

#### **MINUTES**

# Colorado Indigent Care Program Stakeholder Advisory Council Department of Health Care Policy & Financing

Join Zoom

January 30, 2023 1:00 to 3:00 P.M.

#### 1. Welcome and Introductions

- > Bethany Pray, Chair, and Taryn Graf, HCPF 1:00 to 1:08 P.M.
- Members Present: Erik Knudsen, Mitchell Scott, Stephanie Brooks, Kelly Erb, Stephanie Arenales, Tennie Masterson, Bethany Pray, Stephanie Fillman (late)
- ➤ HCPF Employees Present: Taryn Graf, Chandra Vital, Shay Lyon, Alondra Yanez, Mercedes Vieira-Gomes

#### 2. Meeting Minutes

- Council discussion, 1:09 p.m.
- Tennie Masterson makes motion to approve Oct meeting minutes, seconded by Stephanie Brooks.

## 3. End of the Public Health Emergency (PHE)

- > Taryn Graf, HCPF, 1:10 to 1:26 P.M.
- > Introduction to new State Programs Section members, Alondra Yanez Sanchez and Mercedes Vieira-Gomes
- Taryn Graf states the Department is holding quarterly Community Partner webinars on the PHE unwind which will cover information about the expiration of the continuous coverage requirement
- > Taryn provides next meeting information (April 26 at 1:00 p.m.)
- Taryn states the continuous coverage requirement is coming to an end and the Department will begin redetermining eligibility for Members in May with coverage expiring May 31 for those who no longer qualify



- Members who will be redetermined in May will receive their notices in March
- Redeterminations will be completed on the normal timeline, so the entire process will take a full 12 months, with two additional months tacked on the beginning if you count the notification process
- ➤ Department estimates more than 300k patients will lose coverage through Health First Colorado, but the Department has partnered with several groups to offer various paths to coverage for those whose redeterminations will show they are over income for continued Health First Colorado coverage
- > Taryn states the Department three key operational goals for the PHE unwind
- > Taryn provides the link to the PHE Planning Page and the PHE Planning monthly newsletter on chat
- > Taryn provides information about what this will mean to CICP providers and what steps they need to take
- > Stephanie Arenales: Asks Taryn to provide more information about the Department partnering up with a couple of groups.
- > Taryn explains there will be more information provided on the Planning Page regarding that topic
- > Bethany Pray: Asks about certain population categories losing coverage and what the Department is doing to ensure proper actions are taken to communicate the information to providers
- Taryn offered to do additional research regarding that topic
- > Stephanie Brooks: Asks Taryn how clinics and people will know in advance that they will be losing coverage
- > Taryn states the plan and time frames for redeterminations
- Chandra also provides information about the redeterminations and offers to follow up with more information regarding the process
- > Bethany Pray: Provides information regarding a link to obtain renewal details and suggest using tools to allow this information to be accessible
- > Taryn offers to send that information to proper messaging group
- Stephanie Brooks: Suggest to clarify information regarding the program's continuous coverage requirements



- > Taryn clarifies the information to Stephanie's question
- Bethany Pray: Asks if there are any other changes to CICP
- > Taryn and Chandra Vital verifies any other changes will be stated on the Newsletter

### 4. CICP/HDC Implementation Update

- > Changes made to policies, Taryn Graf, HCPF, 1:26 to 1:38 P.M.
- ➤ Council discussion, 1:26 to 1:38 P.M.
- > Taryn provides the changes, updates, and clarifications for HDC that also impact CICP including:
  - Determinations made at CICP Clinics or any FQHC or RHC can be used to complete determinations for CICP/HDC. The hospital may, with the permission of the patient, contact the clinic to obtain any additional information needed to complete the CICP/HDC application. Patients with just a CICP rating will need to be asked if they want to add HDC and if not will need to sign a Decline Screening form
  - o Added the definition of third party, matches Health First Colorado definition
  - Patients in the custody of law enforcement are not eligible for CICP or HDC. The Law Enforcement agency/county is responsible for the patient's medical bills.
    This is not a change for CICP, but a confirmation that CICP policy is also correct for HDC
  - Added guidance on how to handle patients who state they want to apply but then either do not respond to attempts to set up an application appointment or who do not show up to their scheduled application appointment
- Additional changes, updates, and clarifications that are more HDC related than CICP including:
  - Clarification that screenings and applications can be completed prior to services being rendered or scheduled
  - Allowing verbal declines to be used at the time of scheduling or rendering services instead of only during Screening Best Efforts
  - Updates to requirements and best practices for Screening Best Efforts
  - Additional guidance on accounts of deceased patients
  - o Addition of EHR systems as an acceptable way to communication patient



screening and application status to Licensed Health Care Professionals

- o Clarification on episode of care
- Guidance on missed or partial payments
- > Stephanie Brooks: Asks where the updated information can be found and how this information can be accessible for those who need it
- > Taryn provides link and directions to find information when needed by the clinics and hospitals
- Bethany Pray: Asks about the process when making changes to CICP and HDC
- > Taryn explains the internal process when making changes
- Bethany Pray: Proposes more public information sharing for future changes
- > Taryn will follow up with Bethany regarding proposal
- Tennie Masterson: Comments they appreciate the updated information provided on the manual
- > Stephanie Arenales: States she would appreciate communication on updates before they take effect on manual
- ➤ Tennie Masterson: Agrees with Stephanie's suggestion

