Solicitation for Colorado Health Care Reform Proposals
Notice to Prospective Proposers

February 22, 2007

You are invited to review and respond to this Solicitation for Colorado Health Care Reform Proposals. In submitting your proposal, you must comply with the instructions found herein.

If you have questions about this Solicitation for Proposals, please contact:

Sarah Schulte
Technical Advisor
Blue Ribbon Commission for Health Care Reform
sarahschulte@mindspring.com

Please note that no verbal information given will be binding upon the Commission unless such information is issued in writing as an official addendum.

Bill Lindsay
Chairman
Blue Ribbon Commission for Health Care Reform

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Colorado Health Care Reform Proposals
Blue Ribbon Commission for Health Care Reform
February 22, 2007

I. Schedule of Events

Solicitation release date	February 22, 2007
Deadline for receipt of written questions	March 5, 2007
Pre-proposal conference	March 8, 2007
"Notice of Intent to Submit a Proposal" due	March 13, 2007
Deadline for submission of proposals	April 6, 2007, 5:00 pm
Proposals posted on Commission website	April 11, 2007
Commission and public review period	April 11, 2007-May 18, 2007
Anticipated date for Commission selection of 3 to 5 proposals for detailed technical review	May 18, 2007

II. General Information for this Solicitation for Health Care Reform Proposals

A. Definitions

1. "Access" means the ability for all Coloradans to get timely, appropriate health care.

2. "Administrative costs" means those costs incurred by government, private insurers, providers, payers and others in the course of paying for, getting reimbursed for or providing care exclusive of the direct costs of care. Examples of administrative costs include billing, paying commission, operating payment systems, time spent seeking prior approval, etc.

3. "Cost-shifting" means the process of using revenues from one payer to subsidize other payers, such as the uninsured, the underinsured, and government payers.

4. "Coverage" means a third-party payer that will defray some or all of an individual's health care costs (e.g. commercial insurance, Child Health Plan Plus, Medicaid, etc.).

5. "Expansion of coverage" means more Coloradans have coverage.

6. "Independent Consultant" means an independent consulting firm selected by the Commission to conduct a technical comparative analysis of the three to five proposals selected by the Commission.

7. "Key Author" means the proposal author who will serve as the primary contact to the Commission and will be responsible for meeting the requirements described in this Solicitation.

8. "Safety net providers" are those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid, and other vulnerable populations.

9. "Selected proposal" means one of the three to five health care reform proposals selected by the Commission for technical analysis by the Independent Consultant.

10. "Technical Advisors" means legislatively-appointed staff to the Commission who provide technical assistance to the Commission regarding health policy issues.

11. "Transparency" means when consumers have access to a full range of information about the quality and cost of their health care options.

B. Purpose of the Blue Ribbon Commission for Health Care Reform

According to the authorizing legislation (available at http://www.leg.state.co.us/Clics2006A/csl.nsf/fsbillcont3/2E0A3C9A1FEA527487257115005ECA5F?Open&file=208_enr.pdf), the purpose of the Blue Ribbon Commission for Health Care Reform is to "study and establish health care reform models to expand health care coverage and to decrease health care costs for Colorado residents." The Commission is required to:

- "Work in a nonpartisan manner to examine health care coverage and reform models designed to ensure access to affordable coverage for all Colorado residents; "
- "Solicit reform concept papers and detailed proposals from interested parties; "
- "Select the top proposals for detailed technical analysis by an independent consulting firm;"
- "Hold statewide informational meetings at least once in each congressional district for the purpose of receiving public comments;"
- "Present a final report to the General Assembly on or before November 30, 2007, including an unbiased economic analysis, feasibility, and technical assessment of the favorable and unfavorable considerations and of the various reform options"

Further, the Commission has adopted the following guiding principles for its work:

Guiding Principles of the
Blue Ribbon Commission for Health Care Reform

Goal: Increase coverage and reduce cost

- Protect and improve the health status of all Coloradans.
- Expand coverage of essential health care services for all Coloradans, with an emphasis on the uninsured and underinsured.
- Align incentives to provide high-quality, cost-effective, and coordinated care.
- Support a system that is financially viable, sustainable, and fair.
- Provide opportunities for meaningful choice and encourage personal responsibility.
- Emphasize wellness, prevention, health education, and consumer empowerment.

