CICP Advisory Council

Stakeholder Feedback

April 25, 2022

COLORADO
Department of Health Care Policy & Financing

The Council's Challenge

The Council must arrive at recommendations for the Colorado Indigent Care Program's future

Our shared goals are to ensure access and quality, while minimizing administrative burden and confusion

Approach

Meeting 1

- Clarify the challenge and the approach
- Determine key considerations we must address

Meeting 2

- Evaluate each option v. criteria
- Determine pro/con and iterate toward proposal

Meeting 3

- Invite broader group of stakeholders to participate
- Engage in discussion of benefits and drawbacks of discontinuing CICP

Meeting 4

- Review recommendation draft and refine
- Assign final editors

Today's Meeting (1 of 2)

Today we want to do three things:

1. Update stakeholders on changes that are coming as a result of legislation,

2. Share the emerging proposal the members of the Council are developing, and

3. Gather feedback from stakeholders on the proposal from their point of view

Today's Meeting (2 of 2)

- Recap of coming changes
  - What is CICP and what's changing?
  - What is out of scope?
- Gathering feedback
  - Interactive group exercise
  - Report back w/ updated pros, cons, and suggestions
- Public comment period

What is CICP

CICP

Colorado Indigent Care Program (CICP)

- Is **not** a health insurance program

- Provides discounted health care services to:
  - low-income people and families legally residing in Colorado who are:
    - Not eligible for Health First Colorado (Medicaid) or Child Health Plan Plus (CHP+)
    - Covered by Medicare or have other health insurance

- Optional for hospitals and clinics to participate

- Requires a patient to complete an application at a participating hospital or clinic receive discounted care

Note, medical services discounted in CICP may be different at each participating hospital or clinic

CICP: Hospital v. Clinics

Hospitals

Funding

- Through the Disproportionate Share Hospital (DSH) payment within the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE)
- $219M total funds in Federal Fiscal Year (FFY) 2020-21
- 22 CICP hospitals received a DSH payment in FFY 2020-21

Clinics

Funding

- Historically funded with general funds and matching federal funding
- $6M total funds in State Fiscal Year (SFY) 2020-21

Changes: SB 21-212

- Effective July 1, 2021
- Eliminated $6 million line item for CICP clinics
- Directed HCPF to seek federal matching funds for the Primary Care Fund (PCF)
  - Doubles PCF, +$25 million
  - Approved by CMS in late October 2021
- OUT OF SCOPE: Changes to the law

Changes: HB 21-1198

- Effective June 2022
- Implements hospital discounted care
- Not a program but a set of Rules for how hospitals must structure their financial assistance programs
- Applies to same population as CICP
- Requires Dept. to make Rule changes to CICP
- OUT OF SCOPE: Changes to the law or implementation of the law

Questions?

Group Exercise

Gathering Feedback

COLORADO
Department of Health Care Policy & Financing

DRAFT Proposal: CICP Program Future

Version 1.2, April 21, 2022

Impetus

The Colorado Indigent Care Program (CICP) allows low-income Coloradans who are not eligible for Medicaid to receive discounted health care services on a sliding fee at participating hospitals and community health centers/safety net clinics. CICP was established in state law in 1983, to offer discounted health care services to low-income people. Hospitals and clinics can offer discounts to lawfully present patients with incomes up to 250% FPL, and to participate must submit their sliding fee scale to HCPF for approval. Patients must apply to the CICP program at the clinic or hospital.

The expansion of Medicaid in 2014 under the Affordable Care Act enabled many more people to become enrolled in Medicaid and lowered the number of Coloradans receiving discounted health care services through CICP from approximately 200,000 to 40,000 people per year.

CICP Hospitals are funded through the Disproportionate Share Hospital payment that is part of the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE). CHASE charges a healthcare affordability and sustainability fee on hospitals which is matched with federal funds. The total funds collected are used to increase hospital reimbursement for services provided to Health First Colorado and CICP clients, fund hospital quality incentive payments, and finance health coverage expansion in the Health First Colorado and CHP+ programs. Hospital payments financed with fees are reported on a federal fiscal year (FFY) basis. CHASE hospital payments for FFY 2020-21 totaled more than $1.48 billion, including $219 million in DSH payments for CICP Hospitals.

