

The Honorable Governor Jared Polis
The Honorable Lieutenant Governor Dianne Primavera
State Capitol, Room 136
Denver, CO 80203

January 9, 2019

Dear Governor Polis and Lieutenant Governor Primavera,

Congratulations on your recent inauguration! We are excited to work with you to find new opportunities to improve the health and well-being of all Coloradans. As you know, Colorado's health care stakeholders have a tradition of close collaboration and partnership with each other and with Colorado's governors and state department leadership. As a result of collaboration and hard work, Colorado has a solid foundation from which to now build upon.

- ✓ **Expanded Coverage to 93.5% of Coloradans**¹ According to the most recent published data we have reduced the uninsured rate from 15.8 percent in 2011 to just 6.5 percent in 2017. Only 4% of our state's children are uninsured.
- ✓ **Increased Access to Integrated Medical Homes** We have dramatically increased the number of Coloradans with access to comprehensive physical, behavioral and oral health services all under one roof in their medical home. Our State Innovation Model (SIM) brought federal funds to offer integrated primary care and mental health and substance use disorder (SUD) services in health settings across the state.
- ✓ **Built Essential Infrastructure** We built the All-Payers Claims Database (APCD) and two health information exchanges allowing us to share data and engage in sophisticated analytics to improve the quality of care for consumers and find new efficiencies in the health system. With bi-partisan support, we created the Accountable Care Collaborative (ACC), a nationally-recognized Medicaid delivery system which serves 1.3M Coloradans and has saved millions of dollars in health care costs. We established Connect for Health Colorado, a state-run health insurance exchange that facilitated coverage purchases for 156,000 Coloradans in 2018. And our cross-payer initiatives are beginning the hard work of aligning payment and quality systems across providers and health insurance markets.
- ✓ **Bolstered Prevention Efforts & Became a National Leader in Family Planning** We reduced Colorado's unintended pregnancy rate by 60%, began screening for depression in clinics statewide, and our communities are receiving more tobacco cessation tools.

We are proud of these accomplishments, but know that much work lies ahead. While each of our organizations will engage with you independently, we write to you today with one voice to encourage you to implement your vision for moving Colorado boldly forward by:

- Fostering collaboration in health care—across stakeholder groups and political parties—to craft practical and actionable solutions that are informed by consumer, provider, and community experience; are tailored to the unique needs of different populations; and address needs across the lifespan;
- Leveraging our existing health delivery systems and data sharing infrastructure to build upon the solid foundation that has been established through hard-won reforms of the last decade;

¹ Based on best available data for Colorado. National data indicates that uninsured rates began to rise in 2017.
<http://files.kff.org/attachment//fact-sheet-key-facts-about-the-uninsured-population>

- Taking a thoughtful approach that acknowledges and addresses the interconnected nature of the health care system and avoids unintended ripple effects of rushed or sweeping reforms; and
- Striking a careful balance between reducing unnecessary costs in the system and preserving access to high-quality, comprehensive health services.

The Affordable Care Act (ACA), which helped to dramatically decrease our uninsured rate in Colorado, remains under constant threat from Washington, D.C. and in federal courts across our country. And even though Colorado took complete advantage of the law that expanded coverage to thousands of our residents and brought innovation to care delivery, many Coloradans still struggle with health care costs. In 2017, 78.4% of the uninsured cited cost as the reason for lacking coverage² and according to a 2018 poll, eight in 10 (80%) Coloradans say lowering health care costs is at least “very important” for the state government to address.³

Reducing costs, while still preserving access to high-quality, comprehensive health services, is a challenge that will require all hands on deck. We appreciate the commitment your Administration has already made to health by developing your 100-day Roadmap for Lowering Health Care Costs for Families and Small Business (Roadmap). We are here to join you on this journey and see many opportunities to leverage our existing infrastructure and lessons from the past decade to assist your Administration in accomplishing your health priorities. These are our shared priorities, aligned to your vision.

