FEBRUARY 2013 COMMUNICATIES

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CICP COPAYMENT RULE CHANGE

Effective January 1, 2013, CICP Client's copayment cap will be based on the client's date of application. Based on feedback from CICP stakeholders, the Department submitted a rule change, which will expand the window for CICP clients to reach their CICP copayment cap.

Under the old policy, all CICP clients' copayment windows re-start the 1st of January. The following are clarifications to key components to this rule change:

- 1. Clients rated in 2012 will also convert to the new CICP copayment cap system. For example: A client rated on October 31, 2012, will have until October 31, 2013 to reach their copayment cap window; and a client rated January 31, 2013 will have until January 31, 2014 to reach their cap. The copayment window will no longer expire December 31; and copayment windows will no longer automatically start at zero January 1.
- 2. Providers will continue to backdate CICP eligibility 90 days for all eligible applicants; however the effective date remains the date all documentation is submitted and the application is signed by both the applicant and technician; and
- 3. If a client is re-rated, the copayment cap year begins anew.

CICP ANNUAL PROVIDER TRAININGS

Annual training is just around the corner and the Department thanks all providers who have graciously hosted trainings in previous years. Providers who have a minimum capacity to accommodate 25 individuals and are interested in hosting a CICP provider training session are encouraged to contact the Department by May 1, 2013. Please submit available dates for hosting training between the dates of June 3rd and September 30th. If providers have specific training needs please contact Karen. Talley@state.co.us.

PROVIDER IN THE NEWS

Uncompaghre Medical Clinic (UMC) is focusing on female preventative care by offering free breast and cervical cancer screenings to women between 40 and 60 years of age with limited or no health insurance who meet income requirements. Recently,

UMC has brought on a new provider: Physician's Assistant Janet Gelman, to increase the number of patients who can be seen on a daily basis. To get more information about the free screenings, contact UMC at 970-327-4233.



MEDICAID EXPANSION

On January 3, 2013, Governor John Hickenlooper announced plans permitting the prudent expansion of coverage in Colorado. The Medicaid expansion will allow more than 160,000 Coloradans to gain access to health care coverage beginning January 1, 2014.

Currently, the Department provides Medicaid coverage to Adults without Dependent Children (AwDC) with incomes up to 10% FPL; capped at 10,000 enrollees and maintains a waitlist. All individuals currently on the AwDC waitlist will be automatically enrolled in Medicaid on January 1, 2014 when Medicaid coverage for adults is expanded to 133% FPL.

The Department is strengthening its ongoing efforts to control costs and increase value in Medicaid in the following areas:

- Enhancing value-based services. For example, the Department is boosting efforts to ensure clinically appropriate services, prevent unnecessary or duplicative services and to ensure use of the most effective care at the lowest cost. The projected savings is \$22 million.
- Increasing effectiveness in care delivery. For example, regional organizations and providers in the Accountable Care Collaborative are

- rewarded for coordinating care and meeting performance benchmarks. This effort has so far reduced health costs by \$20 million and returned \$3 million to taxpayers and is expected to save \$86 million.
- Reforming payment systems to reward value instead of volume. For example, HCPF is providing payments through its Accountable Care Collaborative to coordinate client care and improve outcomes. The projected savings is \$86 million.
- Leveraging health information technology to improve quality and efficiency of care. For example, upgraded computer systems allow the state to reduce fraud by enhancing the ability to track claims and payments. Projected to save \$43 million.
- Redesigning administrative infrastructure and reducing fraud, waste and abuse. For example, legislation passed last year gives incentive for counties to find and prevent client fraud. This is projected to save \$43 million.

To find out more about the Medicaid Expansion, please visit the Department's Web site at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251573887522.

CICP ANNUAL REPORT

The Department has published the FY 2011-12 Annual Report, pursuant to Section 25.5-3-107, C.R.S. The report provides information about the CICP including, statistics, medical services utilization, and an overview of the financing of the CICP. The report also identifies major outcomes for the CICP. Current and previous copies of the annual report can be located on the Department Web site at colorado.gov/hcpf.

CICP STAKEHOLDER FORUM UPDATE

The next CICP Stakeholder Forum is scheduled for 9:00 am to 12:00 pm, Thursday, February 21, 2013, 1st floor Conference Room, 225 East 16th Ave., Denver, CO. The Department will continue to discuss the future of CICP, in light of the Federal Health Care Reform. Please contact Karen Talley at Karen.Talley@state.co.us with any agenda item suggestions.