C. Purpose of the Solicitation for Health Care Reform Proposals

The purpose of this Solicitation for Health Care Reform Proposals is to request health care reform proposals from interested individuals and organizations. The Commission will review all submitted proposals that meet the requirements of this Solicitation and will select three to five of the submitted comprehensive proposals for detailed technical analysis by the Commission's Independent Consultant[1]. When the detailed technical analysis is complete, the Commission will report the results, as well as the Commission's recommendations, to the General Assembly. The Commission may also use the results of the detailed technical analysis to develop a preferred health care reform proposal for inclusion in the Commission's recommendations to the General Assembly.

D. Minimum Requirements of Health Care Reform Proposals

The Commission seeks a variety of health care reform proposals that will further the Goals and Guiding Principles of the Commission.

[1] See "Independent Consultant" in Definitions.

The Commission will consider for detailed technical analysis any proposal which is comprehensive. The charge of the Commission is "to examine health care coverage and reform models designed to ensure access to affordable coverage for all Colorado residents (SB06-208)."

Proposals that do not propose a comprehensive reform will not be considered for detailed technical analysis, but may ultimately be considered for inclusion in the Commission's recommendations to the General Assembly.

Please see the "Criteria and Selection" section of this Solicitation for further guidance on how the Commission will review and select proposals. The Commission realizes that not all proposals may address all of the topics covered by the criteria. This should not discourage anyone from submitting a proposal. A proposal will not be deemed incomplete because it does not meet all of the criteria.

E. Process for Submitting Questions

Please submit all questions by 5:00 PM March 5, 2007 to Sarah Schulte, Technical Advisor to the Commission, at sarahschulte@mindspring.com. Any answer to a question that results in a change to this Solicitation for Health Care Reform Proposals will be posted on the Commission's website.

F. Pre-Proposal Conference

Interested proposers are encouraged to attend a Pre-proposal Conference on March 8, 2007 from 9:00 A.M. until noon at:

Old Supreme Court Chambers
North 2nd Floor
Room 220
Colorado State Capitol
Denver, Colorado 80203

The conference will provide a brief overview of the Solicitation for Proposals, clarify questions relating to the Solicitation for Proposals, and allow interested parties to meet and possibly form partnerships for joint proposals. Please submit questions in advance as described in the

preceding section. The conference will be presented by the Technical Advisor[2]; Commissioners will not be in attendance.

If you plan to attend the pre-proposal conference, please email Sarah Schulte at sarahschulte@mindspring.com by March 5 with the number of people who will be attending. You are not required, however, to email in advance in order to attend.

G. Notice of Intent to Submit a Health Care Reform Proposal

Prospective proposers should submit, by mail or email, a "Notice of Intent to Submit a Proposal" (Attachment A) by 5:00 PM March 13, 2007.

III. Health Care Reform Proposal Instructions

Proposals may be submitted by individuals, organizations, partnerships or teams. All proposals must designate a single person as the Key Author[3], who will serve as the primary contact and be responsible for meeting the requirements described in this Solicitation.

All proposals must adhere to the format described in this Solicitation and, in order to be competitive, must include all the required information and completed forms. The proposal must be complete and accurate. Omissions, inaccuracies, or misstatements will be sufficient cause for rejection of a proposal.

A. General Instructions

1. Assemble an original and 1 copy of your proposal. Place the proposal marked "Original" on top, followed by the 1 extra copy. The original must have original signatures. Special binding, report covers, or tabbed separations should not be used.

2. Place both proposal copies in a single package, if possible. If the proposer submits more than one envelope or package, each one must be carefully labeled as instructed below and marked on the outside of each envelop or package "1 of X," 2 of X," etc.