Ensuring access to affordable, high-quality health care coverage for all Coloradans: Our coverage work is not yet done. We request that your Administration—in your efforts towards coverage for all—join us in protecting and strengthening the ACA. Colorado faces significant geographic disparities in health insurance coverage, with our northwest mountain communities facing uninsured rates as high as 13.1%.⁴ Equally alarming is the fact that, for the first time since the Affordable Care Act (ACA) was implemented, the **number of uninsured increased by more than half a million nationwide in 2017**.⁵ Over the last year, federal efforts like the proposed changes to the “public charge” rule and state level changes to income verification requirements have resulted in significant drops in Medicaid enrollments in Colorado. We must keep Coloradans enrolled in programs they are eligible for, while also finding innovative new solutions to provide coverage for uninsured populations.

Keep Eligible Coloradans Covered: Of Colorado's 441,000 uninsured adults under age 65, an estimated 252,000 are eligible for existing coverage benefits⁶ If the proposed changes to the public charge rule are finalized, the Colorado Health Institute projects that 75,000 of Coloradans will drop their coverage; **the percent of children without health insurance coverage in Colorado will double**. We ask that your administration actively fight proposals from Washington that would result in coverage losses and lead our community in a targeted education campaign to help families stay enrolled.

Embrace Innovative New Approaches to Coverage: There are many creative proposals to address our remaining uninsured populations, including state-based coverage programs and a new state-funded program to cover parents and children without proper documentation that would otherwise qualify for Medicaid or Child Health Plan Plus. When exploring these innovative new approaches, it will be

² <https://www.coloradohealthinstitute.org/research/colorado-health-access-survey>

³ <https://www.coloradohealth.org/reports/coloradans-perspectives-health-quality-life-and-midterm-elections>

⁴ <https://www.coloradohealthinstitute.org/research/colorados-eligible-not-enrolled-population-continues-decline>

⁵ <http://files.kff.org/attachment//fact-sheet-key-facts-about-the-uninsured-population>

⁶ <https://www.coloradohealthinstitute.org/research/colorados-eligible-not-enrolled-population-continues-decline>

important to bring consumers and the stakeholder community together to review all options and determine the best approach.

Address Workforce Shortages: As you mentioned in your Roadmap, Colorado's workforce shortage acts as a barrier to access to care for all Coloradans. Our state is facing a significant shortage of all types of health providers from primary care to mental health and SUD providers to other types of specialty care providers. We stand ready to work with you to find creative solutions to alleviate shortages across the health system, including working with the Colorado Department of Public Health and Environment (CDPHE) to expand the Colorado Health Services Corps loan program for all providers. Beyond loan repayment, we ask you to join us to seek new and creative ways to recruit and retain a sustainable workforce in rural and frontier communities.

Expand access to mental health and substance use disorder services: We have engaged in many successful efforts to address behavioral health in our state in recent years. Still, we have more work to do. We are happy to see that your Roadmap identifies many of the changes we can make to begin to address this critical need. First, our state's health plans should make every effort to enroll all providers qualified and willing to provide behavioral health services in their networks. Reimbursement for services rendered should be sufficient and timely. Also, we should be sure to adequately fund our new state ombudsman for behavioral health access and enforce mental health parity laws across both public and private coverage. The opioid epidemic has brought new attention to addressing all SUD, including heroin, methamphetamine and alcohol addiction, across our state. Many promising new efforts are underway to combat SUD. Additional steps your administration should consider include further integration of SUD and behavioral health services in medical homes; decriminalizing opioid use disorder and diverting persons suffering from SUD from jails into treatment; expanding medication assisted treatment; implementing an effective new SUD inpatient rehabilitation benefit; and engaging in a public health education campaign that promotes youth resiliency, reduces the stigma of mental health conditions and increases awareness of the dangers of opioids and other substances.

Increase transparency and empower consumers: We have heard your call for increased transparency of health care costs and agree that clarity on pricing, if done thoughtfully and in a consumer-friendly way, can empower patients to make well-informed health care choices. However, this is a place where nuance and structure are particularly important to ensure useful results. Please include our state's providers, patient advocates and policy experts when developing transparency policies and consider how existing tools like the APCD can be strengthened and leveraged as part of any solution.

Address rural health care: We appreciate your call to implement a reinsurance program in Colorado. Other states have proved that reducing the risk to insurers of covering high-cost claims will help protect consumers from prohibitive premium increases. Of course, the details of how to finance such a program require careful consideration. We urge stakeholder engagement on your reinsurance proposal development and encourage you to also explore other possible solutions to reducing underlying health care costs. Telehealth is a powerful tool to connect rural Coloradans to vital services. With nearly every Colorado community now connected to broadband services, we should make sure our payment models cover the costs of telehealth. We support your call to expand school-based clinics in rural areas. Meeting families where they are, in schools or other community hubs, is often the best way to help them access primary and behavioral health care.

