

CICP Workgroup

Session #3

Provider Collaboration, Appeals, and Collections

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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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Meeting Objectives

- Items to revisit from last meeting in regards to hospitals
 - Family Size, Copayment Caps, Copayment Table, Income/Resources/Spend Down
- Collaboration with other Providers
- Patient Grievance/Appeals
 - Notifications, Appeal Instructions, Review Process
- Collection Policies
 - Communication, Payment Plans



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Hospital Family Size

- Last meeting: Discussed having a range from current CACP Rules to MAGI rules
- Proposal Clarification:
 - Non-spouse, non-student adults ages 18 to 65 must have support demonstrated to be counted in family size.
 - Hospital has right to seek further verification.
 - All minors and those over 65 do not need documentation of support to be counted in family size.



Hospital Copayment Caps

- Last meeting: Decision that caps are acceptable, but not mandatory.



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Hospital Copayment Schedule

- Maximum copays same as current CICP schedule, hospitals can choose to charge less
- The copayment chart handout simplifies the display



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Hospital Income/Resources

Proposal following last discussion:

- Permissible (but not required) to count liquid resources in income determination
- If liquid resources are counted, then
 - Spend down must be allowed to qualify for SFS, and
 - Minimum \$2,500 in resources per person must be protected.



Questions?



Collaboration

- Providers should collaborate with their community partners.
 - The Department would like to understand these agreements, formal or informal.
- Other CICP providers, non-CICP providers, other organizations (local public health agencies, housing assistance, area aging organizations, etc.)
- There will be a section in the application that covers these agreements.



Patient Grievance/Appeals

Qualified providers must have:

- Notification Process
- Grievance/Appeal Instructions
- Grievance/Appeal Review Process



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Notification Process

Proposal- Notification Process must include:

- Reason for denial or rating level included
- Options for other programs or payment plans for those who were denied



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Grievance/Appeal Instructions

Proposal- Grievance/Appeal Instructions must include:

- Should be included in initial notification of denial
- Include information about any forms that need to be completed or who to contact to begin the appeal
- Include contact information for an advocate or contact that can assist the applicant in their appeal



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Grievance/Appeal Review Process

Proposal- Must be explained by provider when filling out the Provider Agreement Application

- How does the applicant's appeal get elevated to the correct level?
- What information is reviewed or recalculated?
- What is the timeline for a review decision?
- How is the applicant notified of the outcome?



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Collection Policies

- Communications to clients (transparency)
- Payment Plans



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Communications

Proposal- Qualified providers must communicate the following:

- How are patients informed of what they need to do to avoid being sent to collections?
- How are those who are delinquent on payments warned that they will be sent to collections if they do not comply by a certain date?



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Payment Plans

Proposal- Qualified providers must explain:

- How are payment plans set up for clients under the new program who need more time to pay their copayment?
 - What information is required from the clients?
- How is information made available to the clients?



Questions?



Contact Information

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Thank You!



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