

Transformation Decision Log - All Providers

Transformation Workgroup Discussion Topics	CICP Proposal	Workgroup Discussion	Next Steps with Stakeholders	Decision	
New Name					
	New name for program	Colorado Hospital/Clinic Support Fund, Colorado Hospital/Clinic Discount Support Fund	Colorado Hospital/Clinic Support Fund got most votes. Use of the word "fund" may be problematic, really like Safety Net Payment. Did not like long names. Colorado does not necessarily have to be in the name. Will add Colorado Health Care Fund to next survey.	SurveyMonkey - Closing at 5PM October 27, 2016. Choices are Colorado Hospital/Clinic Support, Colorado Hospital/Clinic Support Program, Colorado Hospital/Clinic Support Payment.	
Services					
	Emergent/Urgent	Required to provide emergent/urgent services to all clients			Accepted
	Medically Necessary	Only medically necessary services eligible for write off to Department			Accepted
	Basic Service Copay Categories	List in PowerPoint presentation of September 27, 2016	List approved	Deliverable: Sample copayment schedule with all service categories broken out separately	Accepted
	Copayment Deliverable	Same categories as current CICP, broken out into single service types			Accepted

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Collaboration					
	Formal Agreements	Encouraged, not required	Burdensome to pull all agreements together, general types of agreements, providers, other organizations possible. Section for these agreements will be added to application, format TBD. May change over time if Advisory Council discusses incentive for having agreements documented	Providers will be encouraged to describe how they collaborate with community organizations and other providers and list the names of those organizations and providers. Any supporting documentation, such as letters of support or memoranda of understanding, is encouraged to be included with the application.	Accepted
Patient Grievances/Appeals					
	Notification Process	Reason for denial/rating, options for alternate programs	Clear timeline stated	Roll current appeals into one process (appeals and exceptions)	Accepted
	Grievance/Appeal Instructions	Included in initial notification, info about forms, contact information			
	Grievance/Appeal Review Process	Appeal getting to correct level, reviewed information, timeline, notification	Possibly trying to fix something that isn't broken		
Collection Polices					

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Communications	Information about avoiding collections, informing delinquent patients	Current rules/laws that guide these practices	Providers will be required to describe their practices in the application	Accepted
Payment Plans	How set up, info required, communication to clients	Current rules/laws that guide these practices	Providers will be required to describe their practices in the application	Accepted
Data Elements and Collection				
Charges and visits for all program clients <= 250% FPL	Hospitals can serve above 250% if they choose to	"Charges" includes all TPL and PL as well		Accepted
Unduplicated clients	Change age groups to 0-17, 18-64, 65+			Accepted
FPL Breakdowns	Clinics: 0-100%, 101-200%, 201-250% Hospitals: 0-100%, 101-250%, 251%+ if applicable	Non-FQ clinics may have different breakdowns and serve population higher than 250%, will still only be able to write off those <=250%		Accepted
County breakdowns	Same as have been			Accepted
Age groups	Change age groups to 0-17, 18-64, 65+			Accepted
Sex	No longer breaking charges/visits out by sex			Accepted
Submission Timeline - Clinics	Change to calendar year, submit data with annual provider application			Accepted

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Submission Timeline - Hospitals	Option #1 - Keep current submission timeline Option #2 - Cut submissions to twice a year	Option #3 - Change to calendar year, submit data in April/May timeframe	Discuss further with Hospitals and Hospital Association	

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Income Determination				
Deductions allowable from income	None allowed			Accepted
Adjustments for resources	Liquid assets counted, spend down required if assets counted, protect at least \$2,500 per family member	Department will provide examples of liquid and illiquid resources		Accepted
Adjustments for seasonal income allowable	Allowed			Accepted
Documentation				
Paystubs/Employment Letter	At least one, possibly up to a month's worth	Can also obtain documentation through a phone call with employer		Accepted
Ledger for self-employed				Accepted
Unearned/no income self-declared				Accepted
Tax returns can be used				Accepted
Family Size				
Family Members	Range from current CICP rules to MAGI rules	Becomes problematic for undocumented individuals, especially for aunts/uncles taking care of nieces/nephews	New proposal: Non-spouse, non-student adults ages 18-65 must have support demonstrated to be counted in family size. All minors and those over 65 do not need documentation of support to be counted in family size.	Accepted
Copayment Schedule				

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Tiers	At least three tiers, unless there is a 100% discount for a large amount of the income ranges			Accepted
Copayment Levels	Cannot be more than current CICP copayment table, can be less			Accepted
Copayment caps	Permissible, not required			Accepted
Dollars vs Discounts		Dollars are easier for providers and clients		Accepted

Transformation Decision Log - Clinics

Transformation Discussion Topics	CICP Proposal	Decision
Income Determination		
Federally mandated	Follow federal mandate	Accepted
Documentation		
Federally mandated	Follow federal mandate	Accepted
Family Size		
Federally mandated	Follow federal mandate	Accepted
Copayment Schedule		
Tiers	100% discount or nominal fee for 0-100%, or CICP breakdown allowable	Accepted
Expand federally mandated copayment scale to 250%	For 200-250% FPL, the current CICP copayment schedule highest allowable	Accepted
Payment Calculations		
Use UDS data for quality metrics	Weight screenings, depression screenings, hypertension maintenance, diabetes maintenance	Accepted
Split for Costs/metrics	75/25 split	Accepted
Population	All less than or equal to 250% for metrics	Accepted
Size considerations	Number of visits for all patients less than or equal to 250% included in quality metric payment calculation	Accepted
Miscellaneous		
Qualified providers in city and county of Denver can apply		Accepted
No pediatric only providers	Goal of CICP is to provide comprehensive primary care to all ages	Accepted
Non-FQs must have Community Health Clinic license issued by CDPHE		Accepted