

CICP Workgroup

Session #4

Data Collection

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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

- Discussion wrap up from last meeting
 - Grievance/Appeal Process, Collections Policies, Collaboration with Other Organizations
- Data Elements
 - Costs, Visits, FPL Breakdown, Unduplicated Clients
- Submission Timeline



Grievance/Appeal Process

- Last Meeting: Discussion about trying to fix something that isn't broken.
- Suggestion:
 - Combine both current CACP appeal policies (rating appeal and management exception) into one policy and use as minimum standard.



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Collection Policies

- Suggestion:
 - Providers will be asked to describe their collection polices including how and when they communicate their polices to clients.
 - Polices must follow current legal requirements



Collaborative Agreements

- Suggestion:
 - Providers will be asked to describe how they collaborate with community organizations and other providers and list the names of those community organizations and providers.
 - Any supporting documentation, such as letters of support or memoranda of understanding, should be included with the application



Questions?



Required Data Elements - Clinics

- Charges for all program clients \leq 250% FPL
- Visits for all program clients \leq 250% FPL
- Unduplicated Clients



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Other Data Elements - Clinics

- FPL Breakdowns
 - 0-100%, 100-200%, 200-250%
- Age Groupings
 - 0-17, 18-64, 65+



Required Data Elements - Hospitals

- Charges and admits/visits for patients $\leq 250\%$ FPL
- Breakout for inpatient admissions and outpatient visits
- Unduplicated Clients



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Other Data Elements - Hospitals

- FPL Breakdowns
 - 0-100%, 100-250%, 250%+ if applicable
- Age groupings
 - 0-17, 18-64, 65+



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Questions?



Submission Timeline - Clinics

- Option #1 - Cut submissions to twice a year
 - Once in January, once in July
 - Data used for 2018-19 would be from 2017-18 instead of 2016-17
- Option #2 - Change to calendar year, submit data with annual provider application
 - Data used for 2018-19 would be from calendar year 2017



Pros and Cons - Clinics

- Option #1 - Cut submissions to twice a year
 - Pros:
 - Less data submissions for year, cuts data gap to 1 year
 - Cons:
 - Visit data on state fiscal year, metric data on calendar year
- Option #2 - Change to calendar year
 - Pros:
 - All data on calendar year, one submission a year
 - Cons
 - Data gap only cut to year and a half



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First Year Payment Data

- The data to be used for payments for the first year of the new program is yet to be determined and might depend on which option is chosen.



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Submission Timeline - Hospitals

- Option #1 - Keep current data submission timeline
- Option #2 - Change to twice a year
 - Once in January, once in October, or
 - Once in April, once in October



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Questions or Concerns?



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Thank You!



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