

Health Care Policy & Financing SMART Act Hearing

Senate Health, House Health Insurance,
House Public Health Committees

January 22, 2021

Department Overview: Our Programs, Members & Financing

HCPF Organizational Chart

Kim Bimestefer, Executive Director

Emily Eelman, Chief of Staff
Chris Underwood, Deputy Chief of Staff

**Medicaid
Operations
Office**

**Ralph Choate,
Director**

**Office of
Community
Living**

**Bonnie Silva,
Director**

**Health
Programs
Office**

**Tracy
Johnson,
Medicaid
Director**

**Finance
Office**

**John
Bartholomew,
Director**

**Health
Information
Office**

**Parrish
Steinbrecher,
Director**

**Policy,
Comms &
Admin.
Office**

**Tom Massey,
Director**

**Cost Control &
Quality
Improvement
Office**

**Anne Saumur,
Director**

**Pharmacy
Office**

**Tom Leahey,
Director**

Programs We Offer



Health First Colorado



Child Health Plan *Plus*



Buy-In Programs



The Colorado Indigent
Care Program



Long-Term Services and
Supports



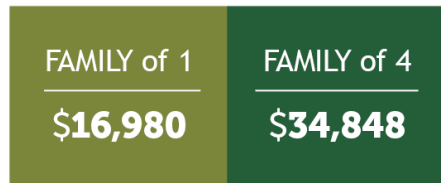
Dental Program

Health First Colorado: Who is Covered and What Does it Cost?

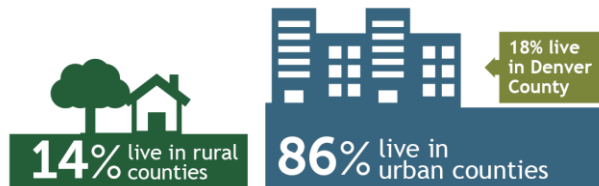
1 in 4 Coloradans & 44% of all births*

*Includes Health First Colorado and Child Health Plan *Plus* (CHP+), Calendar year 2019

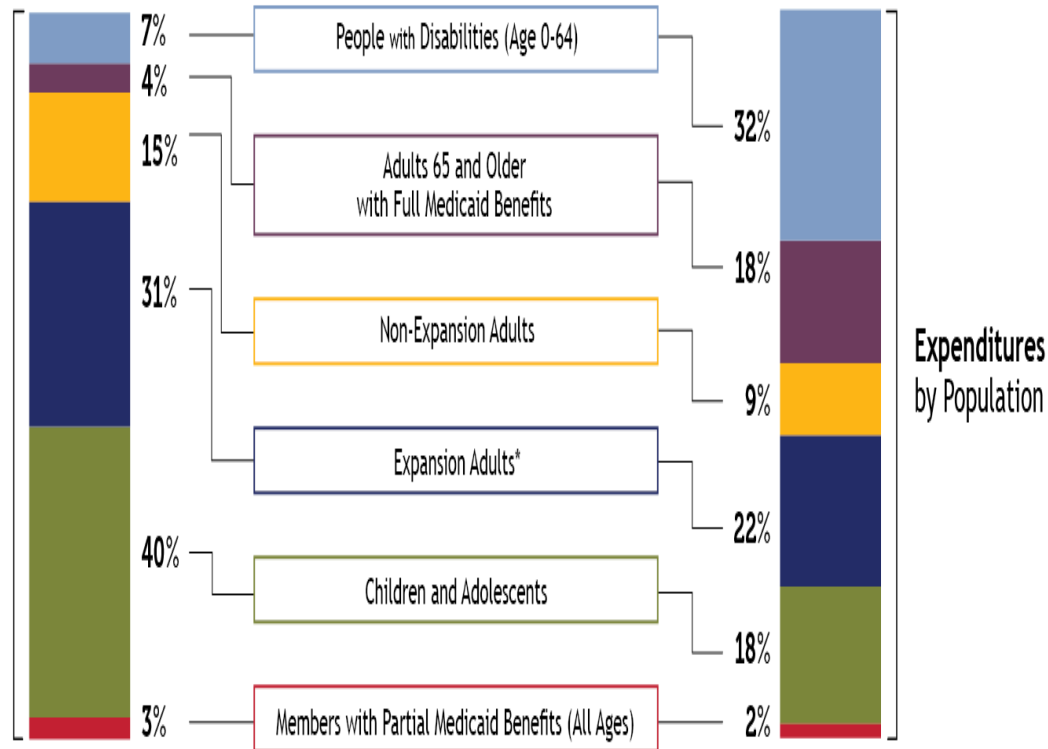
2020 FEDERAL POVERTY LEVELS by Family Size*



*Some earning more may still qualify



Populations



Who Receives Long-Term Services and Supports?

13%



Children & Adolescents

ages 21 & younger
& qualifying former
foster care youth

45%



Adults

ages 22-64

42%



Older Adults

ages 65 or older

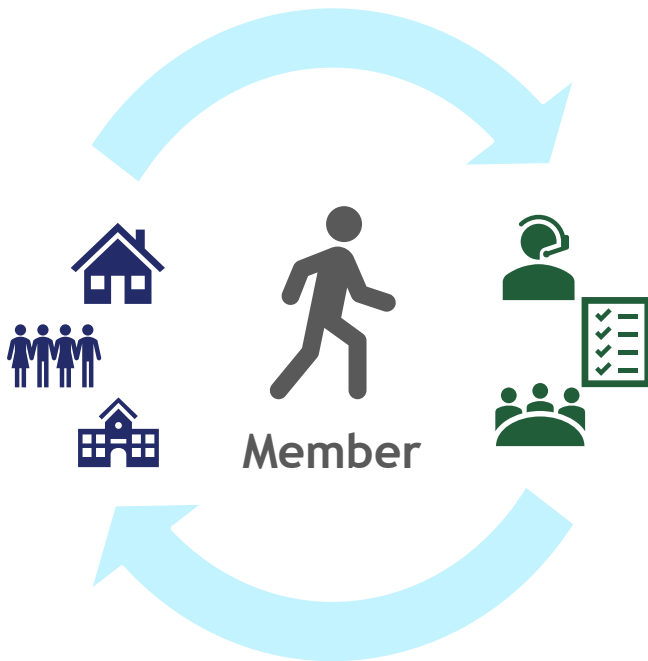
Cross Disability

- **Physical Disabilities** - i.e., Spinal Cord Injury, Parkinson's disease
- **Cognitive Disabilities** - Intellectual & Developmental Disabilities (I/DD), Brain Injury, Dementia
- **Mental Health**
- 84% have a **chronic condition** (compared to the 41% of the rest of the Medicaid); 31% have five or more of them

Long-Term Services and Supports System

Direct Services

- At home
- In community
- In facilities



Case Management

- Community Centered Boards (CCBs)
- Single Entry Points (SEPs)
- Private Agencies
(Children's Home and Community-Based Services Waiver (CHCBS) Only)

Child Health Plan *Plus* (CHP+)

2020 Federal Poverty Levels by Family Size*

Family of 1	Family of 2 (includes Pregnant People)	Family of 4
\$33,180	\$44,832	\$68,124

