Blue Ribbon Commission for Health Care Reform

Final Report to the Colorado General Assembly

Executive Summary

January 31, 2008

Executive Summary

Introduction

The Colorado General Assembly created the Blue Ribbon Commission for Health Care Reform in 2006, charging it with identifying strategies to expand health care coverage and reduce health care costs for Coloradans.

Legislators took this action because Colorado, like most other states, faces urgent and interconnected problems regarding health care. The cost of health insurance is escalating rapidly. That contributes to growing numbers of Coloradans without insurance – an estimated 792,000 currently. All Coloradans pay for the uninsured, as premiums rise still more to cover the cost of care provided to those who cannot pay. The cycle feeds on itself, and in the absence of action will only worsen over time.

The package of recommendations in this report will reduce the number of uninsured Coloradans by an estimated 88 percent, extending coverage to 694,500 individuals who currently do not have insurance. We make it easier for people to get and keep coverage, whether through their workplace, as individuals or through public programs. We improve the delivery of services for vulnerable populations. We encourage and reward prevention and personal responsibility. We preserve and enhance consumer choice. We strengthen the safety net. We identify administrative streamlining measures that could save an estimated $167 million.

By extending insurance coverage to more Coloradans, we aim to minimize the "hidden tax" of uncompensated care, stabilize rising costs and improve Coloradans' health.

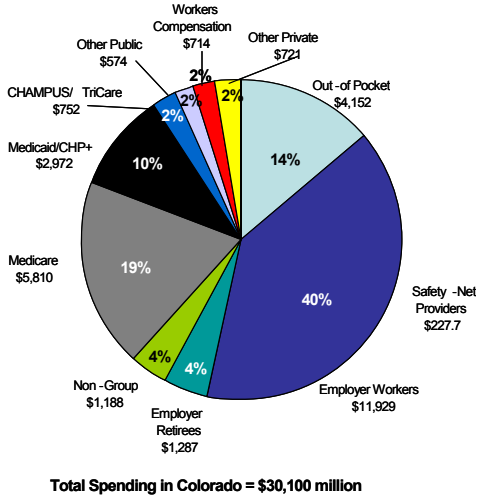
This document lays out a vision for change – a roadmap to health reform.

Highlights of the problem

The rising cost of care and coverage

- According to a report commissioned by the Commission and conducted by The Lewin Group, Colorado spends more than $30 billion annually on health care, in both public programs and private spending.

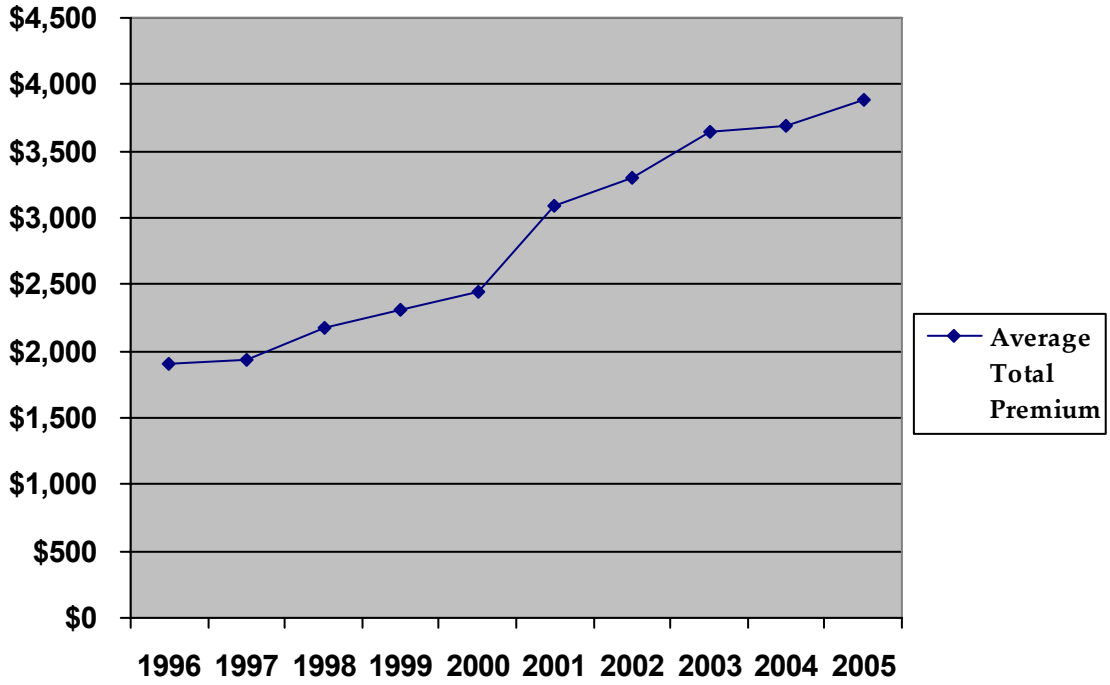
Figure 1: Health Spending in Colorado by Source of Funding