CICP Clinics have historically been funded through general funds matched with federal funds, for a total of around $6M annually.

Recent state legislation has changed CICP clinic funding and hospitals' financial assistance program requirements in ways that will put further pressure on provider participation in CICP.

- Senate Bill (SB) 21-205 (Long Appropriations bill) eliminated the CICP clinic line item. This change was made in part because of SB 21-212 (Primary Care Payment Align Federal Funding) which directed HCPF to seek federal match for the Primary Care Fund, which is a separate source of clinic-funding to help partially cover the costs of caring for uninsured and underinsured patients. With these two changes, funding for clinics to care for uninsured patients increased on the whole from $31M ($6M CICP and $25M PCF) to $50M per year (PCF only).
- House Bill (HB) 21-1198, also known as Hospital Discounted Care, requires all Colorado hospitals to screen low-income, uninsured patients for public program eligibility and to

Page 1 of 5

allow them to apply for financial assistance or charity care programs at the health-care facility where they receive care. The bill limits service charges, limits payment plan amounts and duration, sets up patient appeal rights, and limits collection activities. Additionally, the bill required updating the CICP Rules to align with the rules for Hospital Discounted Care as closely as possible.

The Department is committed to preserving Colorado's safety net by reducing the administrative burden for those providers who service uninsured, underinsured, and other vulnerable patients.

Process

Colorado Code of Regulations, 10 CCR 2505-10-8.905.D, required the Department to create a Colorado Indigent Care Program (CICP) Stakeholder Advisory Council, effective July 1, 2017. The Advisory Council advises the Department on the operation and policies for CICP and makes recommendations to the Medical Services Board regarding rules for CICP. Based on the impetus noted above, the CICP Advisory Council:

1. Determined considerations for CICP's future, including maximizing access to high-quality services and minimizing the administrative burden associated with CICP in light of other changes
2. Developed options and evaluated the options versus criteria to create this draft proposal
3. Will share the draft proposal with stakeholders during the April 25 CICP Advisory Council meeting to hear their feedback
4. Will incorporate feedback and give final recommendations to the Department
5. Final recommendations will be considered by Department leadership and if accepted additional next steps may include Rule or legislative changes

Note: The Council acknowledged that changes to income calculation, lawful presence requirements, and determination notification requirements will take effect regardless of these recommendations. Legislation in 2021 created Hospital Discounted Care and instructed the Department to align the rules for CICP as closely as possible with the new rules for Hospital Discounted Care. As a result, income calculation rules for CICP Hospitals no longer allow for the inclusion of liquid resources and applicant household income calculations have been limited to include a specific list of income sources. Lawful presence will no longer be a requirement for CICP patients beginning July 1, 2022 as a result of SB 21-199.

DRAFT Proposal

Below is a summary of the Council's proposal and rationale, followed by an analysis of pros and cons in terms of access and administrative burden from the point of view of hospitals, clinics, and patients.

Preserve Safety Net Services In Two Ways:

- **Clinics:** Primary Care Fund (PCF) dollars fund FQHCs and other clinics for services to low-income Coloradans making up to 200% of FPL

Page 2 of 5

- The Council has built out a draft proposal
- We need feedback from you, a broad group of stakeholders
- We will divide into three groups to discuss the proposal and gather your feedback:
  - Hospitals
  - Clinics
  - Public & Advocates

Link to English-language version
Link to Spanish-language version

Support

In each group, you'll be supported by a facilitator, an expert from the Department, and members of the Council.

Group	Facilitator	HCPF Expert	Council Members
Hospitals	Kate	Chandra	Marcia, Suanne, Erik, Stephanie F
Clinics	Stephanie B	Taryn	Shawn, Katie
Public and Advocates	Greg + Interpreter	Nancy	Stephanie A, Bethany

Hospital Perspective (1 of 2)

- What are the benefits of the proposal, from our point of view?
- What are potential negatives (cons)?
- What are potential changes we might suggest to the proposal?