*Some earning more may qualify

CHP+ Enrollment FY 2019-20



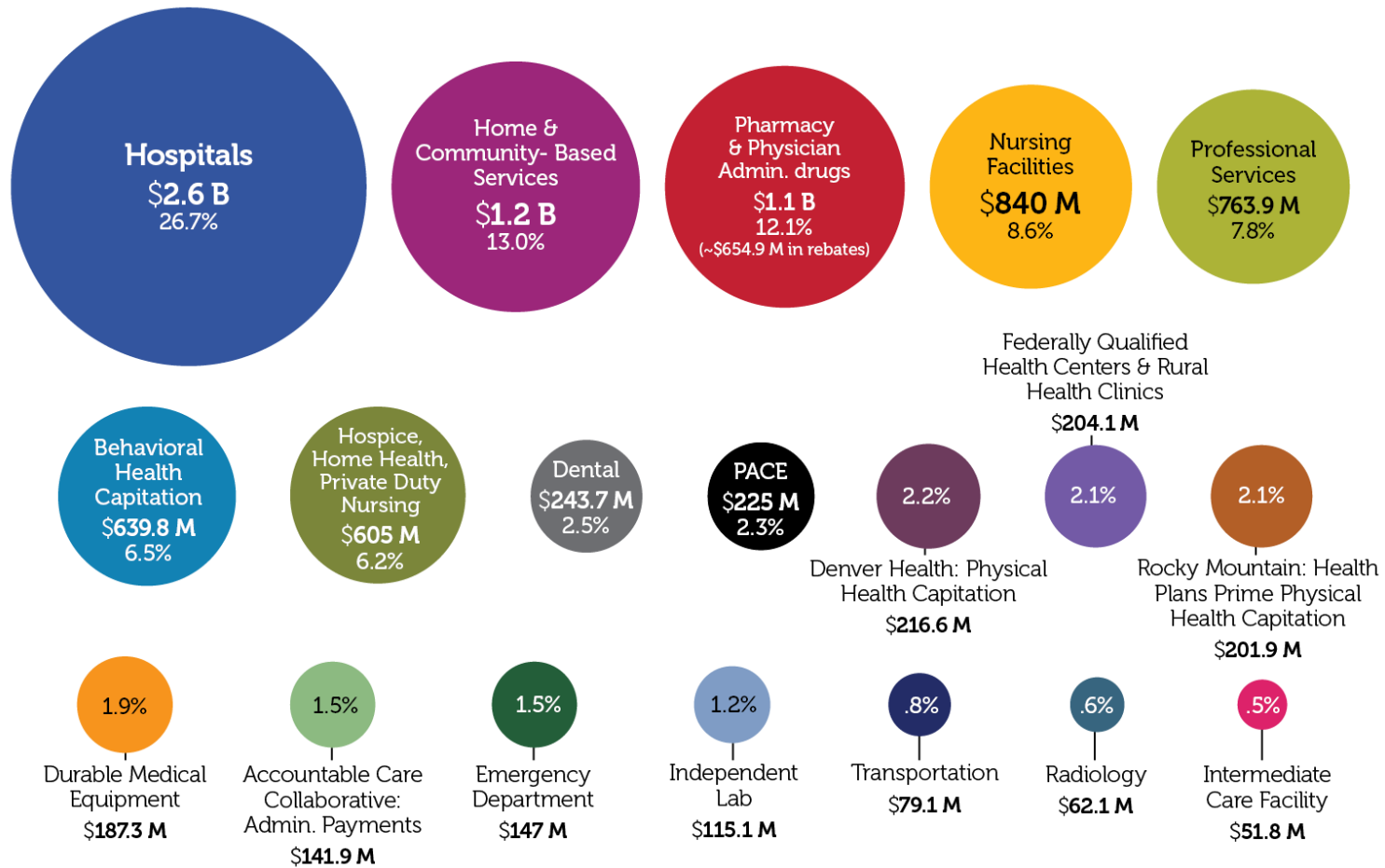
77,000+

Children & Pregnant People

CHP+ Health Maintenance Organizations (HMO):

- Colorado Access
- Colorado Choice Health Plans
- Denver Health Medical Plan
- Kaiser Permanente
- Rocky Mountain HMO
- State Managed Care Network

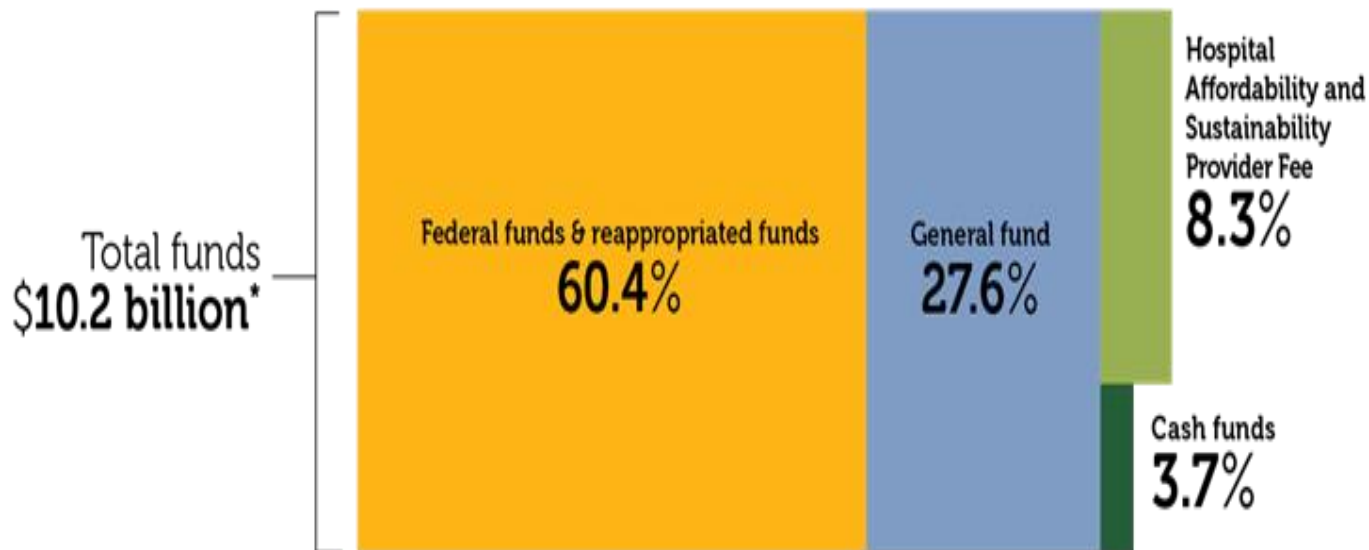
Health First Colorado Spend by Provider Type



Financing Our Programs: Funding Sources

Department Expenditures by Fund

Fiscal year 2019-20



*Includes all services and administrative line items including Colorado Indigent Care Program and Old Age Pension.

In Fiscal Year 2019-20,
the Department Paid:

**\$9.7
Billion**
IN SERVICES

FOR

**1.21
Million**
PEOPLE

Numbers are approximate. Health First Colorado
and Child Health Plan Plus expenditures only.

COVID-19 Impact & Response

Battling COVID-19, Data to 1/18/2021

THANK YOU Hospitals & Health Care Workers!

United States:

24.1M total cases

399,441 deaths

Colorado:

Cases: 376,171

Deaths due to COVID: 4,502

Deaths Among Cases: 5,386

Vaccines Dispensed

1st Dose: 278,686

2nd Dose: 49,744

CO Contagious: 1 in 114



Priorities: Continue to Drive Messaging

1. Socially distance. Wear your mask. Wash your hands.
2. Limit gatherings. Stay disciplined.
3. Vaccine distribution messaging and clarity
4. >120 operational memos and >100 stakeholder meetings

Shout out!



Protecting Our Most Vulnerable Through a Residential Strike Force

***Recognized by
AARP as a national model***

Importance of this work is clear.

