SB 24-116 and HB 24-1399

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Agenda

- Presumptive Eligibility (PE) Updates
- House Bill (HB) 24-1399 Rules Update
- Open forum
- Upcoming meeting dates



Presumptive Eligibility (PE)

- <u>Senate Bill (SB) 24-116</u> expanded PE to new population groups
- Systems updates and changes needed to implement
- Work is in progress
- Rule updates will be coming in the fall



Current PE

- Populations currently covered by PE:
 - > Children under 19
 - > Pregnant persons
 - Individuals eligible for the Breast and Cervical Cancer Program (BCCP)
 - Individuals eligible for the Family Planning Limited Benefit



Future PE

- SB 24-116 expands PE to:
 - Parents and Caretakers
 - > Adults without dependent children
 - Individuals aged 65 and older with incomes between 133% and 250% of the federal poverty guidelines



Implementation Updates

- Drafting system changes to the Colorado Benefits Management System (CBMS)
- Reviewing existing PE site policies and procedures
- Exploring agreements with interested hospitals
- Implementation on track for December 2025



Questions?



HB 24-1399 Rules Update

- Sunset of the Colorado Indigent Care Program (CICP) - removal of CICP from other rules in same section (8.900)
- Creation of Hospital Discounted Care Advisory
 Committee
- Update to include patients at 200% federal poverty guidelines for Primary Care Fund
- New provider qualifications for Disproportionate Share Hospital (DSH) payment



DSH Current Rules (through 6/30/25)

- Under <u>current rules</u>, to qualify for a DSH payment a Colorado hospital must meet the federal minimum requirements AND
 - Participate in the Colorado Indigent Care Program (CICP), OR
 - > Be a Critical Access Hospital, OR
 - Be a hospital that must receive DSH payments under federal law, i.e., a Medicaid inpatient utilization at least one standard deviation above the mean or a lowincome inpatient utilization rate greater than 25%



DSH Proposed Rules (beginning 7/1/25)

- To qualify for a DSH payment a Colorado hospital must meet the federal minimum requirements AND
 - > Have an approved charity care program, OR
 - Be a Critical Access Hospital or Sole Community Hospital located in a rural county, OR
 - Be a hospital that must receive DSH payments under federal law, i.e., a Medicaid inpatient utilization at least one standard deviation above the mean or a lowincome inpatient utilization rate greater than 25%



Charity Care Requirements

- Charity care program must include:
 - Discounted hospital services for uninsured patients with incomes up to and including 250% of the federal poverty guideline
 - A sliding fee scale with a tiered copayment system with at least three tiers
 - > At a minimum include emergency services
 - A policy exempting patient debt from any permissible collection action for those who qualify for the charity care program and those who were not offered screening



Sliding Fee Scale

- Highest copayment tier below the rates established for Hospital Discounted Care
- Only patient's income and the number of members in the patient's household determine income
- Copayment good for at least one year from the date of income determination
- Payment plans allowed and not exceed the amount and duration established in Hospital Discounted Care



Rules Timeline

- Public Rule Review Meeting March 24 @ 9 a.m.
- Medical Services Board
 Initial rule hearing April 11 @ 9 a.m.
 Final rule hearing May 9 @ 9 a.m.







Open Forum



Upcoming Stakeholder Meetings

- Implementation Meetings
 - > April 16, 1:00 2:00
 - > May 13, 9:00 10:00
 - > June 17, 1:00 2:00
- <u>CICP Advisory Council Meeting</u>
 > April 28, 1:00 3:00



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Thank you!

