

Colorado Indigent Care Program (CICP) Stakeholder Forum
Meeting Notes
May 13, 2010

If you have any concerns, recommendations, suggestions or follow-up questions on the Stakeholder forum, please email the Department of Health Care Policy and Financing (the Department) at CICPCorrespondence@state.co.us

I. Welcome and Introduction of Staff

The Department welcomed participants and briefly summarized the purpose of the forum.

II. Department Updates and Discussions

Nancy Dolson gave an update on Health Care Services Fund and Primary Care Fund payments.

- Payments will be sent to The Children's Hospital and will be disbursed from Children's Hospital
- Primary Care Fund application deadline is June 14, 2010
- Awards will be determined the beginning of July
- HB 10-1378 allowed for federal matching funds, as a result the awards were increased
- Next year's Primary Care Fund payments will be lower.
- Stakeholders asked if the Comprehensive Primary and Preventive Care (CPPC) grant will continue
- The Department responded that the CPPC is not expected to be funded in FY 2010-11. It will resume when funding is available

III. Application and Manual Revisions

The Department went over client application revisions planned for FY 2010-11 and Stakeholders questioned what to do with those that don't have earned or unearned income? The Department determined that the N rate would be utilized for those without earned or unearned income. Providers are able to ask for documentation of income and resources and are encouraged to do so.

- Medicaid documentation of income is not required but can ask for it and most will bring it
- Self-employment will not be self declared. Will use a ledger to be like Medicaid and sign worksheet 2 to certify information on ledger
- Verification of business equity and partnership are no longer needed

- Cheryl will make a letter template for use in documenting work related transportation deduction
- The Department discussed changes in the FY 2010-11 CICP Provider Manual
- Audit response time will be changing from 90 days to 6 months
- If a provider cannot make that deadline and needs more time; submit a request in writing to Shirley Jones
- Stakeholder asked if cap will change to annually versus the calendar year.
- The Department response was that there will be no change for now, but will continue to evaluate the possibility of the changing the policy
- This item was tabled for the next Stakeholder forum and the Department will provide a matrix
- The manual will be printed by July 1, 2010 and it will be the last year it is printed. The Department is moving towards electronic distribution for most communication

IV. Medicaid Parent Expansion Program

The Department discussed the process to transition CICP Clients to Medicaid. The IDS staff will be only entering information on the parents but it could impact the children as well. Clinics that do not provide Medicaid, should use the guidelines in the manual for applicants, to determine if they are eligible for Medicaid and refer them to the correct county.

- Providers asked if all sections on the redetermination form needed to be answered
- The Department responded, Yes, but you can enter N/A if it does not apply
- IDS will verify, enter in to CBMS and mail files to the county
- Process is temporary for 4 months
- There is outreach in the newspaper and in community based organizations and counties

V. Grievance Database

- The Department discussed Client relations and accountability and reviewed the Complaint/Issues report with Stakeholders. The Department will include a key to show what each area includes
- Providers suggested that we use the service availability data in health reform
- Providers asked if the Department would outline the client's responsibilities
- Providers were asked for suggestions to draft client responsibilities
- The Department will bring a draft as an optional handout

VI. New Provider Contracts

The Department discussed provider contracts which are in the process of being revised. Term of contracts will now be five years. The anticipated date of completion is June 1, 2010. Contracts will only be sent to hospitals.

VII. Other Topics

The Department discussed the online application for CICP clients. The Department is not HIPAA for CICP and therefore cannot store the client's PHI. Currently cannot build an online CICP application. The Department thought about adding the CICP information to PEAK so clients would have an idea if they were eligible for CICP. Providers liked this idea with a link to the providers in the area. The Department will have to work with CBMS to get a general idea of the cost to do this and then can bring it back to the group to see if it is worth pursuing and will have more information at the October 28th meeting.

- CICP Providers suggested the ambulance co-pay be as high as the inpatient co-pay, but the Department will have to see if it is a rule or regulation change
- Stakeholders discussed health reform and the role CICP will have and how will it work together
- The Department should figure out the priorities of CICP in case funding goes down such as DSH and tobacco tax
- OAP financial changes: About 2000 will drop off OAP scale (state only) and go to CICP, but will not affect the OAP Medicaid. The Department will give the final OAP letter to providers, to help them understand the change and, explain change to OAP clients

NEXT SCHEDULED FORUM

Date: October 28, 2010
Location: Department of Health Care Policy and Financing
225 E. 16th Avenue, Conference room 6a/b (6th floor)
Time: 9:00 am – 12:00 pm

An agenda will be posted on the website prior to the next scheduled Forum.