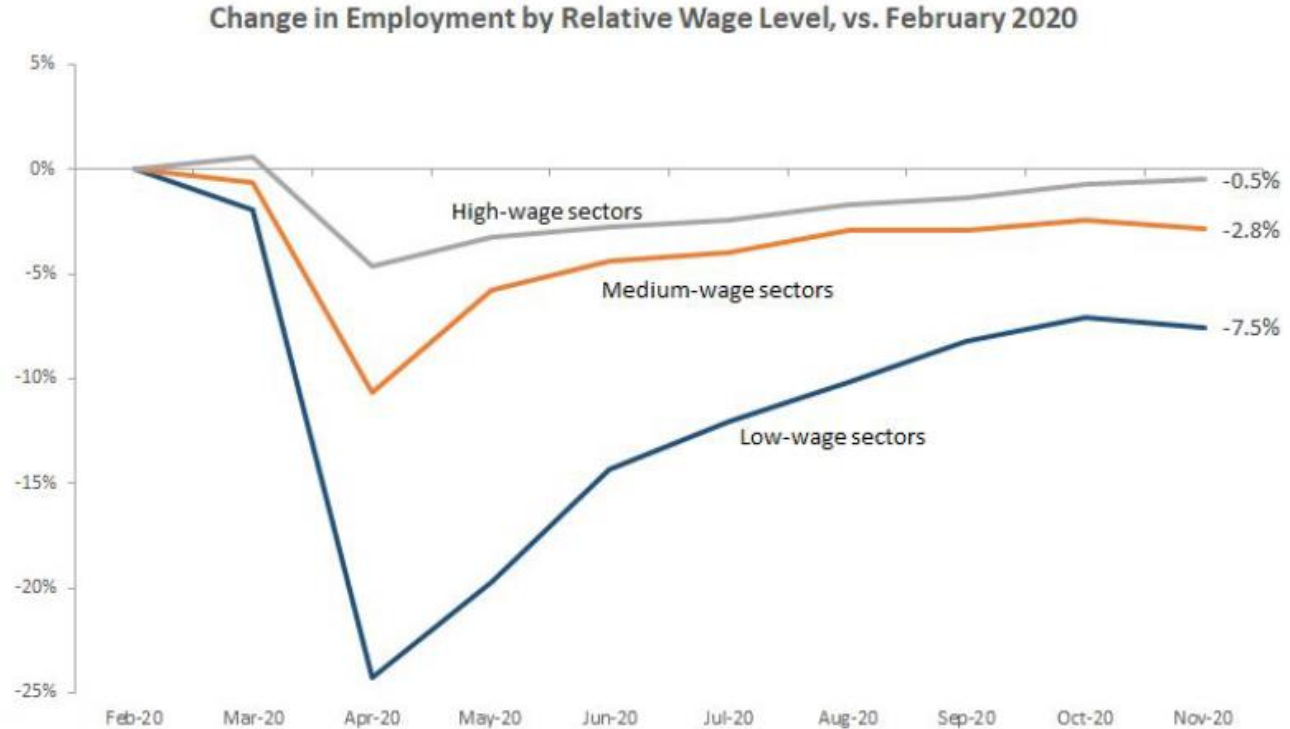
Over 42.5% of COVID-19 deaths are in nursing homes and other residential care settings. Through 1/18/21, 559 residential care facilities have had an outbreak, 10,007 residents and 9,017 staff have tested positive for COVID-19. Tragically 1,914 residents have passed away.



COVID-19's Impact: 672k Coloradans Received Unemployment Insurance March-Oct (22% of 2019 workforce); Now ~253k on UI. *Low wage workers hit hardest.*

Unemployment Rate in Colorado:

Feb: 2.5%
Mar: 5.2%
Apr: 12.2%
May: 10.2%
Jun: 10.6%
Jul: 7.4%
Aug: 6.7%
Sep: 6.4%
Oct: 6.4%
Nov: 6.4%



COVID-19 Public Health Emergency

- The Federal government dictates timing and length of the PHE.
- PHE was extended on 1/8 by HHS eff 1/21/21. Extensions can be up to 90 days each time.
- PHE allows states flexibility for emergency policies.
- HCPF has asked HHS for advance notice of future changes and time to process "locked in" renewals.
- Updates are posted to [Colorado.gov/hcpf/phe-planning](https://colorado.gov/hcpf/phe-planning)

Last day of the PHE (chart assumes <u>full</u> 90 days extension starting)...	Then State Plan Amendments (SPAs), 1135 Waivers, and Optional Uninsured Testing Group Ends	Then Continuous Coverage Requirement Ends	Then Maintenance of Effort (MOE) Requirement keep Eligibility Levels & Benefits the Same, Enhanced 6.2% FMAP Ends
April 20, 2021	April 21, 2021	April 30, 2021	June 30, 2021

Appendix K currently expires March 9, 2021. HCPF has requested an extension of this date to 6 months after the expiration of the PHE.

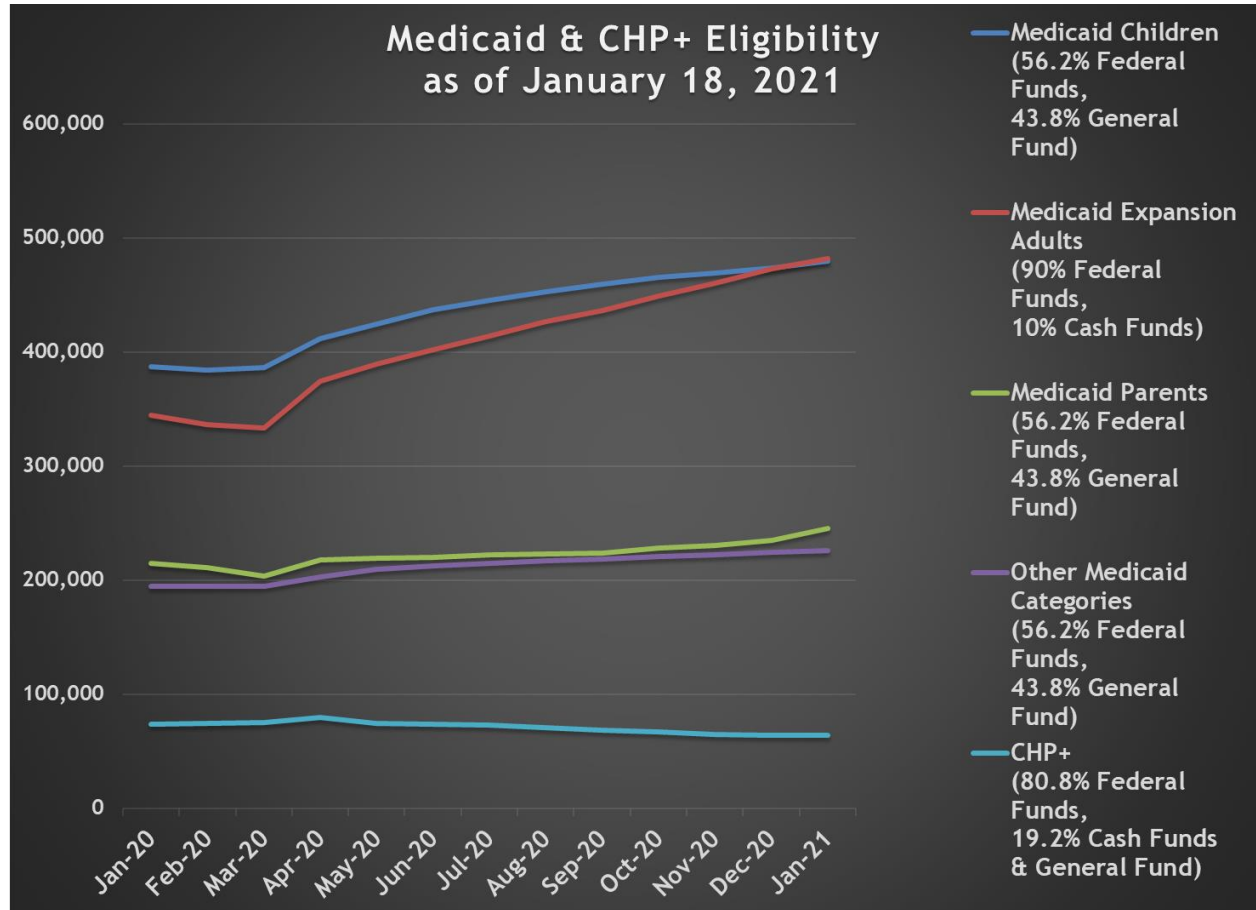
COVID-19's Impact on Enrollment

Enrollment Growth Since March 2020:

Adults & Expansion Adults = 61% of growth.

Children ~30% of growth.

\$685M in General Fund offset from January 2020 through June 2021

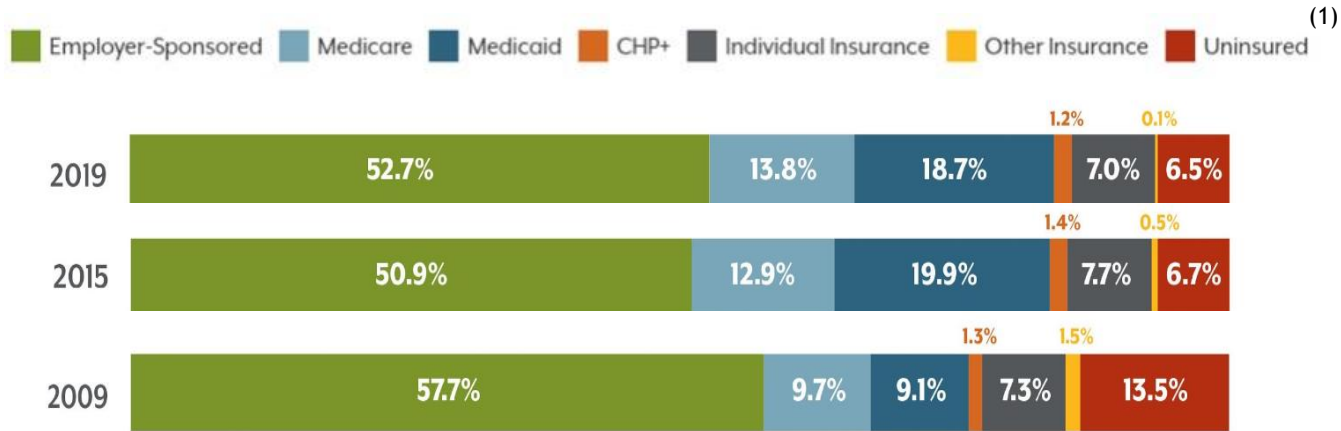


Medical Assistance thru 1/19/21, Up 189k+

65,627 members are also locked-into a higher benefit category, such as Medicaid versus CHP+.

