

CICP Workgroup

Session #1

Where We Are Heading

Income Determination and Sliding Fee Scales

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September 13, 2016



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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

- Establishing Foundation of Common Understanding
 - Purpose of workgroup
 - Discussion topics for workgroup
 - Provider Qualifications
 - ✓ Determining income
 - ✓ Sliding fee scales
 - ✓ Patient Appeals Process
 - ✓ Collection Policies
 - ✓ Collaboration with other providers
 - Data Reporting Requirements
 - Design New Provider Application
 - Draft Rules



Meeting Objectives

- Establishing Foundation of Common Understanding
 - Where We've Been
 - Where We're Headed

- Specific Topics for Today
 - Setting Minimum Standards for Hospitals
 - Patient income determination
 - Sliding fee scales
 - Survey for New Name for CICP



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Where We've Been

- Began working on transformation with Stakeholder and Executive Forums in 2014.
- Some ideas have been disregarded
- Some ideas are being pursued
- Department has worked closely with CCHN and ClinicNet to develop a solid plan to transform the CACP Clinic program
- Department more recently began sharing modernization ideas with hospitals



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Where We Are Headed

- State to establish qualification requirements for provider funding as opposed to eligibility criteria for patients to receive discounted services
- State to set minimum standards for hospital and clinic financial assistance programs
 - Continue to serve at up to at least 250% of FPL
 - Serve Uninsured and Under-Insured
 - Income determination
 - Sliding fee scales
 - Collaborative agreements among providers



Where We Are Headed

- Minimum standards (cont.)
 - Patient appeals and collection policies
 - Providers refer to Medicaid/CHP+/Connect for Health
- Data reporting
- Audit by State
- Formalize CACP Advisory Council
- Rewrite rules



Where We Are Headed

- Design new CICIP provider application
- Rename the CICIP
- Flexibility to allow dental, mental health in future
- Seek to amend CICIP statute
 - Much of transformation may occur regardless
- Funding
 - Hospitals
 - DSH Funding
 - Hospital Provider Fee Oversight Advisory Board
 - Perhaps additional funding for beyond 250% FPL



Where We Are Headed

- Clinics Funding
 - Appropriation remains at \$6 million
 - 75% of allocation based on uninsured write-off costs
 - 25% of allocation based on quality metrics (accounting for clinic patient volume)
 - 75%/25% split may change over time
 - Quality Performance Measures
 - Obesity Screening/Management
 - Hypertension Screening/Management
 - Diabetes Screening/Management
 - Depression Screening



Questions on Where We are Headed?



Hospital Minimum Standards

- Minimum Standards
 - Minimums will set a floor. Hospitals can always be more generous to the applicant if they so choose
 - Uniformity will not be mandated going forward, but minimum standards must be met.
 - Establishing minimum thresholds will protect patients
 - Setting minimums will protect providers



Hospital Minimum Standards

- Income Determination Discussion
 - A spectrum of possibilities from self-declaring income to prescribed formulas for determining income
 - Goals
 - Determining patient resources available to pay for medical services
 - Department will not provide an income determination manual
 - Department will not serve as referee in individual applicant circumstances



Hospital Minimum Standards

- Income Determination Discussion
 - Defining income
 - Employed
 - Unemployed
 - Self-employed
 - Setting deductions
 - Including/excluding assets
 - Including/excluding liquid assets
 - Required documentation
 - Allowable sources for determining value
 - Spend-Down to qualify



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Hospital Minimum Standards

- Sliding Fee Scale
 - Minimum number of tiers between 0% and 250% of FPL.
 - Below 100% FPL free?
 - Tiers from 251% to 400% FPL?
 - Copayment expressed in dollars or percentage discount
 - Services covered under scale
 - Copayments identified/vary by service type
 - Relationship to current CICP Copayment Table
 - Meaningful schedule for low-income
 - Scale identical for uninsured and insured?



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New Name for CICP

- Survey
 - Names suggested by the Department
 - Opportunity to submit “other”

May become the name we market under rather than a statutory change.

Next Workgroup

- September 27
- Continue today's discussion on income and sliding fee scales
- CCHN presentation on FQHC Federal Sliding Fee Scale and Income Determination Requirements



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Thank You!



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