



**COLORADO**

Department of Health Care  
Policy & Financing

## **Colorado Indigent Care Program (CICP) Executive Forum Meeting Notes**

303 East 17th Avenue, Conference Room 11 B

September 15, 2015

### **1. Welcome and Introductions**

### **2. March 2015 Executive Forum Review**

- Met in March in a joint meeting with clinics and hospitals
- Several options were taken off the table
  - Raising the federal poverty limit in the CICP program
  - Creating a CICP buy in program similar to Medicaid
- Became apparent that there are different paths for the clinics and hospitals
  - Most clinics are Federally Qualified Health Centers
- Looking at moving funding for clinics to a grant program
- Funding for Indigent Care Program for hospitals is done through the Hospital Provider Fee and matched with DSH

### **3. Long-term Options for CICP Hospitals**

- Goal to preserve access to health care services for low-income, uninsured Coloradans
- Finalize recommendation in March 2016 in order to bring proposal to our executive team in May 2016
- We now have preliminary data from fiscal year 2014-15
  - See a decline in CICP enrollment
  - More people are qualifying for Medicaid
- Following Medicaid expansion CICP enrollment declined by 75%
- DSH funds are being directed to CICP hospitals if they meet requirements
- Not all CICP hospitals are receiving those DSH funds
- DSH and other supplemental hospital funding is under the direction of the Hospital Provider Fee Oversight and Advisory Board
- Colorado's uninsured rate 6.7%, down from 14% prior to ACA
- Currently have an annual CICP application process
- The Department sets eligibility and sliding fee scale policies
- Data and audit reporting required
- Funding dependent on DSH eligibility

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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- Option to leave program as is
  - There is an administrative burden that comes with the program
  - The DSH funding is scheduled to start decreasing on a federal level
  - Some hospitals do not receive DSH
  - Duplicative with other state and federal laws
- Option to remove statutory requirement for hospitals
  - Hospitals manage their own financial assistance programs in line with ACA and state requirements
  - Hospital Provider Fee Oversight and Advisory Board can continue to direct DSH funding and policy objectives
  - HCPF can relegate with the Department of Public Health and Environment to get information that is being reported to them for the financial assistance standards
- The oversight and advisory board can decide to change how the DSH dollars are distributed
- Not necessarily any change to the funding
- In order to receive funding we have the hospitals reporting their uninsured data
- We are already getting that data we need for the overall hospital provider fee program
- Using CICIP write off data for the CICIP Annual Report the is submitted to the legislature
- Community health centers are required to help persons regardless of their ability to pay, must have a meaningful sliding fee scale under federal requirements
- Department is leaning toward removing that statutory CICIP program in a way
  - Does not mean hospitals can be eliminating financial assistance
  - Duplicative and overlapping with other state and federal requirements
  - Continue to work with oversight board to distribute funds in a way that is more quality and to ensure more indigent clients are covered
- Funding that is currently going to hospitals will continue to go to hospitals, no change in funding
- Out of 47 CICIP hospitals, 29 are not receiving DSH funding this year
- Benefit of the program is that everything is standardized
- Funding is dependent on data we receive from CDPHE
- Senate bill 50 requires hospitals to submit data to CDPHE
- Should there be some sort of agreement that hospitals would honor each other's cards
- Downside of the current program is that clients shop around
- The clinics have different federal financial screening requirements
- DSH funding is a total of \$197 million
  - Is not paid by patient or by claim
- Only Denver Health and University are required to participate in CICIP, other hospitals participate voluntarily



- Reimbursement through hospital provider fee is based on your Medicaid utilization rate
- Hospitals who help a higher number of Medicaid and uninsured versus private pay get a higher net reimbursement
- Can recommend best practices for hospitals
- Will look at how FQHCs are determining eligibility
- Reaching out to CDPHE regarding how the financial system standards are working under SB 50
- Goal to send out something before March looking for feedback on proposals

#### **4. Questions and Other Business**

#### **5. Tentative Agenda for Next Meeting and Wrap Up**

#### **6. 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](mailto:cynthia.miley@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting.