	New Members 2020-2021	Disenrolled Members 2020-2021	Continuous Coverage	Total enrollment (MA) 2020-2021
January	35,193	37,982		1,263,042
February	27,210	33,543		1,256,709
March	33,619	40,613		1,249,715
April	42,425	4,589	36,968	1,287,551
May	26,446	6,875	33,976	1,307,122
June	28,076	6,208	24,414	1,328,990
July	26,928	6,158	27,276	1,349,760
August	27,192	6,330	31,240	1,370,622
September	25,852	6,429	22,670	1,390,045
October	23,121	6,354	32,415	1,406,812
November	22,882	7,216	23,979	1,422,478
December	20,566	6,602	21,424	1,436,442
January	9,489	6,844	41,090	1,439,087
Total			294,969	

How Coloradans Are Getting Covered



- Dec 2020, 1.42M (24.2%) of Coloradans in Medicaid, CHP+ (2)
- Sept 2020, Medicare covers 16.1%, 941k+.
- Public Plans > 40%.
- Rising uninsured rate. Less certainty in employer coverage.
- Affordability to consumers is less a public programs issue and more a commercial industry issue.

Health Care Affordability

- Health care spending in the US is 17.7% of GDP (\$3.6T).
- Colorado budget for HCPF, CDPHE & CDHS = \$4.2B GF (36%).
- Affordability measures help State, Employers, Coloradans.

If you are currently uninsured, or anticipate being uninsured, do you plan to:

	July 31 (5,000+ respondents)	Nov 9 (857 respondents)
Purchase coverage through Connect for Health Colorado	8.92%	8.89%
Purchase coverage directly from a health insurance company	2.70%	.81%
Apply for coverage w/Health First Colorado (Medicaid)	20.0%	35.85%
Apply for coverage w/Child Health Plan <i>Plus</i> (CHP+)	.99%	1.08%
Get covered through my spouse's health insurance	1.71%	.27%
Under 26, get covered through my parent's health insurance	0.09%	.27%
Get covered, but not through any of the above	4.95%	4.04%
Other	14.50%	8.36%
Go without health insurance coverage	46.13%	40.43%

Why are you planning to go without coverage?

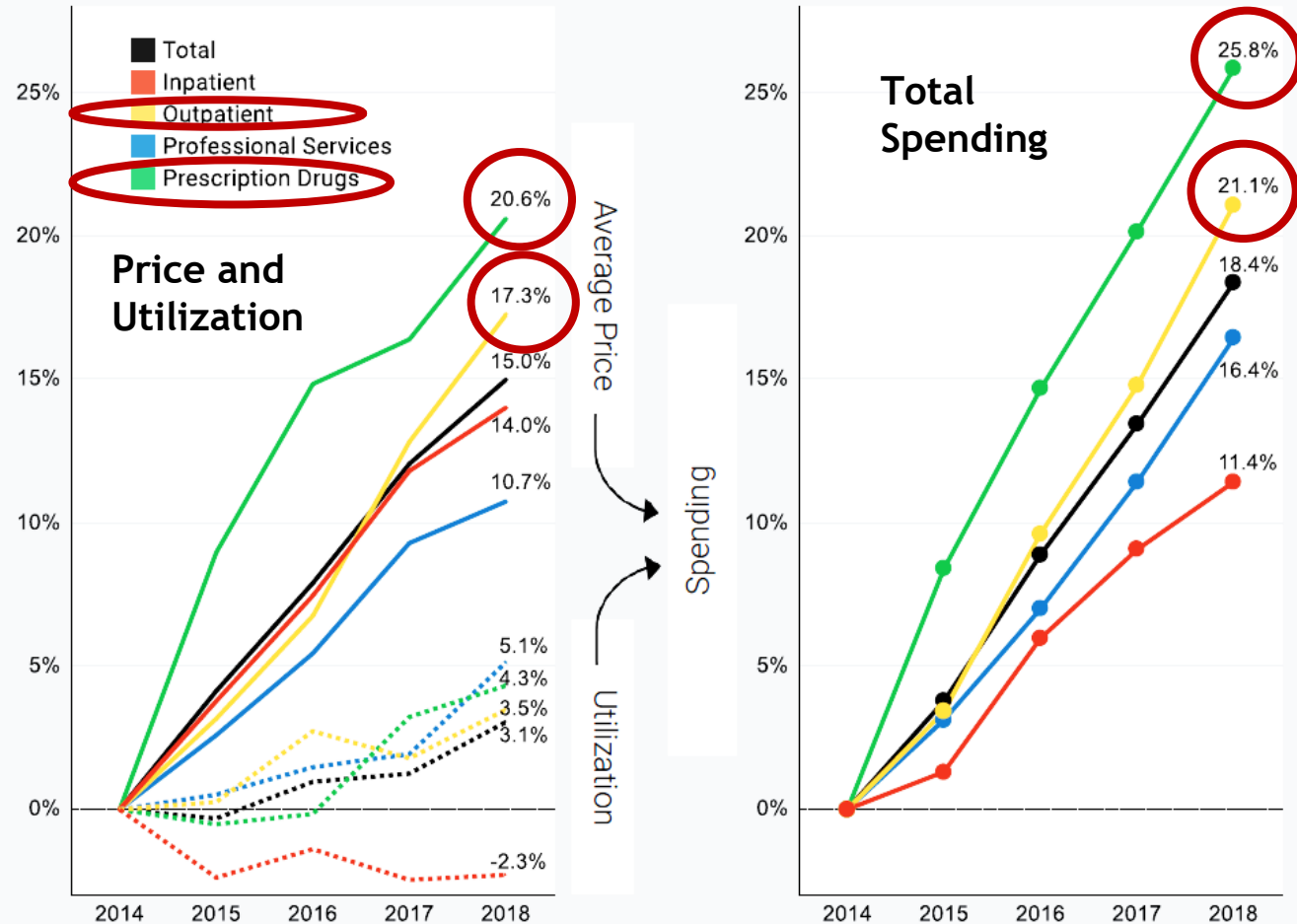
- I can't afford the monthly premiums: **82.63%**
- I can't afford the copayments, coinsurance or other out-of-pocket costs: **40.12%**
- I don't think I will be out of work – and therefore without health care coverage – for that long: **3.56%**
- I do not think I need health insurance: **4.79%**



Figure 4: Cumulative Change in Spending per Person, Utilization, and Average Price by Service Category

Leveraging HCPF to control costs for all Coloradans

Rx & Hospital are Top Opportunities



Partnership with Lt. Gov Primavera, Office of Saving People Money on Health Care and the Health Cabinet



1. **Reduce pharmacy costs**
2. **Reduce costs** in the large **employer insurance market**, focusing especially on opportunities from the "New Normal in Health Care" evolving response to COVID-19
3. Implement the **Behavioral Health Task Force** recommendations

Federal Monitoring and Response

Supreme Court ACA Hearing decision likely May or June.

Just some of the potential ACA impact:

- \$2B+ for Medicaid expansion up to 138% FPL covering 507k in CO
- Exchanges, fed subsidies up to 400% FPL, 124k of 180k in CO
- Up to age 26 and employer-sponsored coverage mandates
- Consumer protections
- Reinsurance funding

Cautiously optimistic on outcome based on Justice's questions.

39 states & DC have passed Medicaid expansion.