Engage in smart payment reform that doesn't break the system: Payment reform, done right, is an excellent lever to improve health outcomes for patients. And when the correct Alternative Payment Models (APM) are selected and aligned across providers and payers, with appropriate flexibility to meet the unique needs of each patient, cost savings across the health system can be realized.

Finding the Right Payment Reform Approach: There are many different tools in the payment reform toolbox. The right APM will vary depending on the health care setting, type of provider, the patient’s acuity and unmet social needs. This is an area that requires careful consideration and differentiated strategies depending on provider type. Equally important to selecting the right APMs is aligning these payment reforms across the system. With the advent of the Accountable Care Collaborative, SIM, the Hospital Transformation Program and other innovations, our state has introduced dozens of new process and quality measures tied to their own respective APMs. This has led to significant administrative burden and confusion for providers and has failed to provide the right financial incentives for providers to integrate services and coordinate care. Your administration has the opportunity to refine programs and introduce consistent value-based payment structures to better align quality and payment. Together we can identify the right payment approaches that will improve patient health outcomes, reduce provider burn-out and improve system efficiency.

Data Interoperability: Effective APMs are not possible without data interoperability. While we have health information exchange infrastructure and a treasure trove of medical claims data at the APCD, we still face significant challenges in exchanging and using data. Additionally, we lack data around social determinants of health and providers do not have a complete picture of the unique needs and life circumstances of their patients. Your Administration can take the lead on this by driving new efforts for data interoperability across state departments and counties. This work can quickly filter down to community-based providers and will significantly advance partnership. Advanced data analytics using all these data sources can also support state and community-based population health efforts.

Timely and Accurate Payment Systems in Medicaid: Thank you for making secure Medicaid reimbursement a top priority of your Administration. Over the years, we have experienced persistent system problems that have resulted in inaccurate and/or delayed Medicaid reimbursement to providers. At times, the reimbursement problems were so significant that some providers were nearly forced to close their doors. Unfortunately, these challenges persist for some providers and plans doing business with Medicaid and deter new providers from serving the Medicaid population. We urge your Administration to invest the appropriate resources to resolve issues and maximize efficiencies in the reimbursement system at HCPF so that we can preserve the network we have today and recruit new providers to fill the remaining gaps in the Medicaid.

Leverage the expertise and support of consumers and stakeholders: Thank you for your efforts during the campaign and after your election to reach out to our stakeholder community and receive our feedback on various health care issues. We look forward to continuing our dialogue and helping your administration achieve your goals. We will also begin a dialogue soon with the Executive Director of HCPF to offer our hand in partnership and share our recommendations for policy priorities.

Sincerely,

American Academy of Pediatrics - Colorado Chapter

Center for Health Progress

Bell Policy Center

Centura Health

Caring for Colorado Foundation

Children's Hospital Colorado

Colorado Academy of Family Physicians

Colorado Access

Colorado Behavioral Healthcare Council

Colorado Center on Law and Policy

Colorado Children's Campaign

Colorado Children's Immunization Coalition

Colorado Community Health Network

Colorado Consumer Health Initiative

Colorado Cross-Disability Coalition

Colorado Hospital Association

Colorado Medical Society

Colorado Providers Association

Community Health Partnership

CORHIO

Delta County Memorial Hospital

Delta Dental of Colorado

Delta Dental of Colorado Foundation

Denver Health

HealthONE

Lincoln Community Hospital and Care Center

LiveWell Colorado

Mental Health Colorado

Mt. San Rafael Hospital

NARAL Pro-Choice Colorado

Padres & Jovenes Unidos

Platte Valley Medical Center

Rio Grande Hospital

Rose Community Foundation

SCL Health

Southwest Center for Independence

The Colorado Health Foundation

Together Colorado

Tri-County Health Department

UCHealth

CC: Lisa Kaufmann, Chief of Staff to Governor Polis
Crestina Martinez, Chief of Staff to Lt. Governor Primavera
Eve Lieberman, Chief Policy Advisor and Legislative Counsel
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David Oppenheim, Legislative Director
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