



COLORADO

Department of Health Care
Policy & Financing

Colorado Indigent Care Program (CICP) Executive Forum Meeting Notes

303 East 17th Avenue, Conference Room 11 B/C

September 15, 2015

1. Welcome and Introductions

2. Addition of Dental Services to CICP

- At this time an opportunity exists to offer dental services through CICP
- Following the Medicaid expansion CICP enrollment has dropped by 75% however funding for the clinics has remained unchanged
- Through CICP we have tried to keep benefits comparable to what is offered through Medicaid, Medicaid now offers an adult dental benefit
- Most clinics are already offering dental services but are not being reimbursed through CICP for those services
- Collected data on dental services for FY 14-15
 - 54,700 clients received dental services
 - Total \$8.1 million in dental charges
 - \$2.7 million third-party payments
 - \$1.3 million in patient copays
 - \$4.1 left that could potentially be a write off to CICP
- Of the 19 CICP clinics only 4 do not provide dental services
- Proposing the dental services allowed to be written off mirror those allowed in Medicaid with no required pre-authorization and no \$1,000 limit per client per year
- The CICP program itself will not be establishing a standard copayment scale for dental services
 - Clinics that would like to be able to write off their dental services to the Department would need to submit their own sliding fee scale
 - The sliding fee scale must ensure that those lower income patients are paying less than higher income patients
 - Would be able to charge different copays for different services
- CICP covers individuals up to 250% of the federal poverty level
 - The sliding fee scale clinics submit to the department must go up to 250% FPL
 - Must show that sliding fee scale is applied uniformly to all CICP clients through an organizational policy



- The PIN for the Federal sliding fee scale requires FQHCs to go up to 200% but cannot go over 250% without additional funding sources
- Decision was made that all dental services would be permissible to write off but those decisions would be made at the provider level
- Estimated charge about \$278 per person in aggregate
- Did not select option to combine dental and medical into one
 - Already into this fiscal year and providers have already received some funding
 - For next fiscal year 16-17, we won't have enough dental data to work with
- Selected option to set aside a chunk of the \$6.1 million appropriation
 - Financial impact will be known up front
 - Can design so dental reimbursement is always subordinate to medical services, priority for the program would remain medical services
 - If so desired clinics can be reimbursed this fiscal year and next fiscal year
 - Enables us to have more dental data available prior to next fiscal year
- Of the 4 clinics that do not provide dental services their CICP reimbursement falls about 8% on average
- The larger providers have a smaller percentage impact change for reimbursement
- CCHN has been working with the Department on this for the last year.
 - With health care reform we knew the number of people on CICP would change so the department was proactive to see what can be done to keep the funding in this program long term and how do we ensure that this program is meeting the needs of the clients
 - Reimbursement is not per patient
 - Clinics are not being asked to change how much they charge
 - The amount owed by patients is not being changed
 - Dental write off charges could be submitted to the Department
 - FQHCs would have an unreimbursed cost to extend their sliding fee to 250%
- The providers can elect to cover preventative only, restorative only or both
- Even with dental the medical reimbursement next year will be higher for everyone
- If we are going to implement January 1st we will need to have rules to the Medical Services Board Oct 1st

3. March 2015 Executive Forum Review

- A few long term options available
- Looking for a grant program for CICP clinics
- See program for clinics being very different than for hospitals
- Overall goal is to preserve access to low income Coloradans



4. Long-term Option for CICIP clinic funding

- Looking at program changes in fiscal year 17-18
- Want to continue to receive the federal match so the funds will still go to clinics via children's hospital
- Competitive Grant Program
 - Department would develop an application
 - Propose how the funds would be used
 - Would need a review committee
 - Would have some sort of contract or agreement in place
 - Would need to have reports
 - Some providers may not be awarded
 - Can look at either annually or multi-year or a combination of both
 - Not a federal grant
- The CICIP program is a grant program that is state run not federally run
- Distributive Grant Program
 - Formula based on utilization services
 - Bring in some type of performance metrics
 - Still need to be an application
 - Funds can be directed towards needs of the community
 - This would eliminate dual system
 - Develop distribution formula
 - Lower ability to quantify how funds are used
- Looking at removing state eligibility requirements under either option
- Would need to be a meaningful sliding fee scale
- Would look at not having any additional requirements than what you have under federal
- The lawful presence requirement would no longer be needed

5. Questions and Other Business

- Hospitals are funded through the Hospital Provider Fee
 - The majority is supplemental Medicaid financing
 - The rest is DSH funding
- Less than half of the CICIP hospitals are receiving DSH funding
- Do we want to continue to have a HCPF led program or is there another way

6. Tentative Agenda for Next Meeting and Wrap Up

7. Next Meeting

The next meeting will be scheduled in March 2016



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.

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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