Strategic response to ACA ruling and pivoting off of Biden health care agenda.

Department Performance Plan

HCPF FY 2020-21 Wildly Important Goals (WIGs)

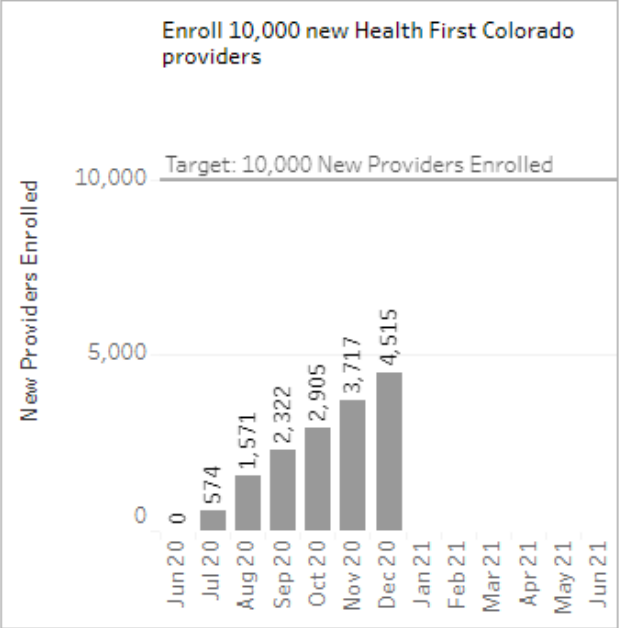
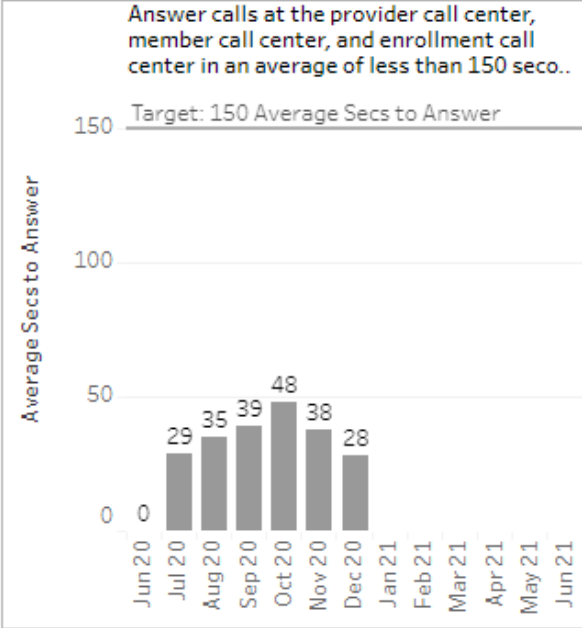
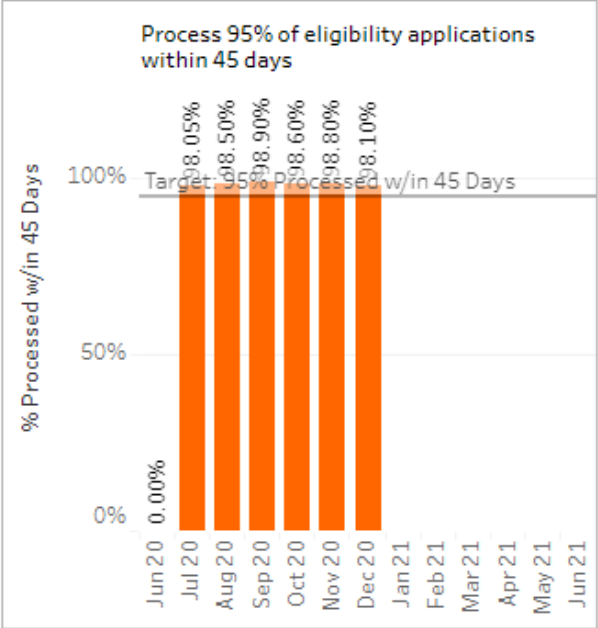
WIG #1: Deliver health care coverage, service and access support to Coloradans during this economic downturn by June 30, 2021

Successful completion of this goal will ensure Colorado's most vulnerable residents are able to get coverage in a timely manner, get their questions answered and access providers to meet their needs. Part of achieving this goal is also supporting our providers by answering their questions and paying for care in a timely manner.

To view monthly updates on Wildly Important Goals and corresponding lead measures, please visit the [Governor's Dashboard](#).

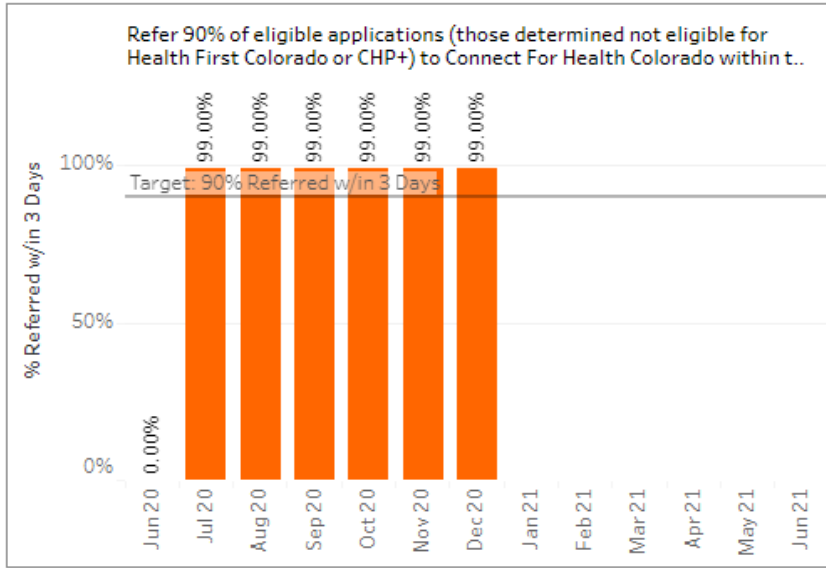
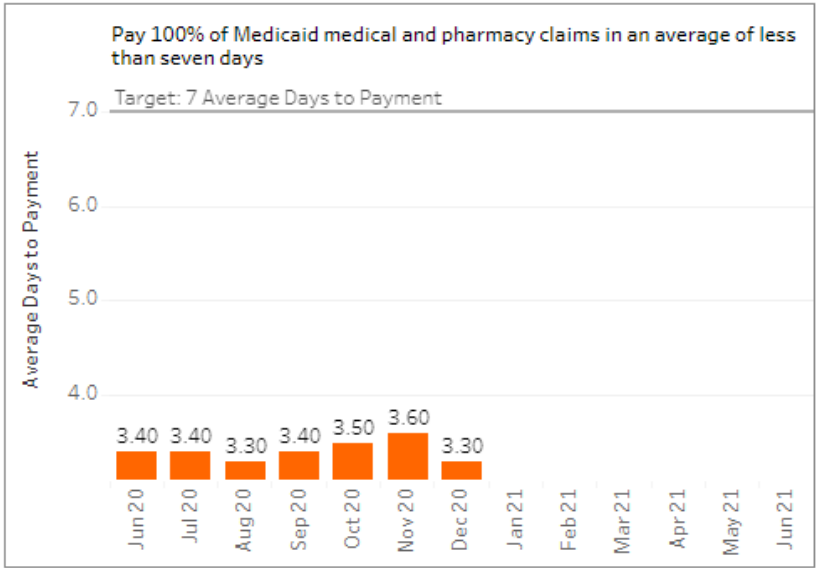
Deliver health care coverage, service and access support to Coloradans during this economic downturn by June 30, 2021

Progress on WIG #1



Deliver health care coverage, service and access support to Coloradans during this economic downturn by June 30, 2021

Progress on WIG #1, Continued



HCPF FY 2020-21 Wildly Important Goals (WIGs)

WIG #2: Responsibly manage health care costs to achieve an annual Medicaid trend* of no more than 2% by June 30, 2021.

