COLORADO
Coalition for the Medically Underserved

Dedicated to improving care for Colorado's medically underserved

Member Newsletter
December/January

CCMU IS COMMITTED TO ACCESS TO AFFORDABLE, TIMELY, QUALITY HEALTHCARE FOR EVERYONE IN COLORADO.

Colorado Springs Making Strides to Statewide Coverage

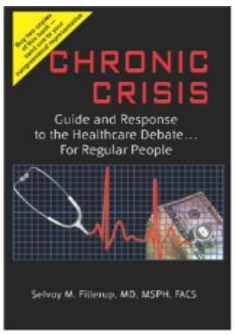
Local area participants of CHP (Community Health Partners) in Colorado Springs, including Gary Smith and Cyndy Wacker, are striving to increase the participation of underutilized resources such as CHP+ by identifying a single point of entry for those underserved populations. CHP feels that one of the best ways to reach and identify the population is through local area employers. This has led them toward the development of a "Community Benefit Package" provided by employers to employees. In order to better utilize the resources at hand, such as CHP+, additional needs (above and beyond healthcare) must be identified and addressed.

"CHP+ is a symptom of a lack of dialogue with the target population," Gary indicated recently. "We want to find a better way to interact with the target population. They have additional needs," he added.

Is this approach working? Colorado Springs has been able to cite a CHP+ enrollment increase of 47%, from 25%, although Community Health Partners will humbly acknowledge that part of this increase was due to revising the number of people eligible for the service. Nevertheless, our hats are off to those of you with CHP tirelessly working to identify and serve those in need.

CHP+ is a low-cost health insurance program for uninsured Colorado children ages 18 and under whose families earn too much to qualify for Medicaid but cannot afford private insurance. For more information, visit www.cchp.org or call 1-800-359-1991.

BOOK REVIEW



This review was taken from the website www.blog.hcfama.org and features, "*Chronic Crisis– Guide and Response to the Healthcare Debate … For Regular People*." The author, Dr. Selvoy Fillerup, an MD and public health service doctor, undertook his own comparative health policy study and came up with some interesting results.

The familiar debate is single payer all-government financing versus market competition. Fillerup's thesis, looking at health systems in a dozen nations, is that a blended system makes the most sense — both to achieve universal coverage without rationing and to control costs. That's not meant as an endorsement of our system by any means. We flunk by any reasonable measure. What are the elements that matter?

1) **Government determines the parameters of a minimum basic benefits policy (MBBP).**

2) **The same MBBP applies to private (PHI) and government health insurance (GHI).**

3) **Health insurance is mandatory.**

4) **Health insurance is offered under conditions of: community rating and guaranteed issue.**

5) **There are no barriers to switching between carriers.**

6) **Employees of large corporations must choose PHI.**

7) **All others may choose GHI or PHI.**

8) **GHI covers all vulnerable populations.**

9) **Employers and employees share the cost of health insurance.**

It's a challenging notion — the optimal system combines expansive government financing and strong market oversight along with some measure of private health insurance as a counterbalance.

For more info see www.chroniccrisis.com

ADVOCACY UPDATE

Medicaid Watch

There have been big changes on the low income and indigent healthcare front recently. Denver Health Medical Center and the University of Colorado Hospital cut their in-house indigent care programs and raised their copayments. The Colorado Indigent Care Plan (CICP) also raised its copayments for doctor and ER visits and hospital stays.

Due to a 15% legislative cut in funding to Colorado Access HMO, 65,000 patients were dumped into fee-for-service Medicaid. The Colorado Legislature, however, increased funding for the risk pool (allowing premium discounts of 50% if household income falls below $40,000 or 40% discount if income falls below $50,000). The Legislature also set up a board to study healthcare expansion and required the HPCF to adopt a consumer-run board care plans for the disabled by January 2007. Other changes to Medicaid and Colorado-state funded healthcare programs include:

- Colorado law was voided that would have denied benefits to legal aliens.
- CHIP (Children Health Insurance Program) applications (previously blocked) are being accepted again.
- The ADAP (AIDS Drug Assistance Program) waiting list was eased due to $2 million in state funds.
- Cigarette taxes, voted by referendum, will raise the CHIP level from 185% to 200% (covering 4,000 more children). These taxes will also open 600 more HCB and/or Katie Beckett waiver slots to disabled children, raise funding for low income clinics and raise parents' income level to 60%, covering 90,000 more children.

Source: Medicaid Watch

Cover All Kids 2010

Cover all Kids 2010 is an effort convened by the CCMU at the request of Senator Hagedorn. It was created to write legislation and identify action steps needed to provide appropriate and affordable healthcare coverage through private or public sources for all children in Colorado by 2010. Comprised of stakeholders interested in exploring this initiative, the group has formed two Legislative Action Committees (LACs) and identified have **five** crucial action steps for success:

1. **Simplify enrollment**
2. **Strengthen retention**
3. **Grow eligibility**
4. **Expand access to services**
5. **Select healthcare outcomes to monitor**

The Systems LAC, co-chaired by Tara Trujillo of the Colorado Children's Campaign and Stacey Moody (CKF) is focused on strategies to address enrollment, retention, and eligibility. They've uncovered a number of possible strategies including allowing self declaration of income, removing the stair-step in Medicaid, and increasing CHP+ eligibility levels, as well as establishing continuous enrollment in Medicaid.

The Access and Quality LAC, chaired by Dr James Todd of the Children's Hospital and Sue Hall, is discussing quality improvement and outcomes measurement and how to expand access to services. Potential strategies include implementing a "medical home" for Medicaid and CHP+ enrollees, ensuring network adequacy, adequate provider reimbursement, creating a Clinical

Oversight Committee and the creation of a Clinical Medical Director's position at HCPF.