3. Mail or arrange for hand delivery of your proposal to:

Blue Ribbon Commission for Health Care Reform
303 E. 17th Ave, Suite 400

[2] See "Technical Advisor" in Definitions.
[3] See "Key Author" in Definitions.

Denver, CO 80203

Note: This address is 17th Avenue, not 17th Street

4. Send an electronic copy of your proposal in Microsoft Word to Sarah Schulte, Technical Advisor, at sarahschulte@mindspring.com. Attachments are allowed if submitted in an electronic format. You will receive an email confirmation of receipt of your proposal within one business day.

5. Both hard copies and electronic copies of your proposal must be received, as described above, by 5:00 PM on April 6, 2007. Late proposals will not be reviewed or scored.

6. Proposer costs. Proposers are responsible for all costs of developing and submitting a proposal.

7. The Commission may modify the Solicitation for Health Care Reform Proposals prior to the date fixed for submission of proposals by issuing an addendum to all parties who submitted a "Notice of Intent to Submit a Proposal" form. The addendum will also be posted on the Commission's website.

B. Content Instructions

Proposals shall contain the following elements in the following order:

1. A cover page with the name of the proposal, the name of the proposers or team, the name of the Key Author[4], contact information of the Key Author, and the signature of the individual(s) authorizing the submission of the proposal (See Attachment B).

2. A narrative (35-page maximum, typewritten, 1 ½ spaced, 12 pt. Times New Roman font size; excluding appendices) that describes the reform proposal. The narrative must restate and answer all of the questions under each heading a) through l) and related subquestions, in order.

Please answer questions as completely as possible to ensure that your proposal can receive full consideration by the Commission, and be as specific as possible in your responses to minimize any misunderstandings of your proposal. If a question is not applicable to your proposal, please indicate "not applicable." The Commission also appreciates that proposers may not have answers to all of the questions at this time.

It is important to underscore that the Commission does not expect proposers to do detailed estimates, hire actuaries or attorneys, or conduct economic analyses to submit a responsive proposal. This will be done by the Commission's Independent Consultant for the proposals selected for detailed technical analysis.[5]

a) Comprehensiveness[6]

(1) What problem does this proposal address?

(2) What are the objectives of your proposal?

b) General

(1) Please describe your proposal in detail.

[4] See "Key Author" in Definitions.
[5] The exact scope of the Independent Consultant's detailed technical analysis has not yet been determined. If selected for analysis, however, proposers will be expected to work with the Independent Consultant to answer more detailed questions about their proposal. See "Scope of Work" and "Attachment C".
[6] See "comprehensive" in Definitions.

(2) Who will benefit from this proposal? Who will be negatively affected by this proposal?

(3) How will your proposal impact distinct populations (e.g. low-income, rural, immigrant, ethnic minority, disabled)?

(4) Please provide any evidence regarding the success or failure of your approach. Please attach.

(5) How will the program(s) included in the proposal be governed and administered?

(6) To the best of you knowledge, will any federal or state laws or regulations need to be changed to implement this proposal (e.g. federal Medicaid waiver, worker's compensation, auto insurance, ERISA)? If known, what changes will be necessary?

(7) How will your program be implemented? How will your proposal transition from the current system to the proposal program? Over what time period?

c) Access[7]

(1) Does this proposal expand access? If so, please explain.

(2) How will the program affect safety net providers[8]?

d) Coverage[9]

(1) Does your proposal "expand health care coverage[10]?" (Senate Bill 06-208) How?

(2) How will outreach and enrollment be conducted?

(3) If applicable, how does your proposal define "resident?"

e) Affordability

(1) If applicable, what will enrollee and/or employer premium-sharing requirements be?

[7] See "access" in Definitions.
[8] See "safety net provider" in Definitions.
[9] See "coverage" in Definitions.
[10] See "expansion of coverage" in Definitions.

(2) How will co-payments and other cost-sharing be structured?

f) Portability

(1) Please describe any provisions for assuring that individuals maintain access to coverage[11] even as life circumstances (e.g. employment, public program eligibility) and health status change.

g) Benefits

(1) Please describe how and why you believe the benefits under your proposal are adequate, have appropriate limitations and address distinct populations.

