March of Dimes
Metro Organizations for People (MOP)
North Colorado Health Alliance
Office of Governor Bill Ritter, Jr.
Oral Health Awareness Colorado
Rocky Mountain Farmers Union
Rocky Mountain Youth
Rose Community Foundation
The Adams Group
The Children's Hospital
The Colorado Health Foundation
The Colorado Trust

Need for Quality Health Care Coverage for Children

Of the 785,200 people without health insurance coverage in Colorado, about 19.7 percent (155,000) are children¹. Uninsured children are more likely to go without immunizations, have less access to primary care (with less preventive care in general), less access to acute primary care, later diagnosis of serious illness, poorer access to specialized care for complicated illness, and show lower compliance with medical treatment². This leads to lower school attendance and performance levels, and more visits to the emergency room with expensive treatment.

Evidence has shown us that regular access to care makes a difference in children's lives³. Access to a regular source of care or a medical home is important, because children with a medical home are more likely to receive preventive services and experience better health outcomes as a result⁴. Being in good health means a child can do things like attend school regularly, see the chalkboard, hear the teacher, and participate in classroom and recess activities—all essential parts of succeeding in school.

In Colorado, as in many states, there are many barriers to accessible health care for children. There are several reasons for the gap in coverage, including challenges in enrollment, retention and access.

Research has shown that two-thirds of uninsured children in Colorado are eligible for health care programs, but are not enrolled⁵. According to the Colorado Children's Healthcare Access Program (CCHAP), only 20 percent of private pediatricians and family physicians accept Medicaid or Child Health Plan *Plus* (CHP+) children due to poor physician reimbursement rates and difficulties with system issues⁶.

Also, compromised continuity of care with children coming on and off plans leads to higher costs and negative health consequences. In Colorado, the average length of enrollment for Medicaid coverage for children is seven months⁷. One study found that the average monthly Medicaid expenditure falls as the months of enrollment rise⁸. The second six months of Medicaid coverage costs about 30 percent less than the first six months of coverage in a year.



¹ The Lewin Group, Prepared for the Colorado Blue Ribbon Commission for Health Care Reform. June 12, 2007.

² Berman S., Brock C., Armon C., & Todd J. Factors Influencing Access to Healthcare for All Colorado's Children, 2000-2003. *State of the Health of Colorado's Children*, 2004

³ Berman S., Brock C., Armon C., & Todd J. Factors Influencing Access to Healthcare for All Colorado's Children, 2000-2003. *State of the Health of Colorado's Children*, 2004.

⁴ Colorado Household Survey, 2001.

⁵ See note 2.

⁶ Trujillo, Tara. *Fulfilling the Promise: Opportunities and Strategies for Insuring Colorado's Kids*. Colorado Children's Campaign, December 2006.

⁷ Colorado General Assembly: Senate Bill 07-211 Fiscal Note.

http://www.leg.state.co.us/clics/clics2007a/csl.nsf/fsbillcont3/1AF412833E6BDC7387257251007B87E1?Open&file=SB211_00.pdf
March 17, 2007.

⁸ Medical Expenditure Panel Survey (MEPS). Conducted by Agency for Healthcare Research and Quality. 1997. Reduction was statistically significant with more than 99 percent confidence.

Colorado is Ready for Change

No one can deny the fact that children need access to health coverage, and not only access, but access to coverage that is affordable and appropriate for their needs. Currently Colorado has a convergence of factors that make it possible to directly address the problem of uninsurance and underinsurance, and extend coverage to all Colorado children.

The Colorado Health Foundation released their 2007 Colorado Health Report Card. The Foundation worked with the Colorado Health Institute on a variety of health indicators and to show how Colorado is doing on a wide range of health measures. The Report Card showed the state ranks only average or below average on most health measures related to children. In fact, Colorado has fallen behind Louisiana, Georgia, and Mississippi on critical children's health indicators such as insurance coverage and prenatal care. Yet, Colorado voters have voiced their commitment to ensuring that this ranking changes.

Strong bipartisan support exists for children's coverage⁹. A survey conducted by the American Academy of Pediatricians and the Colorado Medical Society in 2006 found that Coloradans will vote for improvement for health, education and safety of children¹⁰. Additionally, 73 percent believe that every child in Colorado should be covered by a government supported health care program if private health costs are not affordable.