## 5. Application Updates

- Taryn Graf, HCPF, 1:38 to 2:04 P.M.
- Taryn states the few updates to the hospital version of the HDC/CICP application since it was first released in June 2022 to our CICP hospitals, which is out of the normal April/July update schedule
- > The Department strives to ensure that the application is only updated "off schedule" for important coding changes to reduce burden and confusion for providers
- Providers are welcome to send ideas or requests for updates to the application that would improve usability at any time that they identify something
  - This does not guarantee that every update request will be incorporated into the next version, but it does let the Department see where the application may be causing some inefficiencies or other stress



- ➤ The next scheduled update is for April 1 and will incorporate the updated federal poverty guidelines for 2023
- As of now, there are no other planned changes to the application for that release (will be Version 1.4) but if anyone has anything they'd like to propose, we have some time to discuss potential updates if there are any that the Council or the other attendees have
- > Stephanie Arenales: Asks what the changes were on the application from the last revision
- > Taryn clarifies the specific changes made to the application
- > Bethany Pray: Asks for feedback from committee for application improvements
- > Tennie Masterson: Comments the application is time consuming and is difficult to obtain information from applicants because of this factor
- > Bethany Pray: Asks if patients need Medicaid denial for CICP
- Taryn clarifies patients do need a Medicaid denial before applying for CICP but not for HDC
- > Bethany Pray: Asks for clarification on why the Medicaid denial is required
- > Chandra Vital verifies it is stated on the CICP Statute as part of a requirement
- > Stephanie Arenales: Asks Tennie how they manage applications when they are unable to obtain patient information
- > Tennie Masterson: Provides examples of different application experiences and offers to provide data for next meeting
- > Taryn asks Tennie what options they have available for patients to send their information to complete their application
- Tennie Masterson: Verifies they have different options such as emailing information, PFC assistance, digital signature options but states patient's residential locations can be a factor
- > Andrew Peterson: Includes in chat information about HDC approval rates and denials as well as low patient engagement
- > Bethany Pray: Suggest further research on HDC application turnovers
- > Andrew Peterson: Speaks about using Experian tool to facilitate the HDC application process



- > Tennie Masterson: States they are doing HDC applications at their CICP Hospital but are seeing very low HDC approved applications opposed to CICP and Medicaid
- Rhonda (SouthWest Memorial Hospital): States the CICP application process is very streamlined and simple to use
- > Bethany Pray: Asks Rhonda about her experience and process with the CICP application
- Marcia (SouthEast Colorado Hospital): Supports Rhonda's comment on the CICP application process being very streamlined
- > Bethany Pray: Asks Committee for any other comments or suggestions
- > Erik Knudsen: Asks if the electronic signatures for CICP will continue after April 1st
- > Taryn confirms it is permanent and will continue after April 1st

#### 6. Reporting Requirements and Updates

- > Taryn Graf, HCPF, 2:04 to 2:11 P.M.
- > Taryn provides Annual Report covering SFY 2021-22 will be published on Wednesday, February 1
- ➤ In 2021-22, CICP served approximately 33,000 unique patients at the participating 51 hospitals and 18 clinics
- > Total visits and admissions fell, and total write offs also decreased from the previous year
- Report also addressed the change in funding for our CICP clinics and continues to include a section dedicated to the Primary Care Fund, which details the total payments made to CICP clinics who also participate in the Primary Care Fund
- > Again, report will be published on Wednesday and will be available for stakeholders to access on the Department's website
- Moving to upcoming reporting, there will be no changes to the required reporting from CICP clinics and the reporting template will continue to look as it has for the last few years
- ➤ Hospitals will report the first six months of 2022 on the normal schedule, with the report being due in late spring



- ➤ Beginning with data for September 2022, hospitals will report a combination of CICP and HDC data, first data set will cover September 2022 through June 2023
- > Taryn states there will be a new system available for data reporting and will provide more information once it is ready for use
- > Bethany Pray: Asks if there are any comments regarding Reporting Requirements
- > Stephanie Brooks: Asks about CICP reports and requirements
- > Taryn verifies information regarding reports
- Stephanie Brooks: Suggested to connect with Taryn offline to verify further information
- > Bethany Pray: Asks what additional steps can be taken
- > Chandra Vital verifies further research will take place regarding topic

#### 7. Open Forum for Public Comment\*

- > Public comment, 2:11 P.M.
- > No public comments

\*All comments will be limited to a maximum of two minutes unless scheduled in advance.

## 8. Next Meeting

- Stephanie Brooks motioned, Tennie Masterson seconded. Meeting adjourned at 2:13 P.M.
- Monday, April 24, 2023 from 1:00 3:00 P.M.

# 9. Adjournment

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-5634 or <a href="mailto:Taryn.Graf@state.co.us">Taryn.Graf@state.co.us</a> or the 504/ADA Coordinator <a href="mailto:hcpf504ada@state.co.us">hcpf504ada@state.co.us</a> at least one week prior to the meeting to make arrangements.

