



COLORADO

Department of Health Care
Policy & Financing

Colorado Indigent Care Program (CICP) Stakeholder Forum Meeting Notes

303 E 17th Avenue, Conference Room 11AB
April 28, 2016

1. Welcome and Introductions

2. Senior Dental Grant Information

- New dental program began July 1, 2015
- Grant program with \$3 million for the entire year
- Program for Seniors 60 and over not on Medicaid and do not have private insurance
- If the senior has been already screened for CICP that screening can be used for this program as well
- There is a set list of CPT codes and set charges for those codes
- There are also set copays, some have a zero copay
- Program covers exams, diagnostics, treatment plans, emergency, and more
- There is not a \$1,000 cap like Medicaid
- There are currently some coverage gaps that need to be filled

3. Department Updates

- Lawful presence has not been updated yet
- Department of Revenue rule will allow any document that can be pulled from SAVE or any federal document to be used for Lawful Presence
- Estimated to be in effect by end of July
- Our goal is to have our rule effective when their rule is effective
- There is a waiver process for clients that do not have an acceptable form of documentation as listed in the manual

4. Main Discussion Items

- Training for this year will be via webinar and topic specific
 - Training topics will include income guidelines, liquid asset spend down, Excel application training, allowable deductions
- Training will be in June, July, and August
- Goal is to maintain access to care for low-income un-insured and under-insured Coloradans

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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- Want to make sure that the integrity of this program is upheld
- Also seeing that a large percentage of CICP clients now have health insurance
- The program needs to be more administratively efficient for both hospitals and clinics
- Everything we discuss today is just a proposal of what will be going into our legislative proposal
- Goal is to have the language be as broad as possible to allow for future modifications
- The clinic will now be the qualifying entity and not the patient
- Clinics will still need to be a free- standing FQHC or FQHC look alike, rural health clinic or hold a community health clinic license
- Clinics must serve primarily low-income populations, screen for and refer patients to Medicaid and CHP+, use a multi-tiered sliding fee scale, and report to the Department how they determine income
- Will be using quality metrics as part of the funding formula
- Stakeholder forum will be replaced by a stakeholder advisory council appointed by the Department's Executive Director
- Will be adding audits to the program conducted by the state similar to what the primary care fund audits work
- Providers that participate in both programs will be audited simultaneously
- \$50,000 will be used from the appropriation to fund the audits
- New funding methodology will be a combination of cost based and quality based metrics
 - 75% of the funding from cost metrics
 - 25% of the funding from quality metrics
 - This may change in future years
- Clinics would need to provide a Memorandum of Understanding or some sort of contractual agreement with another entity
- A lot of similarity between hospitals and clinics
- Hospitals will need to submit applications demonstrating
 - Process to determine patient income/resources
 - Process to screen and refer patients to Medicaid/CHP+
 - Multi-tiered sliding fee scale used
 - Charity care program meets state requirements
 - Established relationships and agreements with community clinics and other health care providers
- Hospitals must continue to report utilization data to the department
- Hospital Provider Fee Oversight and Advisory Board will continue to be the oversight on the hospital side
- Hospitals will also be audited in this new audit system by the state
- Hospitals will continue to report as is required for the Hospital Provider Fee funding model
- For clinics the allocation will change based on the cost and quality metrics



- The quality metrics does not change funding very much
- Will take effect July 1, 2017
- Will submit proposals to executive leadership team April 2016
- By September 2016 will have draft legislation put together
- Will have next executive forum in September/October timeframe
- Introducing legislation in January 2017
- February 2017 will initiate MSB rule process
- Will begin appointing the Clinic Stakeholder Advisory Council in March 2017
 - It is the Department's intent to have a consumer advocate position on the council
- In April 2017 Clinics and Hospitals will submit their applications
- We do now have an opportunity to rename the CICP

5. Questions and Other Business

6. Tentative Agenda for Next Meeting and Wrap Up

7. Next Meeting

The next scheduled meeting is at 9:00 a.m. on Thursday, July 28, 2016 at 303 East 17th Avenue, Denver, CO in conference room 11AB.

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.