Colorado policymakers have heard their constituents and propelled Colorado to a leadership position among states. Governor Ritter has vowed to work with stakeholders to develop the Colorado Health Plan to increase access and availability of care. Upon taking office in 2007, the Governor declared health care for the uninsured children in the state an immediate priority. Later in 2007 the Governor commissioned the Dialogue on Health Care Vision and Values; a series of meetings designed to help him understand the vision of constituents across the state and inform his decision-making on health care issues. Further, Lieutenant Governor Barbara O'Brien voiced her support and agreed to act as the spokesperson for the 2010: All Kids Covered Initiative.

Colorado's administration has also supported the work of the Colorado Blue Ribbon Commission for Health Care Reform, which studied comprehensive health care reform proposals and reported their recommendations for incremental reform to the 2008 Legislature. These recommendations include the simplification, coordination and expansion of Medicaid and CHP+.

House and Senate leadership have declared covering children to be a goal. According to Senate President Peter Groff, "Our goal must be to reduce the number of uninsured in Colorado. We can begin that journey this session by covering all children. It is the morally right and responsible thing to do¹¹." Also, House Speaker Romanoff declared, "There is one point I hope we can agree on – every child should have health coverage... Let's end this debate and cover our kids¹²."

⁹ Mann, C. & Rudowitz, R. Issue Paper: [Financing Health Coverage: The State Children's Health Insurance Program Experience](#). Kaiser Commission on Medicaid and the Uninsured, February 2005.

¹⁰ Colorado Chapter of the American Academy of Pediatrics and the Colorado Medical Society commissioned Mason-Dixon Polling and Research to conduct a statewide telephone survey in Sept. of 2006. <http://www.cms.org/Survey/AAP-CMSHealthPollSummary.pdf>

¹¹ Opening remarks to 2008 Colorado General Assembly January 9, 2008.

¹² See note 11.

The 2010: All Kids Covered Initiative was granted the very prestigious Packard Foundation Narrative Communications and Finish Line Grants for support of the three year efforts to cover children. In addition, The Colorado Health Foundation continues to support the work of the group.

Colorado must capitalize on the momentum of the energy to cover children. Now is the time to finish the job and make certain that all children have affordable, quality, comprehensive health care.

History of 2010: All Kids Covered Initiative Process

The 2010 All Kids Covered Initiative provides a unique example of how a varied group of stakeholders can collaborate to develop a multi-year, strategic approach to ensuring health coverage for all children in their state. The dynamic history of the 2010 group and its roadmap to coverage may provide an example to other collaborative groups.

The Colorado Health Foundation sponsored the 26th Annual Dorsey Hughes Symposium, *Pursuing Health Care Reform: Is There a Will and Where is the Way?* in July of 2006. Keynote speaker Alan R. Weil, JD, MPP, Executive Director for the National Academy of State Health Policy, stimulated the group's thinking by suggesting that covering all kids is both the right thing to do and the most feasible politically.

Following the symposium, Colorado State Senator Bob Hagedorn approached The Colorado Coalition for the Medically Underserved (CCMU) to convene a group of stakeholders with a mission to ensure access to health care for Colorado children over the next four years. In September of 2006 CCMU organized a steering committee and began developing a list of stakeholders from the community. The stakeholders were invited to determine the resolve of a work group willing to craft legislation leading to coverage for Colorado children.

The first meeting of the 2010: All Colorado Kids Covered work group was convened September 22, 2006. The purpose of the initial meeting was to verify the interest level in the health care community for a collaborative effort to develop options to cover all Colorado children. The group discussed current enrollment and coverage for children in Colorado, and suggested policy ideas to enhance coverage; they agreed to continue to convene in order to outline priorities.

The planning process included an assessment of the challenges to enrollment, retention, access, and private coverage in Colorado; identification of policy options and action steps; adoption of priorities; and development of a legislative agenda to advocate to the legislature. Also, the group developed a destination statement which was later revised through a consensus process. The 2010 All Kids Covered Initiative destination statement now reads:

By the year 2010, all children in Colorado will have coverage through insurance or public programs that ensures access to a medical home providing appropriate and affordable health services.

Initiative participants prioritized the recommended coverage options for children. Two committees were formed: the Systems Improvement Legislative Action Committee and the Quality and Access Legislative Action Committee.

