colorado communityhealth network

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June 19, 2012

Gretchen Hammer
Colorado Health Benefit Exchange Chair
303 East 17th Avenue
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Denver, CO 80203
cohbe@coloradohealthinstitute.org

Dear Ms. Hammer and Colorado Health Benefit Exchange Board Members,

I am writing today to thank the COHBE staff, board, committees and advisory groups for consideration of Essential Community Providers (ECPs) as an activity in the certification of qualified health plans (QHPs). The Colorado Community Health Network (CCHN) would like to take this opportunity to share our recommendations on how COHBE in collaboration with the Division of Insurance (DOI) should implement ECPs into the certification of QHPs.

CCHN is Colorado's membership association for the state's 15 federally qualified Community Health Centers (FQHCs or CHCs). FQHCs are nonprofit health care providers with a mission to provide comprehensive primary health care to low-income working individuals and families in high-need or medically underserved areas throughout the state. Colorado's 15 FQHCs operate 131 clinic sites in 57 of our state's 64 counties. FQHCs are the health care home for more than 500,000 or one in 10 people in the state, including 192,000 uninsured and 174,000 Medicaid enrollees. More than 94% of patients served by FQHCs have family incomes below 200% of the Federal Poverty Level ($44,100 per year for a family of four in 2010).

Background

The federal Exchange rules implementing ECP provisions from PPACA defines ECPs as providers that serve "predominantly low-income medically underserved individuals," including 340B covered entities. 340B covered entities include providers that qualify for discounted drugs under the Public Health Service Act such as FQHCs, disproportionate share hospitals, children's hospitals, and critical access hospitals. PPACA and federal Exchange rules also state that a QHP issuer "must have a sufficient number and geographic distribution of essential community providers, where available, to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in the QHP's service area, in accordance with the Exchanges network adequacy standards". Federal rules further point out that states can set more stringent ECP requirements including QHPs to offer contracts to any willing ECP.

ECPs are currently defined in Colorado state statue 25.5-5-403 (2) as a health care provider that:
(a) Has historically served medically needy or medically indigent patients and that demonstrates a commitment to serve low-income and medically indigent populations who comprise a significant portion of its patient population or, in the case of a sole community provider, serves the medically indigent patients within its medical capability; and
(b) Waives charges or charges for services on a sliding scale based on income and does not restrict access or services because of a client's financial limitations.

Colorado's ECPs include the following types of providers:

- Federally Qualified Health Centers
- School Based Health Centers
- Substance Abuse and Mental Health Treatment Providers

- Rural Health Centers
- Family Medicine Residency Training Programs
- General Health Care Providers
- State Certified Title X Family Planning Agencies
- Sole Community Providers
- Disproportionate share hospitals
- Local county and district health departments, county nursing services, and regional health departments

The Department of Health Care Policy and Financing (HCPF) designates ECPs. Medicaid Managed Care Organizations (MCOs) must seek proposals to become network providers from all designated ECPs in their service area that are capable of providing services that the MCO provides or intends to provide.

Our Ask
CCHN would like COHBE to use the state's definition of ECPs. CCHN also requests the mandatory full inclusion of ECPs in QHPs offered through COHBE. Mandatory full inclusion includes COHBE requiring that each health plan, as a condition of participation in COHBE offer each ECP site providing services in geographic areas served by the plan, the opportunity to contract with such plan to provide to the plan's enrollees all ambulatory services that are covered by the plan that the center offers.

Rationale
Requiring QHPs to contract with ECPs will help provide access to Coloradans that live in rural and low-income medically underserved areas of the state. Including ECPs in QHP networks will also ensure continuity of care when low-income Exchange plan enrollees move between Medicaid and Exchange coverage. Frequent movement between the Exchange and Medicaid is expected, in fact a February 2011 *Health Affairs* article projects that nearly 50% of all adults with family incomes below 200% FPL will move between Medicaid and the insurance exchange within a year.[1] ECP experience serving low-income uninsured and Medicaid enrollees will be needed in the Exchange to ensure that the needs of Coloradans enrolling in the Exchange are met.

Thank you again for your consideration of this important issue, and don't hesitate to contact me if you have any questions or concerns at (303) 861-5165 x228 or Annette@cchn.org. CCHN looks forward to continued conversations related to the inclusion of ECPs in QHP networks.

Sincerely,

Annette Kowal
Chief Executive Office
Colorado Community Health Network

Cc: Patty Fontneau, Executive Director and Chief Executive Officer, Colorado Health Benefit Exchange; Harriet Hall & Marc Reese, Co-Chairs Health Plan Advisory Group; Ashley Wheeland & Teresa Coons, Co-Chairs Individual Experience Advisory Group; Cindy Sovine-Miller & Lynn Borup, Co-Chairs SHOP Advisory Group

[1] Benjamin D. Sommers & Sara Rosenbaum, "Issues in Health Reform: How Changes in Eligibility May Move Millions Back and Forth Between Medicaid and Insurance Exchanges," *Health Affairs30:2 (February 2011*).