- About $1.25 billion will be spent on Colorado's uninsured in 2007-08. The uninsured pay for about half of their care out-of-pocket; the remainder is uncompensated care from doctors and hospitals, and care provided by safety net providers, workers compensation and veterans' benefits.

- Health insurance premiums have risen dramatically in recent years, outpacing overall inflation and growth in wages. As Figure 2 below shows, total premiums for employer-sponsored insurance (combined employer and employee shares) have more than doubled in Colorado between 1996 and 2005.

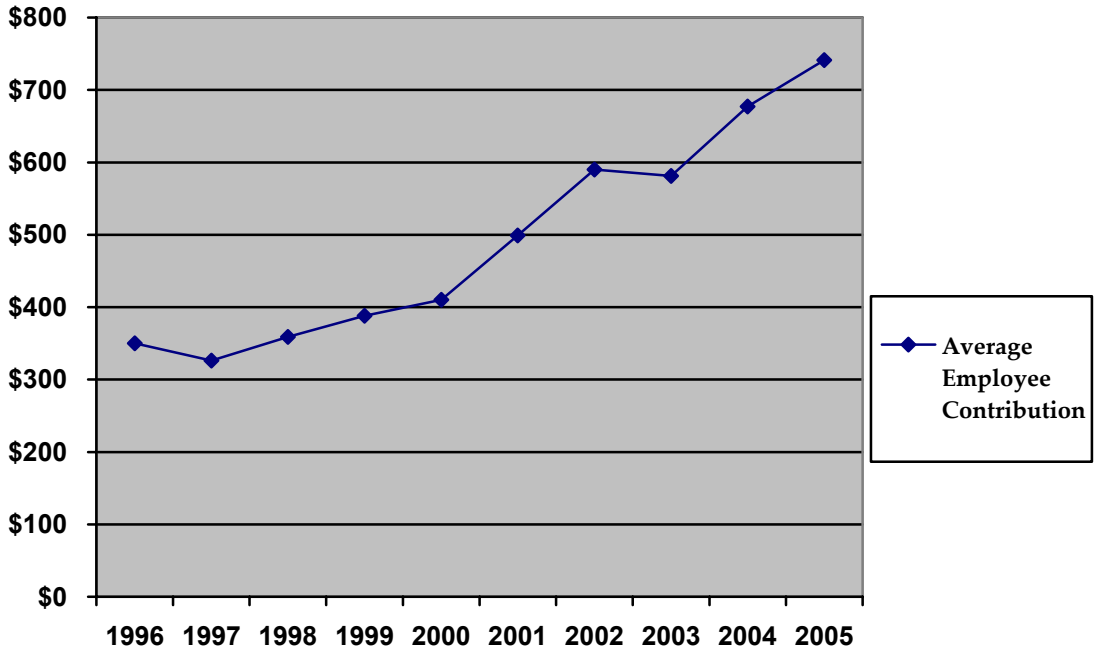
• Figure 2: Average Total Premium per Enrolled Employee for Single Coverage at Private-Sector Establishments Offering Health Insurance: Colorado[1]



[1] Agency for Healthcare Research and Quality. Average total single premium (in dollars) per enrolled employee at private-sector establishments that offer health insurance by firm size and State (Table II.C.1), years 1996-2005: 1996 (Revised March 2000), Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.jsp> (December 18, 2007)

- As premiums rise, employees are asked to pay more. As shown in Figure 3, the average total employee contribution for single coverage in Colorado increased by more than 100 percent between 1996 and 2005.