(2) Please identify an existing Colorado benefit package that is similar to the one(s) you are proposing (e.g. Small Group Standard Plan, Medicaid, etc) and describe any differences between the existing benefit package and your benefit package.

h) Quality

(1) How will quality be defined, measured, and improved?

(2) How, if at all, will quality of care be improved (e.g. using methods such as applying evidence to medicine, using information technology, improving provider training, aligning provider payment with outcomes, and improving cultural competency including ethnicity, sexual orientation, gender identity, education, and rural areas, etc.?)

i) Efficiency

(1) Does your proposal decrease or contain health care costs? How?

(2) To what extent does your proposal use incentives for providers, consumers, plans or others to reward behavior that minimizes costs and maximizes access[12] and quality in the health care services? Please explain.

[11] See "coverage" in Definitions.
[12] See "access" in Definitions.

(3) Does this proposal address transparency of costs and quality[13]? If so, please explain.

(4) How would your proposal impact administrative costs[14]?

j) Consumer choice and empowerment

(1) Does your proposal address consumer choice? If so, how?

(2) How, if at all, would your proposal help consumers to be more informed about and better equipped to engage in health care decisions?

k) Wellness and prevention

(1) How does your proposal address wellness and prevention?

l) Sustainability

(1) How is your proposal sustainable over the long-term?

(2) (Optional) How much do you estimate this proposal will cost? How much do you estimate this proposal will save? Please explain.

(3) Who will pay for any new costs under your proposal?

(4) How will distribution of costs for individuals, employees, employers, government, or others be affected by this proposal? Will each experience increased or decreased costs? Please explain.

(5) Are there new mandates that put specific requirements on payers in your proposal? Are any existing mandates on payers eliminated under your proposal? Please explain.

(6) (Optional) How will your proposal impact cost-shifting[15]? Please explain.

(7) Are new public funds required for your proposal?

[13] See "transparency" in Definitions.
[14] See "administrative costs" in Definitions.
[15] See "cost-shifting" in Definitions.

(8) (Optional) If your proposal requires new public funds, what will be the source of these new funds?

3. A single page describing how your proposal is either comprehensive or would fit into a comprehensive proposal

4. (Optional) A single page describing how your proposal was developed.

C. Disposition of Health Care Reform Proposals

Upon proposal opening, all documents submitted in response to the Solicitation for Health Care Reform Proposals will become the property of the State of Colorado, and will be regarded as public records and subject to review by the public. In addition, all proposals will be posted on the Commission website in their entirety. The State cannot prevent disclosure of public documents. Proposal packages may be returned only at the proposer's expense.

As stated earlier, the Commission may use any proposal and the results of the technical analysis of any proposal to refine or develop a preferred proposal.

IV. Criteria and Selection

A. Minimum requirements

The Commission seeks a variety of health care reform proposals that will further the Goals and Guiding Principles of the Commission.

The Commission will consider for detailed technical analysis any proposal which is comprehensive. The charge of the Commission is "to examine health care coverage and reform models designed to ensure access to affordable coverage for all Colorado residents (SB06-208)."

Proposals that do not propose a comprehensive reform will not be considered for detailed technical analysis, but may ultimately be considered for inclusion in the Commission's recommendations to the General Assembly.

B. Criteria

Proposals that meet the minimum requirements will be reviewed based on the extent to which they meet or come close to meeting the criteria below.

Quotes following the criteria are taken directly from Senate Bill 06-208, the Act that created the Commission.

The Commission realizes that not all proposals may address all of the topics covered by the criteria. This should not discourage anyone from submitting a proposal. A proposal will not be deemed incomplete because it does not meet all of the criteria. In addition, there is no intent on the part of the Commission to prejudge whether the preferred approach is a public, private or public-private one.

1. Comprehensiveness

A reform proposal that is designed to expand coverage[16], increase access to quality care, improve health, and decrease costs broadly for all Coloradans.