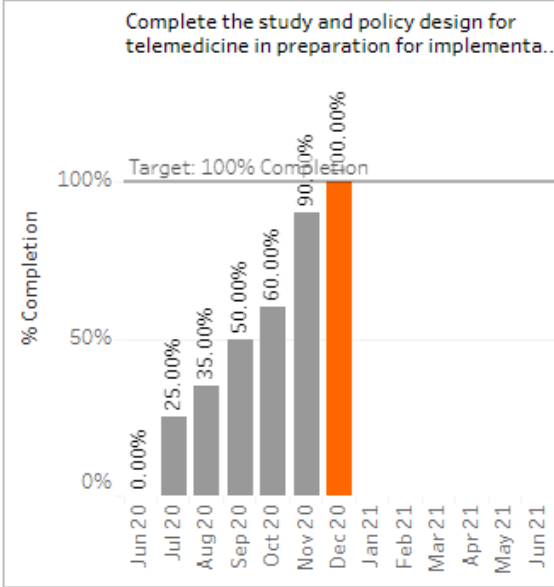
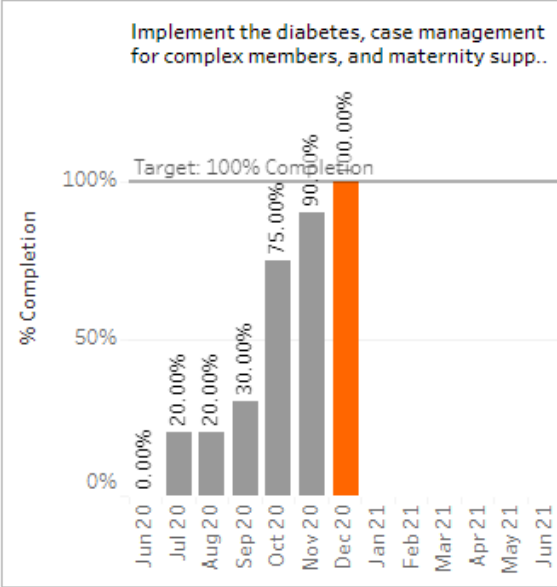
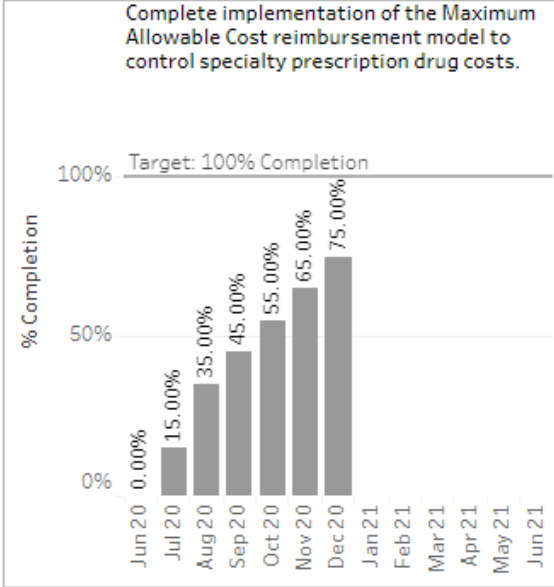
Successful completion of this goal will ensure effective stewardship of Colorado's financial resources while maintaining our commitment to member access to care and health outcomes.

To view monthly updates on Wildly Important Goals and corresponding lead measures, please visit the [Governor's Dashboard](#).

**Trend will be defined as the growth from FY 2019-20 to FY 2020-21 in the total amount paid for Medicaid services, not including supplemental financing payments, divided by average monthly caseload.*

Responsibly manage health care costs to achieve an annual Medicaid trend* of no more than 2% by June 30, 2021.

Progress on WIG #2



HCPF Dept Goals and Performance Management

Strategic Pillars

Member Health

Care Access

Operational Excellence
& Customer Service

Medicaid Cost Control

Affordability
Leadership

Examples:

- Clinical quality program
- Expanded provider network
- Accountability models,
Mobile app innovation
- Maternity bundled payment
- Rx Report, Hospital
Transparency

90% WIG Measures on Track

92% Projects on Track

83% Dept Goals on Track

HCPF FY 2021-22 Budget Overview

		Total Funds	General Fund
FY 2020-21	Appropriation	\$12,034 M	\$3,185 M
FY 2021-22	Base Adjustments	\$150 M	\$215 M
	Caseload Requests	\$297 M	\$248 M
	Decision Items	\$20 M	\$10 M
	Budget Reductions	(\$165 M)	(\$146 M)
FY 2021-22	Budget Request	\$12,336 M	\$3,511 M
	<i>Year-over-year Change</i>	\$302 M	\$327 M
	<i>Percent Change</i>	2.5%	10.3%

HCPF Select FY 2021-22 Budget Requests

- R6 Remote Supports for HCBS Programs
- R7 Nurse Advice Line
- R8 Supported Living Services Flexibility
- R9 Patient Access and Rule Compliance
- R10 Covert Contractor Resources to FTE
- R11 Medicaid Funding for Connect for Health
- R12 ARRA-HITECH Funding Transition
- R13 Funding for Family Medicine Residency Programs
- R14 Technical Adjustments

HCPF's request also includes the following fiscal stimulus items

- **R23 Behavioral Health Claims and Eligibility Processing**
- **R24 Addressing Health Care Disparities**

2020 Focus on Equity Diversity Inclusion (EDI)

June:

Created, Distributed Juneteenth awareness seminar for state employees.

Led LGBTQ preparation. Engaged public discussions on ACA & Supreme Court hearings.



Completed interview with Cleo Parker Robinson. Video & facilitation guide released Dec 2020 for state agencies.

Hired EDI Officer

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

Hosted listening sessions on racial equity

Established EDI Committee
Identified priorities

Draft EDI plan & equity framework

Involved more than 80 staff in 5 EDI subcommittees



2021 Equity Diversity Inclusion (EDI) Focus

Begin EDI Trainings

Finalize EDI Plan

Launch EDI assessment

Begin work on
EDI assessment

Begin work on equity lens

Pilot equity lens

Complete EDI Trainings

JANUARY
E

FEBRUARY

MARCH

APRIL

MAY

JUN

MLK Day

Black History

Minority Health

LGBTQ+ Pride
Juneteenth



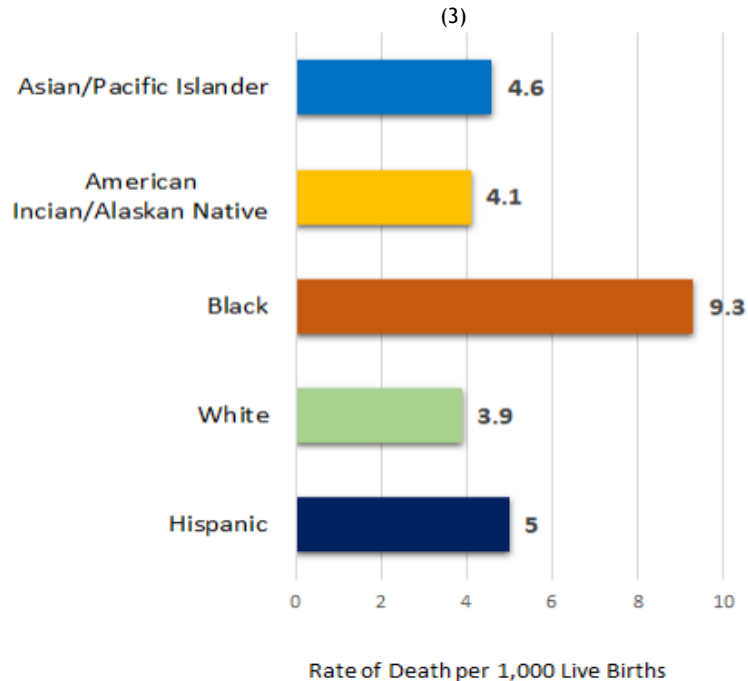
Women's History
Cesar E. Chavez Day

AAPI Heritage
Older Americans

Health Equity and Health Care Disparities

Seeking CDC Funding, State Stimulus \$\$, Partnerships, Culturally Sensitive Care Delivery

Colorado Infant Mortality Rates by
Race/Ethnicity (2015-17)



“Hispanic residents are about 20% more likely than white residents to die of treatable conditions. There’s no one explanation for the disparity in deaths, experts say.”