  - **Figure 3: Average Total Employee Contribution per Enrolled Employee for Single Coverage at Private-Sector Establishments Offering Health Insurance: Colorado[2]**



- A key contributor to these rising expenditures is the cost of caring for the uninsured. When people without insurance do not pay for some or all of the care they receive, providers must try to recoup their own costs by charging insurance companies more – who, in turn, pass those increases along to their members. This hidden tax is estimated to account for $934 of the average $12,000 annual family insurance premium in Colorado.[3]
- Calculations by Len Nichols of the New America Foundation, presented to the Commission in July, indicate that, due to rising premiums, the share of median family income going to health insurance more than doubled from 7.7 percent in 1987 to 19 percent in 2005.

[2] Agency for Healthcare Research and Quality. Average total employee contribution (in dollars) per enrolled employee for single coverage at private-sector establishments that offer health insurance by firm size and State (Colorado) (Table II.C.2), years 1996-2005: Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.jsp> (December 02, 2007)

[3] "The Added Cost of Care for the Uninsured in Colorado," Families USA, June 2005.

Growing numbers of uninsured

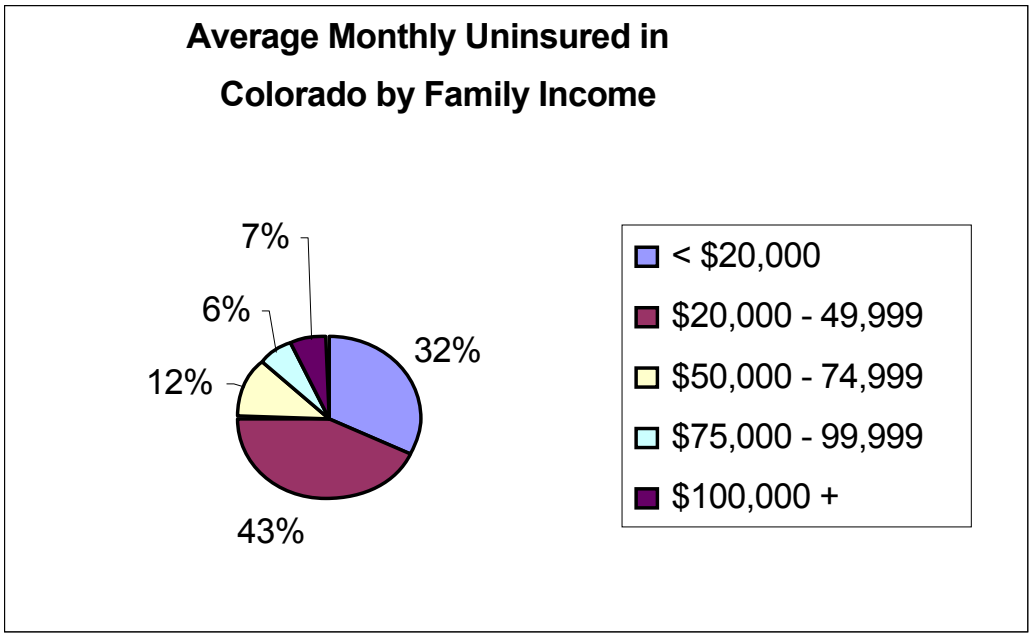
- These rising costs and resulting unaffordability of insurance have resulted in approximately 792,000 Coloradans, or **about 17 percent of our population, being uninsured in any given month in 2007, according to the Lewin Group's report.**
- In the absence of interventions, this number is likely to grow. Employer coverage, in particular, is eroding every year in Colorado, and is particularly problematic for small employers.
  - An Agency for Healthcare Research and Quality survey finds that the proportion of Colorado employers offering insurance to their workers declined from 66.5 percent in 2001 to 54 percent in 2005. The same survey shows a decline in the percentage of Colorado employees enrolling in offered coverage: from about 69 percent in 1996 to 59 percent in 2005.
  - Recent data from the Agency for Healthcare Research and Quality show that only 41 percent of Colorado businesses with fewer than 50 employees offer coverage.

Who are the uninsured?

The Lewin Group's analysis reveals important details:

- Seventy percent of the uninsured are in the workforce or are the dependent of a worker.
  - Approximately 37.5 percent of Colorado's uninsured work for firms that do not offer health coverage to their employees.
  - Approximately 21 percent are ineligible for their employer's coverage.
  - About 11 percent of uninsured workers and dependents are eligible for but do not take the coverage offered by their employer.
- The uninsured are found in all income groups (see Figure 4). Rising costs mean that more middle-income families find health insurance premiums unaffordable.
  - About 32 percent of the uninsured live in households that earn $20,000 or less annually.
  - Approximately 75 percent live in a household with an annual income of $50,000 or less.
  - Approximately 13 percent are in households that earn $75,000 or more annually; 6.5 percent earn more than $100,000 annually.