FREQUENTLY ASKED QUESTIONS

Question: Are providers allowed to backdate applications past 90 days?

Answer: Yes. As noted under Section 2.01 of the FY 2011-12 CICP Manual, Eligibility, ratings are retroactive for services received up to 90 days prior to application. However, providers may extend the deadline for special circumstances under a policy determined and set by the provider.

Question: Is it okay if the hospital chooses to waive the CICP copayment on certain occasions?

Answer: A provider can choose to waive or reduce copayments, but must report the copayment due per the CICP rating when submitting quarterly and annual summary reports to Ryan Chrzan.

Question: How should the Provider calculate the current month income when the applicant just started a new job and has only one paystub?

Answer: As noted in the CICP rules and in the FY 2011-12 CICP Provider Manual, Article VI, Section 6.02, when calculating income:

- Obtain as much documentation as possible to substantiate amounts.
- The rating process looks at the financial circumstances of a household as of the date a signed application is completed.
- Every effort must be made by the qualified health care provider to obtain the necessary documentation needed concerning the applicant's financial status.
- It may not be reasonable to wait until the applicant has one month's worth of pay stubs before completing the CICP application. If an applicant has just started a new job and has less than one month's worth of paystubs, or has not received a paycheck yet, utilize the information available to calculate the applicant's monthly income and convert to an annual income.

FIRST ANNUAL CICP EXECUTIVE FORUM

The Department is proud to announce a new Annual CICP Executive Forum. This forum will replace the existing CICP Annual Provider Meeting. The goal of the executive forum is to engage executive staff in discussion regarding CICP. In particular, this forum will focus on high-level topics that will include:

- Visions and goals of the Department and the CICP;
- · Policy, budget, and legislative updates; and
- The future of health care nationally and in Colorado, and what that means for the future of the CICP.

The CICP Executive Forum will provide the Department a venue to update senior executives in charge of administering the CICP with the Department's plans and goals for the program. The forum will also provide senior executives the opportunity to have a voice in how the Department maintains and improves the program.

The Forum will be held on Friday, April 11, 2013 from 1:00 pm to 3:00 pm in the Children's Hospital Colorado's Dori Biester Board Room, located at 13123 East 16th Avenue, 2nd Floor, Aurora, CO.

Please send specific areas of discussions, questions, comments, and/or concerns to Chandra.Williams@state.co.us. The Department welcomes information to continue a successful partnership between the Department, providers, and the clients we serve.

PRIMARY CARE FUND UPDATE

The Department is pleased to announce that there will be no change to the application process or funding for the PCF grant. All eligible providers are encouraged to apply. The PCF 2013-14 application will be released to the Department's Web site by May 7, 2013. Please visit the Department's Web site at colorado.gov/hcpf for additional information.

GENERAL REMINDERS

- CICP Correspondence email is currently working, however providers can continue to send specific inquiries to:
 - For CICP provider audit information, and CICP questions or concerns contact: Chandra.Williams@state.co.us
 - For Primary Care Fund questions, and CICP questions or concerns contact: Karen.Talley@state.co.us
 - For Provider billing reports and information contact: Ryan.Chrzan@state.co.us
- If you would like assistance concerning CICP payment information, please contact our Safety Net
 Accountant, Gina DeCrescentis. She can answer questions about current and prior payments, EFT Direct
 Authorization or W-9 forms, or other information. Gina can be reached at 303-866-5718 or
 Gina.DeCrescentis@state.co.us
- Providers can access CICP information at Colorado.gov/hcpf. Click on Providers, and CICP on the left menu and select from the listed topics.
- The Adults without Dependent Children Medicaid Expansion (AwDC) allows patients greater access to cost-effective health care and a higher reimbursement for providers. Individuals whose income may qualify them for AwDC should be referred to apply and providers should confirm enrollment in the AwDC expansion for all individuals in the lowest CICP rating categories (below 40%).

 Once clients become enrolled in AwDC and are no longer on the waitlist, they are not eligible for CICP, and should not receive services under CICP. Providers can verify eligibility through the methods they currently use, such as: Colorado Medical Assistance Program Web Portal, FaxBack, and Colorado Medicaid Eligibility Response System (CMERS)/Automatic Voice Response System (AVRS).

COLORADO INDIGENT CARE PROGRAM

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