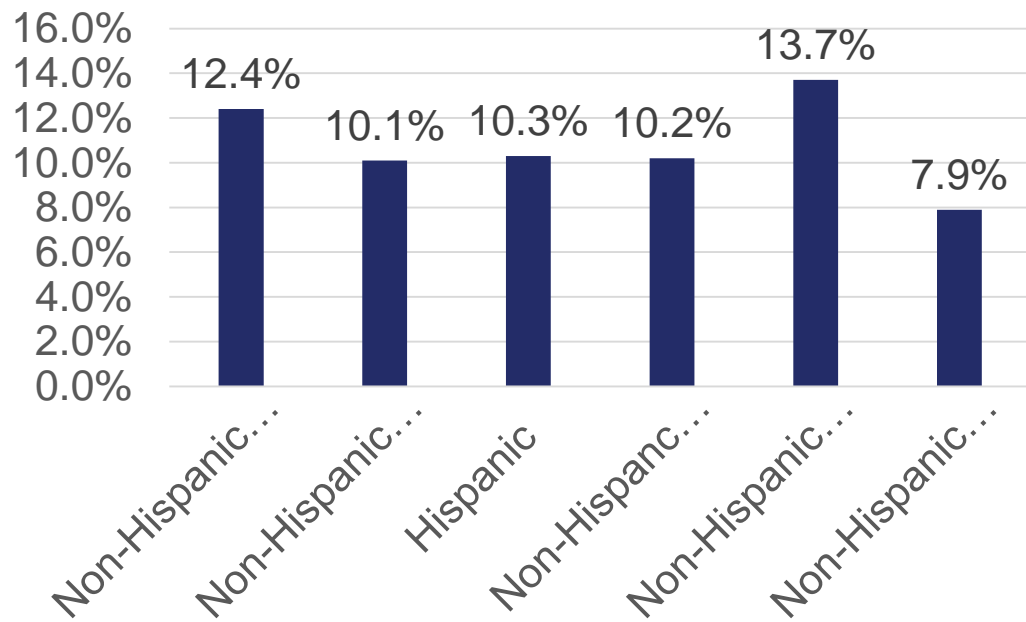
-Denver Post, Oct 4, 2020 (1)

In Colorado:

- **Hispanic people** are 22% of the pop and 38% of COVID cases and hospitalizations.
- **Black people** are almost 5% of the pop, nearly 10% of COVID hosp., 7% of deaths.
- **White people** are 68% of the population but only 38% of COVID cases. (2)

Example of our Health Disparities Approach: Why Maternity?

Percentage of Preterm Births,
Race/Ethnicity, CY2019



- ✓ **Health First Colorado responsible for 40-45% of CO births each year**
- ✓ **Colorado ranks 29th nationally for maternal mortality rates**
- ✓ **Pronounced race/ethnicity disparities in maternal and child outcomes**
- ✓ **Numerous pathways to improve outcomes**
- ✓ **Numerous aligned partnerships**

Dept Maternity Initiatives with Equity Focus

- **Accountable Care Collaborative**

- Program: Maternity Condition Management, Nurse Family Partnership, Prenatal Plus, Special Connections
- Metrics: Prenatal Care KPI & Maternity Dashboard to illustrate areas of opportunity and performance by RAE, provider, community

- **Hospital Quality Incentive Program**

- Program: Demographic data collection reqs for EHR, staff training
- Metrics: Reduce disparities in maternal patient safety (2021), hospital-wide (2022)

- **Maternity Bundle**

- Program: Maternity Advisory Committee (members w lived experience)
- Metrics: Disparities in service provision (gate before pay-out)

Remote Work

In response to COVID-19, HCPF has completed a comprehensive review of its programs and staff to identify where short-term remote work is appropriate, and is continuing to evaluate long-term opportunities for remote work. Currently, HCPF has:

- 97% of our staff are working remotely
- Innovation Examples:
 - Systems that allow staff of our member contact center access to systems and phone services remotely, so we can continue to keep our answer rate, volume, quality, etc. the same.
 - Ways to move internal records to electronic repositories that provide our employees access to documents, reports, etc. that otherwise they would have had to access in the office.

Accomplishments and Critical Project Work

- Enrolled > 175,000 members since March. Exceeded customer service standards
- Executed over 20 emergency waivers, rules, and State Plan Amendments to improve access and to reduce provider administrative burden
- Co-chaired the COVID-19 Residential Care Strike Team and launched the ConnectToCare jobs site
- Expanded telemedicine policy to support safe access to care
- Supported the development of alternative care sites
- Collaborated with CDHS, Counties and Medical Assistance sites to double PEAK online applications and improve CBMS eligibility system performance
- Launched “We’re Here for You, Colorado” campaign to connect Coloradans to coverage

HCPF Accomplishments & Critical Project Work

- 1st & 2nd Rx Cost Control solutions report; hosting 1-12-21 Affordability Summit
- Implementing Hospital Transformation program to drive affordability and developed the Rural Support Fund - \$12M annually to rural hospitals starting in Fall 2021
- Implemented Substance Use Disorder (SUD) benefit- residential, inpatient care
- Implemented ClaimsXten to prevent inappropriate claims payments
- Co-chairing CBMS management and launched the Consolidated Return Mail Center to improve eligibility accuracy and County support
- Re-designed the Health First Colorado mobile app, which increased usage and consumer satisfaction
- Transitioned HCPF workforce to a virtual operating model
- Kicked-off HCPF Equity, Diversity and Inclusion to support "*A Colorado for All*"

Our Vision:

Coloradans have integrated health care and enjoy physical, mental and social well-being.

Current Mission:

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.



Modernizing Our Mission - New Proposed Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

Health equity is when **everyone** has the opportunity to be as healthy as possible.

Equity

Access

Health access is when people can readily access timely, appropriate, quality health care services.

Health outcomes are person-centered and positively impact a person's quality of life.

Outcomes

Colorado & Coloradans

Improving value and affordability for the State *and* for individuals and employers.

Our Mission:

*Improving health care **equity**, **access** and **outcomes** for the people we serve while saving **Coloradans** money on health care and driving value for **Colorado**.*



HCPF Legislative Agenda

The Department respectfully requests the General Assembly consider legislation on the following:

- Telemedicine Policy Refinements
- Case Management Redesign
- Skilled Nursing Facilities: Establishing a Demonstration of Need and Technical Changes
- Add Remote Supports to Home and Community-Based Services (HCBS) Programs
- Expand Canadian Prescription Drug Importation Program

Improving Behavioral Health Outcomes & Legislation Partnering with CDHS

Expanding Access to Treatment: Jan 2021, Medicaid covers Residential Substance Abuse treatment

Prevention: Prescriber Tool includes OpiSafe

System Reform: Behavioral Health Task Force

- Improve access, quality, efficiency, navigation
- New Behavioral Health Administration (BHA) addresses a fragmented system, merging 75 non-Medicaid programs
- Stimulus to centralize BH eligibility, claims payment, reporting



Regulatory Agenda & Rule Review Progress

- In 2020, Dept reviewed Provider Screening, Hospital Screening, Pharmaceuticals, State Funded Programs and Health Care Affordability and Sustainability Fee Rules
- Department is in 4th year of a 5-year review cycle
- 116 sections have been reviewed
- In 2021, Dept will review Electronic Visit Verification, Emergency Medical Transportation, Program Integrity, Home and Community Based Services, Oxygen, Durable Medical Equipment, Federally Qualified Health Centers and Women's Health Services

Statutory Updates

SB 17-121: Improving Member Correspondence

Three Elements:

Process for on-going improvements



Full scale CBMS correspondence revision, best practice research, Key Informant Interviews, internal & external education efforts

Update on letters revised in 2020 and plans for 2021



10 COVID-19 items, 9 CBMS items, 26 items out of other systems done in 2020. Plan for 2021 include revision of entire CBMS correspondence catalog

Results of member correspondence testing



Member Experience Advisory Council review of 6 letters and other language, Key Informant Interviews

SB 18-266 Controlling Medicaid Costs

Directs the Department to provide information to providers participating in the Accountable Care Collaborative (ACC) regarding the cost and quality of medical services provided by hospitals and other Medicaid providers, as well as the cost and quality of available pharmaceuticals prescribed by Medicaid providers.