- **Figure 4: Average Monthly Uninsured in Colorado by Family Income**[4]



- Young adults are more likely than any other age group to lack insurance: about 40 percent of the uninsured are between the ages of 19 and 34.
- Close to 20 percent of the uninsured are children.
- Nearly 11 percent of the uninsured are eligible for public programs (Medicaid and the Child Health Plan Plus) but not enrolled; most of these are children.
- Approximately 21 percent of the uninsured are not citizens of the United States (either legal non-citizens or undocumented).

What do these facts tell us about what needs to be done?

- Many Coloradans can't afford health coverage without some type of assistance.
- The uninsured are a heterogeneous group. If we wish to cover Colorado's uninsured, we must employ a variety of strategies.
- We must look for ways to stabilize rising costs. For example, if we extend health coverage to more people, we can minimize the cost shift from uncompensated care that represents a "hidden tax" and contributes to escalating health insurance premiums. If we bring more healthy people into the insurance pool, we can lower the risk and thereby stabilize costs for everyone.

Highlights of the Commission's Work

With these issues as the impetus for its work, the Commission began meeting in November 2006 to fulfill its charge to extend coverage and reduce health care costs in Colorado.

[4] Lewin Group estimates using the Health Benefits Simulation Model (HBSM).

The Commission requested proposals for comprehensive health reform from interested parties statewide and received 31 responses – far more than have most other states that have used this approach, indicating the level of engagement on this issue in Colorado.

The Commission selected four proposals for technical "modeling" analysis by an independent vendor, The Lewin Group. These proposals represented a range of approaches to health reform and were designed to offer lawmakers information on a variety of options. The Commission subsequently developed a fifth proposal of its own and subjected it to the same type of evaluation as the other four proposals.

In addition, the Commission worked diligently to receive input from the public and from stakeholder groups, conducting 24 public meetings statewide and convening four Advisory Task Forces to provide focused input from business, providers, rural communities and vulnerable populations.

Philosophy Underlying the Commission's Recommendations

The Commission now submits a package of 32 recommendations for comprehensive health reform to the General Assembly.

It is important to note the unprecedented nature of this accomplishment. The fact that such a diverse group – representing a broad array of backgrounds, ideologies and interests – was able to come to agreement on these recommendations signals that real reform is, indeed, achievable.

Three of the 27 commissioners dissent from these recommendations and have prepared two minority reports. Those reports may be found in Chapter 10 of this document.

This package of recommendations is informed by Lewin's baseline analysis of current health care costs and coverage in Colorado, the modeling results of all five proposals, input received at community meetings and feedback from the Commission's Advisory Task Forces.

It also draws heavily from the Commission's fifth proposal. The estimated cost and coverage impacts of that proposal are instructive for understanding the potential impacts of this approach.

In developing its recommendations, the Commission made careful choices about how to balance competing priorities in order to best accomplish its charge of expanding access and reducing costs.

The Commission's 32 recommendations reflect certain philosophical imperatives:

- Everyone – individuals, employers, providers, insurers and the government – has a role to play in addressing Colorado's health care needs. All have a share in the responsibility; all will share in the benefits.
- "One size fits all" doesn't work in health care. People have differing income levels and health care needs, and health status can change in an instant. Communities' needs vary greatly, depending on geographic location, demographic makeup and numerous other

factors. We need a range of interventions that respond to a variety of individual and community situations.

- Some people simply cannot afford private insurance coverage. Those people should have access to public coverage or subsidies for basic health care needs.
- Safety net providers such as community clinics and hospitals play an essential role in caring for those on public programs and those without any health coverage. If we expand public programs to include more people, and as we recognize that non-citizens will continue to need care even if they do not have coverage, we must preserve and enhance safety net providers' ability to serve these populations.
- We recognize that vulnerable populations must be protected in any reform of the system. We can not jeopardize their safety or reduce or compromise current levels of services as reform moves forward.
- Individuals should have meaningful choices and options that give them control over their own care and coverage decisions.
- Government, employers and insurers should promote and encourage healthy lifestyles and preventive care. Individuals, however, have responsibility for their own health and wellness.
- Because most Coloradans have insurance, we should build on the strengths of the current system, keeping and broadening what works to minimize dislocation for those who already have good coverage, while making important changes to better meet the needs of those who currently lack affordable health coverage.
- In order to accomplish our goals, we must maximize the federal funding available to Colorado – for example, through public program expansions that will enable us to draw down the maximum federal match, and through applications for federal waivers that will enable us to try new approaches to better meet the needs of Colorado's vulnerable populations.

