



COLORADO

Department of Health Care
Policy & Financing

Colorado Indigent Care Program (CICP) Executive Forum Meeting Notes

225 East 16th Avenue, 1st Floor Conference Room

March 26, 2015

1. Welcome and Introductions

2. Department Updates

- Publish annual report each February 1st
- Large decrease in number of persons on CICP and a huge increase in number of persons on Medicaid
- Equity threshold for vehicles will increase to \$7,500
- Deduction for medical expenses under discussion
- Rejected the increase of income eligibility threshold to 400% FPL
- Working on possibly allowing dental charges under CICP

3. Discussion of Possible CICP Policy Changes

- Goal is to encourage utilization of subsidized health insurance while preserving CICP as a safety net
- 3 possible options under consideration
 - Require client have private insurance
 - Patients have a greater availability of services covered under their insurance policy
 - Providers have a higher guaranteed source of payment at a higher rate than what CICP does
 - Patient may not maintain their insurance
 - It may be costly for the patient out of pocket
 - Health insurance is still unaffordable for many
 - Uninsured limited to emergency/urgent services
 - Encourage clients to obtain health insurance
 - Keeps CICP available as a safety net
 - Health needs may go unmet
 - Insured must go to in network for non-emergency care
 - Encourage clients to use their network and benefits
 - Reduces CICP charges eligible for write-off

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
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- Good idea to restrict to those who only have health insurance however there will always be people who do not have health insurance or would never qualify for Medicaid or for the subsidies for health insurance
- Access to services would be a big issue with requiring people to have health insurance
- Requiring people to have health insurance will just drive people back to the Emergency Departments
- Increased penalties will create more incentive for people to enroll in private health insurance but there is still that population that are happy with just having CICP
- Leave it in hands of provider to encourage clients to go to in network. Possibly have a distance limitation
- Encourage patients to not use Emergency Department
- Some Kaiser facilities have a waiting list so if there is a mileage restriction there should also be a waiting period limit
- Concerned about uninsured clients coming in to enroll in CICP during non-open enrollment
- Community health centers will be seeing these patients anyway. Can encourage them to seek out the option available to them but we cannot turn them away
- If policy is provider based there won't be standardization
- Remove option of requiring insurance for CICP clients and option to limit emergent/urgent care for CICP
- No compelling reason to change policy and could impact service available so better to leave as is and change manual to better reflect what current operational policy is
- Maybe revisiting this later after Medicaid expansion has been effective for a year or two

4. Discussion on Possible Financial Restructuring of CICP

- Goal to efficiently provide services to eligible clients and not harm the providers financially, and simplify administration of the CICP
- Three possible policy options
 - Create a Medicaid Buy-In for CICP clients
 - Eligible clients will receive full Medicaid benefits
 - Eliminates dual eligibility process
 - Provides have a guarantee of reimbursement for services
 - Increase in Medicaid caseload
 - Would need to change state law
 - Would require CMS approval
 - Question if the funding would go far enough to cover
 - Create a Health Insurance Buy-In for CICP Clients
 - Patients receive all services allowed under insurance policy



- Providers have guarantee of reimbursement for services
- Eliminates screening for CICP
- Will require federal waiver from CMS
- Not enough CICP dollars to sustain coverage
- Where is the safety net for those who cannot afford deductibles
- Create a Grant Program for CICP
 - Using existing dollars but rather than having Department's administration and established policies have more of a grant program where more of the policy would be set at the provider level
 - Funding could be distributed based on a formula
 - Providers are in control of how the dollars are spent and can be more in line with their community needs
- CMS & UPL dollars should not be a concern
- The hospital provider fee could continue to evolve as they have and this could be directed more toward the clinics
- Hospitals provide a lot of coverage to uninsured, hospitals can continue to do their own charity care program and get reimbursed from the hospital provider fee
- Will be some inconsistency between providers
- Would have to be some broad policy requirements
- Would most likely create a policy similar to the Primary Care Fund as to what the provider would still be required to do to get the funding
- What about patients who go from clinics to hospitals is there a way to ensure service is consistent
- Can't use federal dollars for illegal immigrants how would this affect that
- Turning it into a grant program becomes a grant for the facility to offset costs and is not limited by certain state regulations
- Not going to cost more from a federal budget requirement
- In theory they pay less in subsidies
- Probably high out of pocket expenses for buy in programs
- Money doesn't go as far in buy in program
- A lot of work on how to identify clients and get them in the right bucket for buy in programs
- The buy-in ideas will be put on the back burner
- Get into more detail about making this a grant program

5. Wrap Up

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Cynthia Miley at 303-866-4136 or cynthia.miley@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

