

Colorado Indigent Care Program

Medical Services Board Presentation

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COLORADO
Department of Health Care
Policy & Financing

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



What is the Colorado Indigent Care Program (CICP)?

- Discount program
 - Not health insurance
 - Does not count as minimum essential coverage
- Supplemental funding
 - Not claims based
- Client eligibility
 - Up to 250% of the Federal Poverty Level



Why modernize?

- Originally created in 1983
 - Medicaid expansion
 - Health insurance marketplace
 - Federally Qualified Health Center Sliding Fee Scale requirements
 - Department payment reform goals
- Program administration increasingly complex, inefficient



Objectives for Modernization

- Program Integrity
- Preserve and enhance safety net for clients
- Improve efficiencies
- Guiding principle: Clients will either benefit from or be held harmless under the proposed changes

Stakeholder Collaboration

- Three years of discussion on topic of modernization
- Modernization workgroup
 - Hospitals, clinics, consumer advocates
 - Eight meetings over five months



Rule Reorganization

- Complete redline of original rule language
- Three main sections
 - Provider responsibilities
 - Client responsibilities
 - Department responsibilities

Provider Qualifications

- Licensure or certification from Department of Public Health and Environment or United States Department of Health and Human Services
- Availability of emergent/urgent services
- Participation is voluntary
 - Denver Health and University

Client Qualifications

- Lawful presence in the United States
- Colorado residency status
- Income must be less than or equal to 250% of the Federal Poverty Level
- Applicants must not be eligible for Medicaid or Children's Health Plan Plus

New Rule Elements

- Opening up Denver County (page 4 line 14)
- Sliding Fee Scale requirements (Hospitals - page 20 line 19, Clinics - page 21 line 2)
- Income and household size (Hospitals - page 19 line 37, Clinics - page 20 line 31)
- Quality metrics for clinic payments (page 31 line 5)

Formalization of Advisory Council

- Eleven members (page 32 line 26)
 - Department, clinic, hospital, client representation
- Three year terms

Revision Page

- Inserted language into Clinic write-off charges instructions to mirror language in copayment section

Questions?



Thank You!