The Act that created the Commission states that "It is the intent of the General Assembly to establish a Blue Ribbon Commission for comprehensive state health reform . . ."

2. Access

The ability for all Coloradans to get timely, appropriate health care.

The Act states that "The Commission shall have the authority to evaluate and consider . . . issues of access."

3. Coverage[17]

Health care coverage for all Colorado residents.

The Act that created the Commission states that "The Commission shall . . . examine health care coverage and reform models designed to ensure access to affordable coverage for all Colorado residents."

4. Affordability

Affordable health coverage for all Colorado residents; coverage for all Colorado residents such that no individual or family will be at risk of financial hardship due to their medical expenses.

The Act that created the Commission states that "The Commission shall be authorized to examine options for expanding affordable health coverage for all Colorado residents."

[16] See "coverage" and "expansion of coverage" in Definitions.
[17] See "coverage" in Definitions.

The Act also states that "The Commission shall be authorized to examine options for expanding . . . health coverage for all Colorado residents . . . with special attention given to . . . the underinsured, and those at risk of financial hardship due to medical expenses."

5. Portability

Continuous coverage for people who change health plans or programs.

6. Benefits

Benefits that are adequate, have appropriate limitations, and address distinct populations.

7. Quality

Improved quality of care for Coloradans.

8. Efficiency

Emphasis on "cost-effective" health care costs and lower costs.

The Act that created the Commission states that "Our complex health system diverts too many dollars away from cost-effective, evidence-based health care costs."

The Act also states that "The Commission shall have the authority to evaluate and consider . . . issues of value."

The Act also states that "[The commission is formed for the purpose of] studying and establishing health care reform models to . . . decrease health care costs for Colorado residents."

9. Consumer choice and empowerment.

Choice of health plan and provider and tools that enable consumers to make informed decisions.

10. Wellness and prevention

Incentives for consumers to engage in healthy behaviors and use appropriate preventive care.

11. Sustainability

Proposal is sustainable over the long term.

C. Scoring and Selection

1. All proposals will be in the public domain for all Commissioners and interested parties to read. A process will be developed by the Commission for public review and input.

2. The Technical Advisor[18] will review all applications and develop a grid briefly describing and comparing contents of all proposals. The technical adviser will also assesses how each proposal addresses the criteria for selection and array proposals according to how well they appear to meet the criteria. Technical adviser's analysis will be provided to the full Commission.

3. Each proposal will be read in its entirety by at least six Commissioners. The selection process will be accomplished over two Commission meetings by the full Commission.

4. The Key Author[19] may be asked to make a 15-minute presentation to the full Commission about their proposal followed by a 15-minute question and answer period.

5. The Commission as a whole will make the final decision about which three to five proposals will be selected for detailed technical review.

V. Terms of Participation for Selected Proposers

A. Scope of Work

The Key Author of a proposal selected by the Commission for technical analysis shall be responsible for completing the following tasks within the designated timeline:

[18] See "Technical Advisor" in Definitions.
[19] See "Key Author" in Definitions.

1. Participate in initial meeting with the Commission and/or the Technical Advisor[20] and the Independent Consultant[21] to discuss overall project plan, schedule, and process for coordination of the work—May 2007

2. Complete questions for Independent Consultant (sample questions in Attachment C)—May 2007

3. At the request of the Commission, coordinate with the Technical Advisor and the Independent Consultant to specify and refine proposal—this work will begin in May and could be completed as early as June or as late as August, 2007

4. While the Commission anticipates that proposal authors will work with the Independent Consultant to develop details of proposals, the Commission will review all details and assumptions and reserves the right to direct the Independent Consultant to modify, change, or examine alternative assumptions or details of a proposal.

B. Project Timeline

1. Commission selects Independent Consultant to perform technical analysis of selected proposals—April 2007

2. Commission reviews reform proposals that meet the requirements of this solicitation and were received by the deadline for submitting proposals—April-May 2007

3. Commission selects three to five proposals for technical analysis—May 2007

4. Commission submits proposals to Independent Consultant for analysis—May 2007

5. Proposers, the Commission, and Technical Advisors work with Independent Consultant to specify and refine proposals—May-September 2007

[20] See "Technical Advisor" in Definitions.
[21] See "Independent Consultant" in Definitions.

