Colorado Option
Culturally Responsive Provider Networks

Colorado Division of Insurance

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Key Questions to Address

- Why did Colorado pursue regulations on culturally responsive provider networks?
- What information did Colorado consider in the development of its regulations?
- What additional state agencies or entities should insurance regulators partner with to coordinate and develop this work?

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Established through HB21-1232, the Colorado Option is designed to improve **access**, **affordability**, and **racial health equity** for consumers purchasing health insurance in the individual and small group markets

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Goal 1: Control healthcare costs by lowering monthly health insurance premiums

Goal 2: Improve racial health equity and reduce racial health disparities

Goal 3: Utilize savings from health insurance premium reductions to increase access, coverage and affordability

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Goal 2: Improve racial health equity and reduce racial health disparities

How?

- Create a **Standardized Health Benefit plan** with a defined benefit & cost-sharing structure
- Design the plan to **improve racial health equity and perinatal coverage**
- Require health plans to **lower premiums** on the Standardized Plan
- Require Standardized Plans to have a **provider network that is culturally responsive**

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Colorado Revised Statute 10-16-1304(g):

- The Standardized Plan must have a network that is **culturally responsive and, to the extent possible, reflects the diversity of the community that it serves in terms of race, ethnicity, gender identity, and sexual orientation.**

- Networks cannot be more narrow than the narrowest existing network offered by that carrier.

- Each carrier must include as part of its Network Access Plan a description of the carrier's efforts to construct diverse, culturally responsive networks that are well positioned to address health equity and reduce health disparities.

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Colorado Revised Statute 10-16-1304(g) continued:

- Each network must include a majority of the essential community providers in the service area in its network
- Carriers who cannot meet these requirements must file an action plan with the Division.
- The Commissioner shall promulgate rules regarding these requirements

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- In the Colorado Health Institute's 2021 Colorado Health Access Survey, **50% of respondents reported that they felt as if their clinician treated them with less respect** or that their clinician was providing them with lower quality care than others.
  - When asked the reasons for why they thought they were being treated with less respect the top responses were **due to their income/financial status and their ethnic background or race**. Other reasons reported were due to disability status, gender identity and sexual orientation.
- Oakland Study - research that highlights the need for a diverse workforce and for a consumer to have a provider that they identify with (to support getting necessary services)

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We believe that creating culturally responsive networks will **improve the quality of care and health outcomes…** and we are approaching this work in phases.

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In the Fall of ‘21 we held stakeholder meetings to discuss what a regulation might look like in year 1. These meetings highlighted:

- We need **data** to understand what what our communities look like - both our provider communities and plan enrollees
- We should create requirements for **provider training** to support providers in better understanding the communities they serve and the lived experiences of their patients
- We should create requirements on **language access** supports, including ASL

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Meeting highlights continued:

- We should **enhance our provider directory** requirements to facilitate accuracy and information about nontraditional provider hours, public transportation, languages spoken, and how accessible offices are for those living with disabilities

- We should require a more **diverse set of network providers** (such as doulas, midwives, care coordinators/health navigators/CHW, diabetes educators)

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We took this feedback and learnings from others to create a draft regulation

Other resources included

- CA's QHP 2023 Standards (e.g. Race, Ethnicity, and Language Data Collection)
- CA's Language access law (SB 853)
- NCQA's Multicultural Health Care Distinction (Health Equity Accreditation)
- Consumer Advocate presentations

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Feedback on Draft Regulation

- Provider Data Collection
  - Standardize and streamline process
  - Confidentiality
- Training
  - Training providers
  - Criteria
- Provider directories
  - Accuracy
  - Standardized data

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In March we adopted our first regulation (4-2-80) which addresses:

a. **Demographic data collection** on providers, front office staff, and enrollees
b. Anti-bias, cultural competency, or similar **training** requirements for carrier customer service representatives, providers, and provider front office personnel.
c. Requirements to **improve language access** for non-English speaking populations
d. **Enhanced provider directory** information including languages spoken, extended hours, and accessibility of provider office
e. Enhanced **Essential Community Provider** Standards (50%)
f. Inclusion of **certified nurse midwives**
g. Enhanced **Access Plan** requirements
h. Elements of an **Action Plan** if standards can not be met

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Where are we going?

1. Collecting data through network adequacy filings this summer and fall
2. Analyze data and determine carrier compliance/opportunities for improvements
3. Explore existing structures that could be leveraged such as NCQA's health equity accreditation
4. Explore how to work with other entities (to support data collection & definitions)
5. Evaluate how we can tie this work to enrollee satisfaction and health outcomes

Questions?

"The best doctor to go to is someone who's done the work to understand what it means to be a safe, affirmative practice"

- Jessica Fish, director of the Sexual Orientation, Gender Identity and Health Research Group at the University of Maryland.

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