The Legislative Action Committees (LACs) selected co-chairs and met separately from the large group to develop options to expand coverage. They delineated comprehensive reform bills for the 2007 legislative session, outlined future legislative and administrative options to reach the goals of the initiative, and brought reports of their work back to the larger group. Eventually, the large group endorsed the concepts of the six policy components recommended by the LACs and Jennifer Miles, lead lobbyist for the work of the 2010 initiative, met with each LAC to finalize the policy components for the legislative drafters. The proposed 2007 steps are below:

| Proposed 2007 Legislative Steps |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Establish an advisory committee at HCPF to investigate and make recommendations on plan to cover all Colorado children by the end of 2010 |
| Implement 12 month continuous eligibility for kids in Medicaid |
| Allow self-declaration of income (then verified by a second source) |
| Presumptive eligibility for kids in CHP+ and Medicaid |
| One year time out on CHP+ enrollment fee |
| HCPF authorizes application assistance sites and provides training |
| Assure 18-19 year olds under CHP+ are not subject to additional identification requirements as a result of HB06-1023 |
| Require HCPF to develop a strategy and report plans to legislature for provider reimbursement that will assure an adequate provider network and enough medical homes for children |
| Require HCPF to develop valid outcome measures and standards of clinical performance |
| Allow HCPF to hire a Chief Medical Officer |

History of Process Continued

Representatives from the 2010 initiative met with members of the new administration in the Governor's office and in the Department of Health Care Policy and Financing. With a change in political will, the group agreed to amend some of the components and give the new administration time to make changes to the infrastructure without a legislative mandate.

Two bills, each containing specific components of the 2010 policy agenda, were introduced during the 2007 legislative session. Senate Bill 07-130, sponsored by Senator Betty Boyd and Representative Morgan Carroll, declared the importance of a medical home, defined a medical home for children, required the Colorado Department of Health Care Policy and Financing (HCPF) to maximize the number of kids enrolled in a medical home, and required HCPF to report back to the legislature on their progress. Senate Bill 07-211, entitled Comprehensive Health Care Reform for Children in Colorado, was sponsored by Senator Hagedorn and Representative McGihon. The purpose of the bill was to; expand the number of kids eligible for public programs, enroll eligible kids in programs, and address access and quality issues for children already enrolled in Medicaid or CHP+.

The 2010 group continued to meet through the legislative session to hear legislative updates and to strategize about the process of the two bills. They adopted an effective process for quick decisions to be utilized when sufficient time would not allow appropriate issues to be presented to the entire group for feedback.

On May 31, 2007, the 2010 AKC Initiative celebrated their first success as Senate Bills 07-130 and 07-211 were signed into law by Governor Ritter in the presence of more than 50 kindergarten graduates. In their final form, SB130 declared a medical home important and required HCPF to move children in public programs into medical homes. SB211 included presumptive eligibility for Medicaid and CHP+ kids, reduced additional identification documentation barriers for pregnant women and 18-19 year olds applying for public health programs, created an advisory committee on Medicaid and CHP+ eligibility and enrollment at HCPF, and established quality measures and reporting for HCPF.

The successful passage of these bills marks an important step forward for Colorado. Through SB211, Colorado became one of only eleven states with Presumptive Eligibility (PE) for children¹³. PE allows likely-eligible children to have access to health care while their application is processed. This legislation reaffirms Colorado's growing position as a leader among states regarding children's health care coverage.

¹³ State Health Facts. <http://www.statehealthfacts.org/comparetable.jsp?ind=229&cat=4>. Accessed Jan. 2008.

The mission of the group remains to move forward with incremental reform in order to cover all children by 2010. While some components were amended out of the comprehensive bill, a multi-year process provides opportunity for continual growth, evaluation and revision. The group agreed to meet again after the 2007 legislative session to begin looking at what legislative steps would need to be taken in 2008 to continue expanding coverage and reducing barriers to care. The 2010 initiative participants affirmed their support for the initiative and agreed to continue to work towards coverage for all Colorado children by 2010.



Year Two Update: 2007-2008

The momentum of the 2010: All Kids Covered Initiative continued into the fall of 2007. The group monitored the implementation of SB211 and SB130, celebrated the accomplishments of the past legislative session and set goals for 2008.

The Systems Improvement LAC recommended their 2008 policy agenda to the 2010 group which included pieces amended out of SB07-211, policies originally planned for 2008, and some new ideas. The Quality and Access LAC decided to abstain from proposing additional legislation, but rather focus on monitoring the implementation of the bills passed in the 2007 session. The group agreed to meet monthly throughout the session to support Senate Bills 130 and 211 through implementation. The new Fiscal LAC was established to demystify the Colorado's budget process, work to understand the timing of the budget, find health care dollar sources, and look for opportunities to influence the budget process.