6. Independent Consultant submits results of technical analysis to Commission—September 2007

7. Commission reviews technical analysis and public input—October--November 2007

8. Commission develops recommendations and final report—November 2007

9. Commission submits report to General Assembly—November 2007

C. Alternate timeline

If Commission is given until January 31, 2008 to complete its work, the following timeline will be used:

1. Commission selects Independent Consultant to perform technical analysis of selected proposals—April 2007

2. Commission reviews reform proposals that meet the requirements of this solicitation and were received by the deadline for submitting proposals—April-May 2007

3. Commission selects three to five proposals for technical analysis—May 2007

4. Commission submits proposals to Independent Consultant for analysis—May 2007

5. Proposers, the Commission, and Technical Advisors work with Independent Consultant to specify and refine proposals—May-July 2007

6. Independent Consultant submits results of technical analysis to Commission—July 2007

7. Commission reviews technical analysis-- July 2007

8. Commission develops or refines lead proposal—July-August, 2007

9. The Commission and Technical Advisors work with Independent Consultant to specify and refine lead proposal—September – November, 2007

10. Independent Consultant submits results of technical analysis of lead proposal to Commission—November 2007

11. Commission develops recommendations and final report—November 2007-January 2008

12. Commission submits report to General Assembly—January 2008

D. Reimbursement for Travel Expenses

The person, organization, team or partnership of each selected proposal[22] will be reimbursed for travel expenses associated with the Scope of Work

[22] See "selected proposals" in Definitions.

described in this Solicitation, subject to guidelines established by the Commission.

VI. For More Information

If you have any other questions regarding this Solicitation for Health Care Reform Proposals, please contact Sarah Schulte at sarahschulte@mindspring.com.

Attachment A: Notice of Intent to Submit a Health Care Reform Proposal

If you intend to submit a proposal to the Blue Ribbon Commission for Health Care Reform, please complete and mail or email the "Notice of Intent to Submit a Proposal" form below by March 13, 2007, to:

Sarah Schulte
Technical Advisor
1919 8th St, Suite 204
Boulder, Colorado 80302
sarahschulte@mindspring.com

Notice of Intent to Submit a Health Care Reform Proposal

Key Author [23] or initial contact person, if Key Author is unknown:

Proposer or Team (one notice per team):

Address:

Contact Name:

Telephone (business number and cell number):

Fax:

Email Address:

If known at this time, please provide a three-sentence description of the proposal that addresses what is being proposed, who and or what in the health system would be affected, and what the basic approach to reform would be.

The information provided on this form will be posted on the Commission's web site.

[23] See "Key Author" in Definitions.

Attachment B: Proposal Cover Page

Please provide information in this form as the first page of your proposal.

Name of Proposal:

Proposer or Team:

Key Author (lead contact person):

Address:

Telephone (business number and cell number):

Fax:

Email Address:

Signatures of those authorizing the submission of the proposal:

Attachment C: Example Questions the Independent Consultant May Ask the Key Author to Answer

If a proposal is selected by the Commission for detailed technical analysis, the proposal's author(s) will need to answer a set of questions, provided by the Independent Consultant, within two weeks of selection. The Technical Advisors[24] and the Independent Consultant[25] will be available to assist the author(s) with answering questions, if necessary.

To help proposers anticipate the type of questions they may be asked by the Independent Consultant, the following are examples of questions that the proposal author(s) will need to answer. These questions were given to the Commission during interviews with potential Independent Consultants:

Target population, "eligibility", and enrollment

- Who is targeted by the new coverage (all uninsured, low-income working adults, small business workers, state workers)
- What will be new sources of coverage (if any)?
- How will eligibility for new sources of coverage determined, and/or how will eligibility for existing programs change?
- Will there be citizenship or residency requirements?
- Will there be any anti-crowd-out provisions?
- What will be methods of outreach/enrollment for new programs, or changes (if any) for existing programs?
- If there is a new program, how will it relate to federal programs and FEHP?
- Will coverage and/or offer of coverage be mandatory? If so, for whom and what will be the provisions for enforcement?

