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Blueprint for Opportunity

No. 16

Implementation Memo Overview

TO: Governor Ritter
Members of the 66th Colorado General Assembly

FROM: The Bell Policy Center – Robin Baker, Senior Policy Analyst

DATE: January 9, 2007

**RE: Implementing Bell's Blueprint recommendation No. 16
to strengthen the health care safety net – Overview**

In the 2006 Blueprint for Opportunity, the Bell Policy Center recommends:

Strengthening the health care safety net – Overview

The next governor and legislature should thoroughly review eligibility levels and reimbursement rates for Colorado's health care programs to ensure more families benefit from health programs as they work toward self-sufficiency.

They should also look for opportunities to streamline the way health care is organized, delivered and financed to improve the efficiency and effectiveness of the entire health care system.

Colorado should increase its outreach and public awareness campaigns to make sure more people who are eligible for Medicaid or the Child Health Plan Plus (CHP+) actually enroll.

And we should increase funding to local public health departments so they can continue to provide immunizations and prenatal care, monitor communicable diseases and help provide visiting nurse services. (See *Blueprint*, page 23)

This memorandum briefly discusses the overall recommendation and outlines four recommendations that fall under the larger umbrella of strengthening the safety net. We have prepared separate memos for the recommendations.

If you are interested in pursuing this issue further, we are prepared to work with you. Please contact the author of this memo directly at (303) 297-0456 or baker@thebell.org, or Rich Jones, director of policy and research, at (303) 297-0456 or jones@thebell.org.



Overview

In the 2006 *Blueprint for Opportunity*, the Bell's primary health related recommendation was to "get serious about comprehensive health care reform." (See *Blueprint*, page 31.)

One aspect of getting serious about health care reform is to recognize the critical safety-net role that subsidized health programs play. Another aspect is recognizing that health care quality and costs are inextricably connected.

States share responsibility with the federal government in regulating health care markets. But rising health care costs, declining employer-sponsored health insurance, growing numbers of under- and uninsured people, and cuts in government subsidies for care are adding pressure to state budgets and challenging the capacity of the safety net.

Given the current condition of health care, the governor and legislature are in a unique position to protect consumers and to set policy for the regulation, financing and delivery of health care. It is critical that state government build up and enhance the safety net now — before more people are at risk.

The recommendations we make here are only part of a interwoven network of systems, providers and services. The three memos describe how to implement these recommendations. Each is a partial step toward building a stronger safety net and working toward comprehensive health care reform.

For low-income families and individuals, access to quality health care is intertwined with Medicaid provider reimbursements.

Memo 16-A – Review eligibility levels and reimbursement rates, briefly discusses this issue. It recommends ideas for developing a more transparent reimbursement rate formula that also provides sufficient reimbursement payments to ensure that patients are seen and services are provided. Once the legislature addresses below-market Medicaid reimbursement rates paid to providers, it can better assess the best method for reviewing and expanding Medicaid eligibility.

Related to reimbursements and eligibility is the dual problem of expanding and streamlining the delivery of Medicaid and the Child Health Plan Plus (CHP+) to more qualified low-income families and children. **Memo 16-B/C – Expand and streamline the delivery of Medicaid and CHP+**, briefly discusses this issue. It recommends ideas for making the application process more efficient and effective for Medicaid and CHP+ applicants. The memo also reviews and makes suggestions regarding the problem of qualified children not enrolling in CHP+.

Finally, **Memo 16-D – Increase funding to local public health departments**, briefly discusses the need for increasing per capita funding to the state's local public health departments. While local health departments may not neatly fit under the health safety net rubric, it is clear that the duties and responsibilities they bear are critical to the well-being and safety of everyone living in Colorado.

Additional health care recommendations can be found in *Blueprint Implementation Memos* 17, 22, 23 and 24. While not directly related to the health safety net, each of those recommendations is an important step toward protecting consumers, financing and delivering health care and, most importantly, enacting comprehensive health care reform.