PRO-CO

CCMU's other legislative initiative (in addition to *Cover All Kids 2010*) is the Personal Responsibility Option for Colorado. This proposal will be presented to the 208 Commission for analysis and review.

In a nutshell, the key feature of the plan includes covering all individuals at or below 250% Federal Proverty Level (FPL) with a basic benefit plan funded by state resources, maximized Federal match, and individual contributions. These individuals at 250% FPL will be required to purchase a basic benefit plan which will be administered by an independent entity and offered by existing carriers.

This commercial plan will be mandatory, guarantee issue, community-rated, and would include standard benefits, such as pharmacy. This proposal is expected to extend coverage to many of the state's 770,000 uninsured and would eliminate the uncompensated care cost shifting that is driving double digit increases in employer sponsored care. It is also expected to protect the state and its residents against the threat of a health crisis like a pandemic.

JOBS

The Colorado Association for School-Based Health Care (CASBHC) is looking for an **Executive Director**. See www.cashbhc.org

The Colorado Center on Law and Policy (CCLP) has a **PT Policy Position** available. See CCLP, at www.cclponlin.com

The University of Colorado Health Sciences Center is looking for a **half-time Patient Navigator** for a grant funded project that will investigate a patient navigator intervention to improve end of life care for seriously ill, older Latinos. Contact Stacy Fischer, MD-Assistant Professor, Division of Health Care Policy and Research, UCHSC by phone 303 724-2530 or stacy.fischer@uchsc.edu.

Maximus is hiring a new **Regional Outreach Coordinator** to do CHP+ education and outreach in metro Denver. See www.maximus.com or call Christine Dauchot @ 303 830-3558.

First Quarter Calendar

January

- **4** *CCMU Board Meeting*, 1:30 PM Faegre and Benson (1st Thursday of every month)
- **5** *2010 All Colorado Kids Covered* Work Group Meeting at COPIC (Last meeting)
- **12** *Policy Meeting*, 11:30- 12:30 1301 Pennsylvania, 9th Floor (2nd and 4th Friday)
- **17** *Executive Meeting*, 8:30 AM (3rd Wednesday)
- **26** *Policy Meeting*, 11:30- 12:30

Newsletter Distribution (Every other month, alternates with member meeting)

February

- **1** Board Meeting
- **9** Policy Meeting
- **21** Executive Meeting
- **23** Policy Meeting

Member Meeting- Gov. Ritter Invited

March

- **1** Board Meeting
- **9** Policy Meeting
- **21** Executive Meeting
- **23** Policy Meeting

Newsletter Distribution

COACH'S CORNER

Ethos: *"The disposition, character, or fundamental values peculiar to a specific person, people, culture, or movement."*

With the New Year now upon us, it's time to start giving some thought to what your '07 is going to look like. Remember that our values and beliefs drive our behavior, our actions, so rather than assemble a lengthy, daunting list of **New Year's Resolutions**, (and possibly lament its incompletion the following year) take a personal inventory of *your* disposition, character, or fundamental values, ***your ethos***.

In other words, identify those things that ultimately drive what you do and how you do it. Too often we focus on the action step, the "to-do's" (such as, "I want to quit smoking.") rather than the thing that drives that behavior—your beliefs and values, i.e. ethos.

Take the time to actually write down and articulate your **ethos** and only then can you begin to challenge or change those values and characteristics you may *not* desire. You've then taken the first step toward molding your ethos into what you'd most like to see in yourself. We all want to change something about ourselves on some level. Why not address that driving force in '07?

--Eric & Amy Hansen

CCMU is committed to ensuring access to timely, affordable, quality care for everyone in Colorado and we can--we will--we must achieve our goals. Your voice is critical to our success; if you have not recently joined or renewed your membership; please take a moment to complete the membership form following this newsletter. We will be updating our website with current legislative initiatives by the first of the year, so get dialed in and stay tuned to ways your organization can be involved in these exciting times. If you have any questions or need more info, just call...thanks!! Molly Markert, Executive Director, CCMU (303) 832-7727.

Is your event or program supporting the mission of CCMU or the medically underserved in Colorado? Please let us know how your organization is moving and shaking! Contact Eric and Amy Hansen, Newsletter Editors, at eric.w.hansen@earthlink.net.

COLORADO COALITION FOR THE MEDICALLY UNDERSERVED (CCMU)

MEMBERSHIP APPLICATION

Name: _____

Organization/Agency/Corporation: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Suggested donation: _____ $45 (individual)
_____ $100 (organization)
_____ $500 (small corporation)
_____ $1,000 (large corporation)
_____ $10 (student/other)

Amount enclosed: _____

May we list your business affiliation in our materials? _____ Yes _____ No

Vision

CCMU is committed to access to affordable, timely, quality health care for everyone in Colorado.

Mission

CCMU will achieve the vision of access to affordable, timely, quality heath care for everyone in Colorado through education, advocacy, and facilitation of collaborative actions.

Principles

1. Health care coverage should be universal, continuous, and affordable to individuals and families.
2. Only a comprehensive solution will ensure health care for all while controlling costs and promoting quality care.
3. In the absence of a comprehensive solution, we will embrace policies and programs that improve access to quality care, expand existing health care access, and protect and strengthen the medical safety net.
4. We seek solutions that are sound, sustainable, and keep the needs of patients first.

Mail completed application with check to CCMU, P. O. Box 18877, Denver, CO 80218