Key features of this package include:

- Require all legal residents of Colorado to have minimum insurance coverage ("individual mandate'). Make the mandate feasible by:
  - Expanding eligibility for public programs
  - Providing sliding-scale subsidies for low-income workers to purchase private coverage
  - Reforming the individual insurance market by requiring health plans to cover everyone who is not eligible for a restructured Cover Colorado program due to a high-cost pre-existing condition
  - Enforce the mandate through the income tax system.
- Require employers to offer pre-tax premium-only plans to facilitate employee purchase of health coverage.
- Create a "Connector" to assist individuals and small employers to understand and choose among insurance options

- Restructure, combine and expand eligibility for Medicaid and the Child Health Plan Plus (CHP+)
- Reduce administrative costs by streamlining processes and combining functions.
- Promote consumer choice and direction and encourage cost-consciousness by improving access to cost and quality information.
- Implement measures to enhance quality and improve coordination of care.
- Encourage individual responsibility for health, wellness and preventive behavior.
- Improve delivery of services to vulnerable and underserved populations through program expansions, reimbursement for telemedicine and other mechanisms.
- Fund safety net providers and public health delivery systems appropriately.

All 32 recommendations are summarized on the following pages; full details are available in Chapter 7 of this report.

Summary of the Commission's Recommendations

Introduction: Important Considerations

What follows is not merely a laundry list of recommendations. It is a comprehensive, integrated package that will only succeed in achieving the goal of expanding coverage and containing costs if viewed as a whole and implemented in the appropriate stages.

Certain essential building blocks among these recommendations must be put in place before others if those latter elements are to be successful. Therefore, the Commission has proposed a series of stages for the implementation of its recommendations. For example, the requirement for all Coloradans to have insurance works only if other measures are enacted to make coverage accessible and affordable, such as expanding public programs, creating subsidies for lower-income people to purchase private insurance and reforming the individual insurance market. Similarly, efforts to expand enrollment in public programs must be preceded by efforts to improve efficiency and increase provider participation in those programs.

Further, where flexibility exists, strategies that 1) serve vulnerable and poorest populations and 2) fix elements of the health care system that are ineffective, should be pursued before other health care reform strategies.

Readers will find specific suggestions about implementation staging in Chapter 7.

It is imperative that cost containment efforts be instituted at the outset. The Commission provides recommendations to reduce administrative costs, and also believes that minimizing the cost shift from uncompensated care will help to stabilize costs. Yet, many other factors, including the proliferation of medical technology, medical errors, medical waste due to inefficiency and other issues, contribute to rising costs. Addressing these issues requires ongoing, coordinated effort among a variety of stakeholders. The Commission believes that the Improving Value in Health Care Authority included in these recommendations can serve this role, and urges that its creation be one of the first steps in the implementation of these reforms.

Taken together, our package of recommendations offers a bold yet realistic approach to providing high quality, affordable health care to all Coloradans.

Summary of Recommendations

Part 1: Reduce Health Care Costs, while Enhancing Quality of Care

1) Slow the rate of growth of employer and private health insurance premiums by covering the uninsured and increasing Medicaid provider reimbursement rates as a means of minimizing cost-shifting.
    a. Reduce uncompensated care by covering at least 85 percent of the uninsured in Colorado, by means of the recommendations in Part 2 (below).
    b. Reduce cost-shifting by increasing Medicaid provider reimbursements (see Recommendation 22).

2) Reduce employee health insurance premium costs.
    a. Require Colorado employers to establish at least a Section 125 premium-only plan that allows employees to purchase health insurance with pre-tax dollars (see Recommendation 17a).
    b. Provide sliding scale subsidies for uninsured low-income workers below 400 percent of federal poverty level (FPL; i.e., annual income of about $80,000 for a family of four) to purchase their employer's plan (see Recommendations 17b, 19a and 19b).

