CICP
Colorado Indigent Care Program

Colorado Indigent Care Program Stakeholder Advisory Council Minutes

Adobe Connect Webinar on January 25, 2021

1:00 to 3:00 P.M.

Taryn Graf started the meeting at 1:02pm after quorum was reached.

Council members present: Stephanie Brooks, Stephanie Arenales, Marcia Elstob, Stephanie Fillman, Erik Knudsen, Sylvia Santana, Suanne Kindel and Natalie Kraus.

From the Department: Chandra Vital, Vincent Sherry and Karola Cochran attended.

20 participants total

1. Welcome and Introductions

- **Brooks**, Chair, 1:00 to 1:06 – Do you want to do roll call? **Graf** – went through list of participants and noted that all members are present except **Bodiker**.

2. Approve Meeting Minutes

- **Brooks**, Chair, 1:06 to 1:08
- **Brooks:** Do we have a motion to approve the minutes? **Kindel** moved to approve and **Santana** seconded. Meeting minutes approved from October 2020 meeting.
- **Graf** – They will be posted to the website.

3. Public Charge Rule

- **Graf**, HCPF, 1:08 to 1:12 Update: On Dec 2, 2020 the Ninth Circuit Court of Appeals upheld preliminary injunctions blocking USCIS from enforcing the new Public Charge Rule in 18 states and DC, including Colorado. Because of that, the Department says that a decision cannot be made at this time. Per CICP rules, people who are or appear eligible for CHP+ and Health First Colorado, must receive denials before applying for CICP. It isn't a valid denial if they don't want to fill out the application.
- **Graf** - We will be moving forward with the other changes that were discussed at the last meeting. The public charge rule changes will be passed through Medical Services Board (MSB). All the changes will be incorporated into the training. The next MSB meeting is March 12, 2021, with an effective date of July 1, 2021.
- **Brooks** – Will the Department be putting out a fact sheet with the changes?
- **Graf** – We hadn't planned a fact sheet, but the changes will be covered in trainings. We could do a fact sheet if people from the Advisory Council wants one. The draft rule is posted on the Department's website. The public review meeting is February 2, 2021. And the MSB meeting is March 12, 2021.

- **Kraus –** A fact sheet would be helpful. Something that consolidates all the information about the changes, and that we could share with our members.
- **Brooks –** I agree that it would be helpful.
- **Kindel** - I agree it would be beneficial to have a tip sheet created!
- **Graf –** I will get that put together. The fact sheet would be available in early June, when we do all the trainings.
- **Brooks –** Any other comments? Hearing none, lets continue.

4. CICP Clinic Quality Payments

- **Graf,** HCPF, 1:15 to 1:22 – CICP payments to clinics are in two parts: one is cost-based and the second is quality- based. There haven't been any changes to the cost-based payments, but there have been some changes to the way the quality-based payments are made. The quality payment is 25% of the CICP funding. One point for meeting the benchmark, one point for improvement above the benchmark, and points awarded for tiers.
- **Graf** - There are four health measurements where points are given depending on whether the clinic meets the benchmarks: Body Mass Index (BMI) screening and follow-up, screening for Clinical Depression and follow-up, controlling high blood pressure for patients with blood pressure less than 140/90 and Diabetic patients with HbA1C above 9%. They have been in effect. All these things are not changing. Each measure has a maximum score of 7 points.
- **Graf –** In the current method, the cost-based portion is 75% of the total paid out and the quality-based portion is 25% of the total. This isn't changing. The method for paying out of the quality-based portion is based on Healthy People 2020 goals, which are out of date. There are now Healthy People 2030 goals, and the previous methods don't work to calculate the points.
- **Graf –** The Department is proposing a change to the benchmarks that more closely mirror how the Hospital Quality Incentive Payment (HQIP) Program calculates their benchmarks. The benchmark would be set to the average of all the clinic's percentages for each of the four metrics.
- **Graf –** Here is a comparison of current benchmarks versus the averages of the clinics. The benchmark changes will average what other clinics are doing. There are 18 clinics. Using the new benchmarks, more clinics would be eligible for more quality payments. Any questions?
- **Brooks –** For the new benchmarks, did all the clinics get paid the quality payments? Did it affect the payments?
- **Graf –** The clinics get paid per quality point, but we always make sure the entire 25% is paid out.
- **Brooks –** Did you look at how they were affected by the changes?
- **Graf –** I don't have the numbers here, but they weren't affected that much.
- **Kraus –** For clarification, the new metrics are more beneficial to more clinics,

with the changes, it looks all the clinics would meet the goals. Is that correct?