The 2010 group met in January of 2008 and endorsed the components to be included in two separate bills in the session. The components include policies designed to strengthen coverage for children through Medicaid and CHP+, including the expansion and simplification of the programs, and the reduction of enrollment barriers. Bill sponsors were identified and strategies were designed to support the following policies:

Proposed 2008 Legislative Steps

| |
|---------------------------------------------------------------------------------------------------------|
| Eliminate stair step by increasing Medicaid eligibility for 6 -18 year olds from 100 to 133% of FPL |
| Allow continuous eligibility under Medicaid for 12 months |
| Expand Child Health Plan <i>Plus</i> (CHP+) to 250% of FPL |
| Direct HCPF to ensure that families have reasonable access to a Presumptive Eligibility (PE) site |
| Allow for administrative verification of income through available data at Department of Labor |
| Allow administrative re-enrollment for children |
| Add to the SB07-211 Advisory Committee's charge to explore combining Medicaid and CHP+ into one program |

The 2010 AKC Leadership Team, comprised of the Colorado Coalition for the Medically Underserved (CCMU), the Colorado Children's Campaign (CCC), Colorado Covering Kids and Families (CKF), and Metro Organizations for People (MOP), formed over the summer of 2007. The organizations worked together to find sustainable funding for the 2010 initiative through the year 2010.

The 2010 Initiative was one of thirteen states to receive the David and Lucile Packard Foundation's Children's Health Narrative Social Marketing and Messaging grant. The grant will provide funding and technical assistance for the development of messaging to help frame the debate on children's health coverage among policymakers, advocates, the public and other stakeholders. Also, The Colorado Health Foundation generously granted funding to provide for support of lead lobbyist Jennifer Miles, facilitation services, and development and implementation of a work plan for the 2010 Initiative. In February 2008, the 2010: All Colorado Kids Covered Initiative was one of eight states awarded the Finish Line Grant from the David and Lucile Packard Foundation. This grant will provide comprehensive support for the work of this group over the next three years.

Looking Ahead

Every year, on February 10th (02/10) the 2010: All Kids Covered Initiative group will rally to launch the beginning of the All Kids Covered week. Colorado policy-makers, press, families, faith leaders, providers, and constituents will be invited to support the growing movement to bring affordable, appropriate health insurance coverage to all kids in Colorado.

The 2010 work group will continue to refine the steps by evaluating the progress of the current session and adapt for the 2009 legislative session and beyond. The mission to cover all Colorado children will be accomplished through the evaluation of legislative accomplishments and subsequent adjustment of the incremental steps leading to coverage. Each year, the 2010 work group will continue to grow, to find administrative support and identify funding sources. The mission to cover all Colorado children will be accomplished through the evaluation of legislative accomplishments and subsequent adjustment of the incremental steps leading to coverage.

| Proposed 2009 Legislative Steps |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Raise CHP+ eligibility to 300 percent FPL |
| Create a statutory framework to develop, implement and maintain Colorado Regional Health Information Organization Statewide (CORHIO), a coalition working to build a statewide electronic health information network |
| Expand Capacity strategically, offering state-specific incentives and enhanced provider reimbursement, based on the density of health care providers and the underserved population in a given geographic area |
| Pursue waiver to allow income calculation for other programs to be used for Medicaid and CHP+ |

Summer 2009 and Proposed 2010 Legislative Steps

The incremental steps leading to children’s coverage will continue to be adapted. The 2010: All Kids Covered Initiative participants group will continue to evaluate the progress and accomplishments of their reform efforts, and determine the necessary legislative steps to complete the mission to cover all Colorado children through state or private insurance in 2010.

Conclusion

Children’s coverage and access is influenced by eligibility for public coverage programs, access to employer sponsored insurance, the political landscape, the economy and state fiscal policies. Governor Ritter is calling for health care reform, and Colorado is calling for access to quality health care for all its children. Coloradans support coverage for the state’s children and research has shown the positive impacts of coverage for children. Ensuring coverage for all Colorado children by 2010 is a building block for reforming Colorado’s health care system.

The 2010 Initiative's destination statement provides a clear vision for the work ahead. By the year 2010, all children in Colorado will have coverage through insurance or public programs, which will give them access to appropriate and affordable health services. By identifying the problem, proposing a series of solutions, gathering together those invested in change, and working toward a common goal, the 2010: All Kids Covered work group will accomplish the systematic changes the uninsured and underserved need to preserve the future health of the state's younger generations. Now is the time to finish the job in Colorado and ensure that all children have access to affordable, quality, comprehensive health care.

2010