3) Reduce administrative costs.
    a. Require health insurers and encourage all payers in Colorado to use standard claims attachment requirements, eligibility and coverage verification systems, electronic ID cards and prior authorization procedures; and uniform insurance application forms. Adopt nationally-recognized standards that have been accepted by industry groups but not yet implemented.
    b. Combine administrative functions of public health insurance programs (such as Medicaid, CHP+, premium subsidy program, CoverColorado).
    c. Review regulatory requirements on third-party payers and providers with the goal of reducing administrative burden.

4) Increase use of prevention and chronic care management.
    a. Where allowed by federal law, allow health insurance premiums to be reduced for enrollees who engage in healthy behaviors.
    b. Eliminate patient copayments for preventive care and reduce patient copayments for chronic care management services.
    c. Encourage employers to provide workplace wellness programs.
    d. Encourage individual responsibility for health, wellness and preventive behavior.
    e. Increase funding for local public health agencies in Colorado to perform such functions as preventing disease and injury, assessing community health and promoting healthy behavior.

5) Conduct a comprehensive review of current Colorado and national long-term care information to understand challenges and opportunities and identify appropriate strategies for reform. Resources include the SB 173 report, the report of the Developmental Disabilities Interim Committee, the SB 128 Medicaid Redesign Project and the National Clearinghouse for Long-Term Care Information.

6) Improve end-of-life care.
    a. Develop strategies to foster clinically, ethically and culturally appropriate end-of-life care, including palliative and hospice care, based upon best scientific evidence.
    b. Ask patients, upon entry to a nursing home, home health agency or other critical point of access, to complete an advanced directive.

Recommendations (continued)

Reduce Health Care Costs, while Enhancing Quality of Care (continued)

7) Commission an independent study to explore ways to minimize barriers to such mid-level providers as advanced practice nurses, dental hygienists and others from practicing to the fullest extent of their licensure and training.

8) Provide a medical home for all Coloradans.
    a. Enhance the provision, coordination and integration of patient-centered care, including "healthy handoffs."
    b. Reimburse providers for care coordination and case management, particularly in the Medicaid/CHP+ and CoverColorado programs.
    c. Provide targeted case management services for Medicaid patients.

9) Support the adoption of health information technology.
    a. Support the creation of a statewide health information network, focusing on interoperability and building upon regional efforts already in place for sharing data among providers.
    b. Support the creation of an electronic health record for every Coloradan, with interoperability across health plans and hospitals systems and protections for patient privacy.

10) Support the provision of evidence-based medicine.
    a. Adopt population-specific care guidelines and performance measures, where they exist, based on existing national, evidence-based guidelines and measures, recognizing the importance of patient safety and best care for each patient.
    b. Develop a statewide system aggregating data from all payer plans, public and private

11) Pay providers based on quality.
    a. Pay providers based on their use of care guidelines, performance on quality measures, coordination of patient care and use of health information technology.

12) Ensure that information on insurer and provider price and quality is available to all Coloradans and that it is easily accessible through a single entry point (e.g., a Web site).
    a. Make information on insurer and provider price and quality available to all Coloradans and that it is easily accessible through a single entry point.
    b. Require the Colorado Division of Insurance (DOI) to report annually to the legislature regarding financial information on licensed carriers and public programs, including medical loss ratios, administrative costs, etc, by line of business; require Medicaid, CHP+, CoverColorado and other public programs to provide DOI with this information; and require brokers to report their compensation to their clients.

13) Promote consumer choice and direction in the health care system.
    a. Provide a choice of Minimum Benefit Plans, including a Health Savings Account option, for all consumers purchasing in the individual insurance market (see Recommendation 20).
    b. Create a Connector for individuals and employees (see Recommendation 18).
    c. Increase price and quality transparency (see Recommendation 12).
    d. Provide consumers with evidence-based medical information at the point of service to aid in decision-making through patient-centered care.

14) Examine and expand the efforts of Colorado communities that have been proven over the years to enhance quality and lower cost.