- **Graf** – Not quite. It depends on the measure. Some of them meet the goals and some of them don't. Most of the points aren't changing, as most of the points are awarded according to what tiers they are in. The new proposal brings some benchmarks down.
- **Kraus** – Thank you for the clarification.
- **Brooks** – This has benefits, as it has clinics competing by rewarding clinics compared to each other. If they are doing very well, then they need to improve. The theory behind quality metrics, is to improve the quality of care. Are we getting the improvements we want?
- **Knudsen** – (from chat) Is the 2020-21 clinic data listed somewhere to see how specific clinics performed?
- **Graf** – We don't have the clinic data listed for our metrics. The HRSA information is available on the HRSA website. That information wouldn't be available until next February.
- **Graf** – 25% of the payment is quality and 75% is cost-based. Any questions?
- **Brooks** – Any additional questions? Graf – what are you looking for from the Council?
- **Graf** – We would like the council to vote whether to move to the new benchmarks.
- **Brooks** - Not comfortable voting at this time.
- **Graf** - We have until next fiscal year. We don't start doing calculations until October. Our next scheduled meeting is in July 2021.We could take up to October to decide.
- **Brooks** – Could we take this to the next meeting? I'm not ready to make a vote yet.
- **Graf** – We could take it to the next meeting. I will be out on maternity leave, so our next meeting would be July.
- **Graf** – We could have another meeting next month, after I get the blinded data to you, if you would be interested in that.
- **Kraus** – Don't think I have enough data to discuss or vote on this. If we look at quality improvement, then the new benchmarks, it kind of de-incentivizes improvement.
- **Santana** -I would agree too with Stephanie. Not sure I can take a vote. I apologize if I missed it, but what was the reasoning behind wanting this change?
- **Arenales -** I agree with Brooks and Kraus on delaying. Feel like we need more information re pros and cons and potential impact.

- **Graf –** All of the HRSA goals are people based. The 2030 goals are visit goals. Some of the calculations don't translate well. We would be open to how to update how to compute and convert from visits to patients doesn't work with the goals.
- **Graf –** It looks like from chat that most people want to delay voting on this.
- **Vital –** We could meet next month to discuss this and vote.
- **Knudsen –** I agree with delaying the vote to have more time to review the information.
- **Kindel** - I agree on scheduling another meeting next month
- **Arenales -** Next month is fine
- **Elstob** - If there's no reason to rush, July will be fine.
- **Graf –** I am due at the end of March, but my first baby came early.
- **Elstob** - I see, then next month is fine.
- **Arenales** - March? Before you go on leave.
- **Graf –**We can send out an email to the council with suggested dates for next month. We are looking at the week of the 15th or the 22nd of February, or even the first week in March.
- **Brooks –** Great, so HCPF's next steps are to send out blinded clinic data, and some dates to meet again. The council members when they get the data will spend some time reviewing it and consider a different way to get to the benchmarks.
- **Vital –** Yes please. As we could have examples ready for the committee.
- **Graf –** Take-aways from this meeting are: HCPF to send out blinded clinic data to the Board for review. She has most of the data from the clinics and can send that out next week. Graf will send out more information about the 2020 goals and 2030 goals, so advisory council members know how they compare. Graf will also send out proposed meeting dates for the additional meeting in February.

5. Open Forum for Public Comment

- **Hilty**, 1:44pm, Question on behalf of Dede de Percin (Mile High Health Alliance): prior to COVID, the board was considering making CICP available to people who refused to enroll in Medicaid. Is this still being considered?
- **Graf –** That was only going to be for anyone impacted by Public Charge. Since that is on hold, we aren't going to make any of those changes at this time.
- **Brooks –** Any other public comment? Is it okay for council members to bring up anything else?
- **Graf –** Yes.

- **Brooks –** Should we take a motion to adjourn?
- **Graf –** Yes, I just want to go over and review next steps for the Department. We will send out the blinded clinic data, information on 2020 and 2030 goals, fact sheet about what the proposed changes on the rule, that don't involve the Public Charge, and what dates will work best for council members. Wants to make sure I'm not missing anything.
- **Vital** - I do want to thank the committee for being willing to meet end of next month as Taryn is the numbers person and not me. Thank you!

6. Next Meeting

- TBD via Adobe Connect Webinar

7. Adjournment at 1:56pm

- Moved by **Elstob** and seconded by **Kraus**