



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

303 E 17th Avenue, Conference Room 11AB  
August 10, 2016

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

### **2. Introductory Remarks**

- The number of persons eligible for CICP has declined since the Affordable Care Act and the Medicaid Expansion in January 2014
  - In the first year we saw about a 72% decline
- Those still on CICP are either over income for the Medicaid program, an immigrant with a 5-year bar for the Medicaid program or they are insured
- Everyone who is on CICP today is eligible to purchase their own insurance through the marketplace or through the Medicaid program
- We have a proposal going forward to make changes to the statute of the Colorado Indigent Care Program and would like to get some workgroups started to work on those changes
- Have two emergency rules going forward – evidence of lawful presence and halfway house residents eligible for CICP

### **3. Health Insurance for Low Income**

- Health First Colorado is the new name for Colorado's Medicaid Program
- We want to encourage CICP applicants to enroll for the marketplace plans, specifically silver plans
  - The advance premium tax credits are available for those up to 400% FPL
  - The cost sharing reductions are available for those up to 250% FPL

### **4. Proposal for Transforming CICP**

- Will be setting some minimum standards for the Hospital and Clinic programs
  - Clinics will serve up to 250% FPL
  - Hospitals would be required to serve up to 250% FPL and we may consider additional incentives for those serving up to 400% FPL
- Anyone who is underinsured is not covered under the Colorado Revised Statutes at 25.3.112 (Hospital Financial Assistance Program Act)



- Will continue to discuss with hospitals what more we can do to serve those not covered under SB-1450
- Have been researching current hospital charity care programs and sliding fee scales
- Conferring with CDPHE on current requirements and processes associated with 25.3.112, C.R.S
- State now wants to establish qualification standards for providers as opposed to eligibility requirements for patients
  - State staff will be able to devote more efforts and resources to broader policies
  - No longer need for CICP reference manual, patient application, questions to state staff on individual family circumstances
- Clinic reimbursement will now include quality of care metrics that are already being reported to HRSA
  - Screening of adults/children for obesity
  - Diabetes management
  - Hypertension management
  - Depression screening
- Currently looking into alternatives for those that do not report to HRSA
- Will have a stakeholder advisory group to work with when determining the quality of care metrics
- Clinic qualification and reporting requirements will not be duplicative or contrary to the federal PIN or other federal requirements around sliding fee scales and copayment policies
- For profit hospital qualifications requirements regarding determination of patient income will not contradict those directed by the IRS
- Hospital qualification requirements and reporting requirements to the Department will not be duplicative not contradict those of DPHE that is overseeing and regulating the Hospital Financial Assistance Program Act
- Providers must be able to demonstrate that they are referring patients to Health First Colorado/CHP+/Connect for Health Colorado
- Proposing to remove current CICP statutory requirements for Denver Health and University Hospital
- New name for CICP will not contain the word "indigent" and will not be a "program"
- Proposed transformation will be community centered
- Formal agreements or MOUs between clinics and hospitals to coordinate care and potentially financial determinations
- Legislation to formalize an Advisory Council in statute
  - Combined hospitals, clinics, advocates
  - Appointed by HCPF Executive Director
  - Advisory only, MSB will continue to promulgate rules to establish policy



- State will be auditing both clinic and hospital providers
  - Funding to come from existing appropriations
  - Clinic audits will be coordinated with ongoing Primary Care Fund data validation reviews
  - Audit to begin FY 2018-19 on an ongoing basis
  - Not all providers will be audited every year
- Going forward the funding for hospitals and clinics will stay separate as it is now
- Hospital supplemental payments will continue to be developed with the guidance of the Hospital Provider Fee Oversight and Advisory Board
- Hospitals will continue to receive DSH funds under the new proposal
- Clinics will continue with the \$6 million appropriation
  - Proposing 75% of the \$6 million appropriation be allocated on the basis of write off costs of the uninsured up to 250% of FPL
  - Proposing the remaining 25% be allocated on quality metrics performance and number of visits of uninsured up to 250% of FPL
  - Will look at changing this 75%/25% allocation in the future to be higher quality based
- In general there is no fiscal impact overall
- Individual provider's share of current allocation would be subject to change
- Clinics will still be appropriated their \$6 million per year
- Hospitals will still be funded through DSH funding
- From the clinics' \$6 million we will be proposing to take a small amount for the audits for the clinics and a small administrative amount from hospitals to cover their audits, right now looking at \$50,000 from each
- Proposal to focus on a provider's qualification for funding rather than a patient's eligibility for discounted health care services
- Funding for qualified safety net clinics and hospitals that demonstrate their financial assistance programs meet state established criteria
  - Annual provider application to receive funding
  - Financial screening to determine income of patients
  - Referral or enrollment assistance with Health First Colorado, CHP+, and Connect for Health Colorado marketplace
  - Sliding fee scale that slides with income
  - Collaboration with community partners
- Proposed Project Timeline
  - Workgroups August 2016 through March 2017
  - Draft legislation September 2016
  - Introduce legislation January 2017
  - Initiate MSB rule process February 2017
  - Appoint Stakeholder Advisory Council March 2017
  - Clinics & Hospitals submit applications April 2017
  - Go to MSB in May for final adoption



- Transformation takes effect July 1, 2017
- Establish workgroups to assist with minimum standards, legislative framework, data reporting, application design, rules, and audit
- Providers should continue with CICP as it is now, patient CICP cards should still be issued for a year

## 5. Proposals for CICP Rule Changes

- Two emergency rules going to MSB in September concerning evidence of lawful presence and halfway house residents
- Change to lawful presence proposed effective date September 9<sup>th</sup> if approved with no objections
  - Broader documentation for evidence of lawful presence will be acceptable
  - Improved waiver process implemented by DOR
  - Department will provide written guidance to providers
- Halfway house residents as of June 1<sup>st</sup> eligible for Medicaid
- We want to align CICP with that rule
- Rule to be heard September 9<sup>th</sup> with proposed effective date as the same if approved with no objections
  - Those living in halfway houses with “freedom of movement and association” will be eligible for CICP
  - Department will provide written guidance to providers

## 6. Next Meeting

The next scheduled meeting is at 9:00 a.m. on Thursday, October 27, 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](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.