Recommendations (continued)

Reduce Health Care Costs, while Enhancing Quality of Care (continued)

15) Create a multi-stakeholder "Improving Value in Health Care Authority."
    a. Before implementing the coverage expansions identified in Section 2, the state should establish an Improving Value in Health Care Authority to fundamentally realign incentives in the Colorado health care system to reduce costs and improve outcomes, and identify other means of containing systemic cost drivers.
    b. Give the Authority rule-making authority to implement the Commission's recommendations regarding administrative simplification (Recommendation 3), health care transparency (Recommendation 12), design of the Minimum Benefit Package (Recommendation 16b) and the Consumer Advocacy Program (Recommendation 28).
    c. Direct the Authority to study and make recommendations to the governor, state legislature and rule-making agencies regarding prevention (Recommendation 4), end-of-life care (Recommendation 6), medical homes (Recommendation 8), health information technology (Recommendation 9), evidence-based medicine (Recommendation 10) and provider reimbursement (Recommendation 11).
    d. Direct the Authority to oversee development of a statewide system aggregating data from all payer plans, public and private, building upon regional systems or efforts already taking place for sharing data among providers (Recommendation 10b).
    e. The Authority also should be responsible for assessing and reporting on the effectiveness of reforms, especially their impact on vulnerable populations and safety net health care providers.
    f. Establish the Authority before embarking on the improvements to coverage and access described in Part 2.

Part 2: Improve Access to Care, with Mechanisms to Provide Choices

16) Require every legal resident of Colorado to have at least a Minimum Benefit Plan, with provisions to make the mandate enforceable.
    a. Require purchase of a Minimum Benefit plan (average monthly premium of approximately $200 for an individual).
    b. Design and periodically review the Minimum Benefit Plan through the "Improving Value Authority."
    c. Provide an affordability exemption or consider another mechanism for addressing affordability, such as extending the premium subsidy program to a higher income level. Assuring affordability should include consideration of both premium and out-of-pocket costs.
    d. Enforce through tax penalty; automatically enroll those who are eligible into fully-subsidized public coverage programs.

17) Implement measures to encourage employees to participate in employer-sponsored coverage.
    a. Require Colorado employers to establish premium-only Section 125 plans that allow employees to purchase health insurance with pre-tax dollars.
    b. Provide subsidies for uninsured low-income workers below 400 percent FPL (approximately $80,000 annual income for a family of four) to purchase their employer's plan.
    c. Enforce waiting periods (minimum periods of being uninsured) for eligibility for the premium subsidy program, to discourage employers and employees from dropping employer coverage to enroll in public programs; create exceptions for involuntary loss of coverage, COBRA coverage, or qualifying events, such as marriage or birth.

Recommendations (continued)

Improve Access to Care, with Mechanisms to Provide Choices (continued)

18) Assist individuals and small businesses and their employees in offering and enrolling in health coverage through creation of a "Connector."

19) Maximize access to/enrollment in private coverage for working lower-income Coloradans who are not offered coverage at the workplace.
    a. Provide premium subsidies to workers who are not offered coverage at the workplace who earn less than 300 percent FPL (approximately $60,000 annual income for a family of four) for purchase of private health insurance equivalent to CHP+ benefit package.
    b. Provide premium subsidies to individuals and families who earn between 300-400 percent FPL (between $60,000-$80,000 annual income for a family of four) such that their premium cost of the Minimum Benefit Plan is no more than 9 percent of their income. (The same subsidy would be available to workers with access to coverage at the workplace.)
    c. To facilitate enrollment and reduce fraud, use auto enrollment strategies that use existing state data to determine subsidy eligibility (e.g., tax, wage, and nutrition program information).

20) Require all health insurance carriers operating in Colorado to offer a Minimum Benefit Plan in the individual market
    a. Require all health carriers offering health insurance in Colorado to offer a Minimum Benefit Plan in the individual market, with an emphasis on value-based and consumer-directed benefit design. (Note: The Commission is not dictating specifics of the Minimum Benefit Plan.)

21) Guarantee access to affordable coverage for Coloradans with health conditions (implement in conjunction with Recommendation 16).
    a. Require health insurance companies to issue coverage (guarantee issue) to any individual or family who applies for individual health insurance and who is not eligible for the restructured CoverColorado program due to a high-cost pre-existing condition ("qualified applicant").
    b. Allow health insurance companies to set premiums for these individuals and families based on their age and geographic location; disallow the consideration of past and current health conditions.
    c. Restructure CoverColorado to cover those who apply for coverage, have a specified high-cost health condition as defined by the newly expanded program, and are not eligible for Medicaid, CHP+ or a premium subsidy. Finance CoverColorado to ensure that premiums are equal to the standard rates in the individual market.