[24] See "Technical Advisor" in Definitions
[25] See 'Independent Consultant" in Definitions.

Insurance mechanism and pricing

- Will private insurers be used, how (e.g., bear risk, administrative only, PPO vendors), and for what populations?
- What rating rules would apply?
- Will private insuers' medical loss ratios be constrained in any way?
- How will premiums be collected?
- Will employer premium contribution be required?
- Will individuals be required to pay additional premiums for enrolling in a more costly and/or more comprehensive plan?
- Would premiums be paid through employer withholding or direct payments from the individual?
- Will premium discounts be offered for people participating in a wellness program?

Affordability

- Will there be a subsidy for coverage?
- What will be the form of the subsidy (e.g., premium assistance, subsidized reinsurance, simple tax credit, refundable tax credit)?
- Who will qualify for the subsidy?
- What will be the amount of the subsidy? Will it vary by income, premium level, or other considerations and how?

Continuity

- What would assumptions be regarding continuity of coverage, for example:
    - Will people be "dropped" from coverage regardless of changes in employment, income or marital status?
    - Will people be dropped for non-payment of premiums? Will there be a grace period?

Benefits

- If there is a new program, what will be the benefit design and cost sharing? Is the cost sharing different for those who receive a subsidy?
- How comprehensive are the benefits? Will supplemental benefits be available? (Long-term care? Physical therapy? Dental? Cost-sharing?)
- Will current Medicaid/SCHIP or other program benefits and/or cost

sharing be retained?
- Will benefits and/or cost sharing change in other existing programs?

Provider reimbursement

- If there is a new program, how will in-state providers be paid? How will out-of-state providers be paid? Can either balance-bill?
- Will provider participation be required?
- How will safety net providers (e.g., FQHCs and RHCs) be paid?
- How will provider reimbursements in existing (and retained) programs change, if at all?

Administrative costs

What administrative simplification provisions will be included? For example:

- Would a single administrative entity be established to perform various functions such as:
    - Administer the process of soliciting and approving bids to offer insurance;
    - Develop criteria for health plan participation such as adequacy of network, reserves, quality standards and customer satisfaction;
    - Provide materials to be used by people in selecting health plans;
    - Arrange for premium payments to individual health plans using premium revenues allocated from tax collections and subsidy payments;
    - Administer a risk adjustment methodology to account for differences in enrollees by age and other risk factors; and
- Will there be income-testing at the point of enrollment as under Medicaid?

Implementation

- What is the disposition of publicly funded programs?
- Will programs remain intact or provide wrap around coverage as a supplement?
- Would federal waivers be required to implement?

Financing

- Will there be an assessment on employers? If so:
    - What will be the basis of the assessment (e.g., payroll, amount per

worker)?
    - Will the assessment pertain to:
        - all employers or some (e.g., > 10 employees)?
        - all employees or some (e.g., employees not offered coverage, uninsured employees)?
    - How will funds from the assessment be used?
    - Enforcement?
- Will there be an assessment on individuals or providers? If so:
    - To whom will the assessment apply?
    - What will be the basis and amount of the assessment?
    - How will funds from the assessment be used?
    - Enforcement?
- Will any or all funding be eligible for federal match (Medicaid or SCHIP)?
- Will other or additional sources of funding be used? If so, what and how?

Attachment D: Baseline Information about Colorado Health Care

The document "Profile of the Uninsured in Colorado, An Update for 2005" is available on the Commission's website as "Attachment D" and was prepared by the Colorado Health Institute. This document describes the number and characteristics of the uninsured in Colorado.

Additional information about health care in Colorado, including information about Medicaid, the Colorado small group market, a history of Colorado health care reform efforts, and additional information about the uninsured in Colorado can be found at the Colorado Health Institute website publications page at http://www.coloradohealthinstitute.org.