The Department has implemented:

- Provider Services Expenditure and Quality Tool, i.e.: Prometheus
- Pre-Payment High Dollar Claim Review as well as Claims editing software enhancement, i.e.: ClaimXten
- Payment innovations, i.e.: Maternity Bundle, Primary Care Value Based Payment
- New Maternity Support, Diabetes Condition Management, Complex Case Management programs with the RAEs
- New dashboards and data transparency insights that help RAEs identify member support and cost control opportunities

The Department is in the process of:

- Updating the Inpatient Hospital Review Program, maximizing the "on hold" status due to COVID-19
- Building dashboards and other reports to assist the Dept. and our partners in better managing utilization and trend
- Implementing OpiSafe model within the Prescriber Tool; selecting partner for the Affordability module; concept stage for Social Determinants of Health module

Together, these resources improve quality outcomes for members, while saving Coloradans money on health care and driving value for Colorado.

HB 18-1321 Urgent NEMT

Effective January 1, 2019, eligible transportation providers can provide urgent Non-Emergent Medical Transportation (NEMT) trips scheduled directly by medical facilities.

When a member is unable to provide advanced notice, Urgent Non-Emergent Medical Transportation provides transportation needed for members to receive necessary medical services. This includes:

- Transportation after discharge from a hospital
- Failure of an NEMT provider to pick up a member from an appointment within one hour of the scheduled pick-up time
- Transportation to and from critical, unplanned medical appointments

There are currently 25 Urgent Transportation providers.

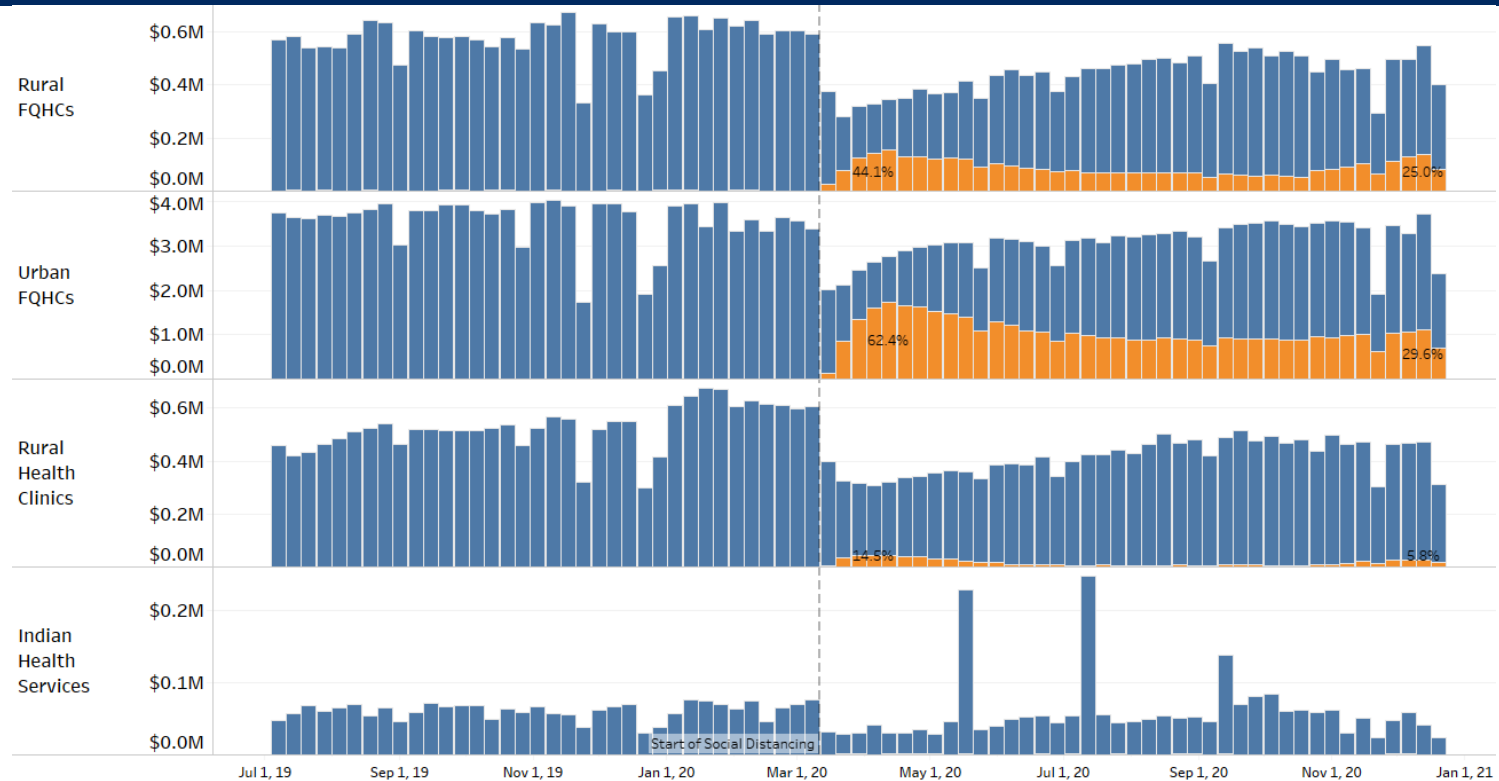
SB 19-195 Children & Youth Behavioral Health System Improvements

- SB 19-195 created Wraparound Services for Eligible Children
- HB 20-1384 removed this requirement and appropriations for HCPF to implement high-fidelity wraparound services for children and youth at risk of out-of-home placement or in an out-of-home placement.

SB 20-212 Telemedicine

- Telemedicine Extension rule made permanent the changes in the emergency Telemedicine rule (MSB# 20-07-01-A): Adopted by the Medical Services Board August 14, 2020 .
- CMS approved the Department's Telemedicine State Plan Amendment which aligned with the Telemedicine Extension rule: Friday, September 4, 2020
- Utilization data posted bi-monthly at <https://www.colorado.gov/pacific/hcpf/provider-telemedicine#TeleUtDa>
- Telemedicine Evaluation Report

SB 20-212 Telemedicine



Where to Learn More

- Visit our Legislative Resource Center:

[Colorado.gov/hcpf/legislator-resource-center](https://colorado.gov/hcpf/legislator-resource-center)

- COVID-19 Information:

[Colorado.gov/hcpf/covid](https://colorado.gov/hcpf/covid)



The screenshot shows the website for the Colorado Department of Health Care Policy & Financing. The header includes the state of Colorado logo and the HCPF logo. The main navigation bar has links for Home, For Our Members, For Our Providers, For Our Stakeholders, and About Us. The page is titled "Legislator Resource Center" and includes a brief description of the center's purpose. A section titled "Overviews & Fact Sheets" lists various reports and documents, including the 2021 HCPF Legislative Agenda Overview, Health First Colorado Budget Basics, and the 2020-2021 HCPF Long Bill Overview. A sidebar on the right titled "Legislator Newsletters" lists newsletters from November 2020 to January 2020.

COLORADO
Department of Health Care
Policy & Financing

Home For Our Members For Our Providers For Our Stakeholders About Us

For Our Stakeholders > Legislator Resource Center

Legislator Resource Center

The Department submits multiple reports and responds to legislative requests for information. This resource center includes links to reports, fact sheets, and overviews of the budget process.

Overviews & Fact Sheets

- 2021 HCPF Legislative Agenda Overview - December 2020
- Health First Colorado Budget Basics - November 2020
- 2021-2022 HCPF Budget Agenda Overview - November 2020
- 2020-2021 HCPF Long Bill Overview - June 2020
- 2020 HCPF Legislative Session Wrap-Up - June 2020
- 2020 HCPF Legislative Agenda Overview - May 2020
- Learning from COVID-19: Telemedicine Background & Policy Considerations - May 2020
- HCPF 2018-2019 Annual Report - January 2020
- Accountable Care Collaborative (ACC) Introduction - January 2020
- HB 14-1051 Update Joint House and Senate Health and Human Services Committee Presentation - January 2020
- Child Health Plan Plus Overview - May 2020
- The Accountable Care Collaborative
- Medicaid Buy-In Program For Working Adults With Disabilities Overview
- Medicaid Buy-In Program For Children With Disabilities Overview
- Long-term Services and Supports Overview
- Medicaid Expansion under the Affordable Care Act
- Covid-19 in Colorado Overview

Members of the Colorado General Assembly and their aides can [sign up for our Legislative Newsletter](#).

Legislator Newsletters

- November 2020
- August 2020
- June 2020
- May 2020
- April 2020
- March 2020
- February 2020
- January 2020

Questions?