22) Merge Medicaid and CHP+ into one program for all parents, childless adults and children (excluding the aged, disabled and foster care eligibles).
    a. Pay health plans at actuarially-sound rates and providers at least CHP+ rates in the new program.
    b. For all other Medicaid enrollees, ensure that physicians are reimbursed at least 75 percent of Medicare rates.
    c. Provide the CHP+ benefit and cost-sharing package, including dental, to enrollees in the new program. Provide access to a Medicaid supplemental package, including early and periodic screening, diagnosis and testing (EPSDT) for children, for those who need Medicaid services.
    d. Provide dental coverage up to $1,000 per covered person per year.
    e. Require enrollment in managed care, where available.

Recommendations (continued)

Improve Access to Care, with Mechanisms to Provide Choices (continued)

23) Improve benefits and case management for the disabled and elderly in Medicaid.
    a. Encourage enrollment of the aged and disabled into integrated delivery systems that have incentives to manage and coordinate care.
    b. Promote care delivery in a consumer-directed, culturally competent manner to promote cost-efficiency and consumer satisfaction.
    c. Increase the number of people served by the home- and community-based programs equal to the number of people on the current waiting list for these services (see Recommendation 24c).
    d. Explore potential for further reforms to Medicaid, particularly for those who are disabled (see Appendix 10).

24) Improve delivery of services to vulnerable populations.
    a. Create a Medicaid buy-in program for working disabled individuals.
    b. Create a Medically-Correctable fund for those who can return to work or avoid institutionalization through a one-time expense.
    c. Increase number of people served by the home- and community-based programs equal to the number of people on the current waiting list for these services.
    d. Provide mental health parity in the Minimum Benefit Plan (Recommendation 20).
    e. Establish a Medically-Needy or other catastrophic care program for those between 300-500 percent FPL ($30,000-$50,000 annual income for an individual) to address the issue of people who have health insurance but do not have coverage for catastrophic events (fund at $18 million in state funds).

25) Expand eligibility in the combined Medicaid/CHP+ program to cover more uninsured low-income Coloradans.
    a. Expand Medicaid/CHP+ to cover all uninsured legal residents of Colorado under 205 percent FPL (approximately $42,000 annual income for a family of four).
    b. Expand CHP+ to cover children in families earning up to 250 percent FPL (approximately $51,000 annual income for a family of four).
    c. Provide assistance with premiums and co-payments to low-income, elderly Medicare enrollees up to 205 percent FPL(approximately $21,000 annual income for an individual).
    d. Restrict the expansion to adults with less than $100,000 in assets, excluding car, home, qualified retirement and educational accounts, and disability-related assets.
    e. Work with the federal government to ensure federal funding for low-income childless adults; do not fund expansion through reduction of services to current Medicaid and CHP+ eligibles.

26) Ease barriers to enrollment in public programs.
    a. Use automatic enrollment strategies to increase enrollment, reduce fraud and lower administrative costs; pursue presumptive eligibility where possible.
    b. Provide one-year continuous eligibility to childless adults, parents, and children in the newly merged Medicaid/CHP+ program.

Recommendations (continued)

Improve Access to Care, with Mechanisms to Provide Choices (continued)

27) Enhance access to needed medical care, especially in rural Colorado where provider shortages are common.
    a. Continue to pay all qualified safety net providers enhanced reimbursement for serving Medicaid patients.
    b. Explore ways to minimize barriers to such mid-level providers as advanced practice nurses, dental hygienists and others from practicing to the fullest extent of their licensure and training.
    c. Promote and build upon the existing statewide nurse advice line.
    d. Expand telemedicine benefits for Medicaid and CHP+ enrollees, especially in rural areas.
    e. Develop and expand mechanisms to recruit and retain health care workers who will provide services in underserved areas of Colorado, such as state-based loan repayment, loan forgiveness programs, tax credits and other approaches.

28) Create a Consumer Advocacy Program including an Ombudsman Program.
    a. Create a program that is independent and consumer-directed to guide people through the system, resolve problems, provide assistance with eligibility and benefit denials, help qualify people on Medicare for Medicaid and help people qualify for SSI.

29) Continue to explore the feasibility of giving Coloradans the option to enroll in coverage that will stay with them regardless of life changes, such as the Optional Continuous Coverage Portable Plan that the Commission modeled.

30) Continue to explore the feasibility of allowing employers to offer 24-hour coverage (e.g., all of an employee's health needs, including health and workers compensation claims, are covered by a single insurer).

PART 3

31) Adopt these recommendations as a comprehensive, integrated package but do so in stages, increasing efficiency and assuring access before expanding coverage.

PART 4

32) Dissolve the Commission once its final report is made to the General Assembly January 31, 2008.