Hospital's Point of View Regarding Ending CICP Requirements

Colorado has 52 CICP hospitals including critical access and general

Pro	Con
• No need to complete annual provider CICP application • Ability to use a single application for all discounted care • Single appeal process • Keep the same sliding fee scale for DSH • Align auditing requirements across discounted care • More patients may apply or seek assistance since it won't be called indigent • Less confusion for both staff and patients • Less administrative burden associated with cards or copays • Less administrative burden and patient will have 0 motivation to apply for CICP • Only one program to track if eliminate CICP • If all falls under HB 21-1998 would help to standardize across facilities	• Number of payments capped at 36 v. currently unlimited duration w/ CICP • Hospitals potentially lose DSH at the end of the year • No carry over from place to place under HB 21-1198 (re-screened each hospital visit) • Removing the copays is a large Admin burden for Hospitals to rebuild Epic system and the loss of revenue. • 14 days to get a HB "application" versus the longer time frame to get the CICP application setup

Hospital Perspective (2 of 2)

What are potential changes we might suggest to the proposal?

- ….

Link to English-language version
Link to Spanish-language version

Clinic Perspective (1 of 2)

- What are the benefits of the proposal, from our point of view?
- What are potential negatives (cons)?
- What are potential changes we might suggest to the proposal?

Clinic's Point of View Regarding Ending CICP Requirements There are 18 primary clinic providers in the state, 16 of which are FQHCs, and these providers have nearly 200 clinic locations serving Coloradans in urban, rural, and frontier locations.	
Pro	Con
• Ability to use a single application for all discounted care • Reduced administrative burden by eliminating the need to complete an annual CICP application and submit to audits. • Increased flexibility to determine programs to benefit uninsured patients.	• CICP rules explicitly state the funding can be used for sliding fee scales between 201- 250% FPL. Clinics will need HCPF's explicit clarification to include in federal audits. • PCF funding is a proportion of tobacco tax dollars, and because of beneficial public health efforts, tobacco use is decreasing in Colorado, therefore PCF funding will continue to decline year over year. • Money is not specifically earmarked for the 201-250% population and so there may be less incentive to use it for those patients

Clinic Perspective (2 of 2)

What are potential changes we might suggest to the proposal?

- …

Public/Advocate Perspective (1 of 2)

- What are the benefits of the proposal, from our point of view?
- What are potential negatives (cons)?
- What are potential changes we might suggest to the proposal?

Patient's Point of View Regarding Ending CICP Requirements

In FY 2020-21, approximately 40,000 people utilized CICP in clinics and hospitals.

Pro	Con
• Preserves access to hospital and clinic services • Simplifies patient understanding of what they qualify--streamlining • Eliminates need for patients to apply for CICP in clinic settings; follow their organization's fee scale process, only • Removes the administrative burden of managing cards and copays • Will result in a single dataset that can be used to help assess and improve services over time • Using existing CICP application as a starting point will help providers by keeping things consistent with how it's looked in the past	• Potential increase in out of pocket (10% cap under current CICP v. hospital discounted care allowing 4% +2% +2% per episode) • Patients aware of CICP may be confused about their ability to access discounted care. • The population of Coloradans making between 201-250% FPL may not qualify for clinic discounts (unless clinics have their own program with broader limits; additional PCF dollars can be used for this purpose)

Public/Advocate Perspective (2 of 2)

What are potential changes we might suggest to the proposal?

- Could we require that PCF dollars be used to fund the 201-250%; technically yes, but this would require a change to the State constitution--requires allocation.
- PCF funding comes from tobacco tax funding from 2004 and subsequent taxes on vaping in ~2020. As tobacco use decreases, funding will go down (used to be $30M at its peak, now it's $25M. Incremental PCF will be ~$25M, replacing $6M)
    - Add language to highlight that the decreasing tobacco tax money has _____ impact; recommend that the Department monitor this decrease on the annual PCF report. (Potential legislation would direct the Department to produce a PCF report and highlight the impact of decreasing revenue.
- If available, add to the report the number of people who are between 201-250% of FPL--help make the case for adoption of clinics using additional PCF dollars to meet the needs of these people

Sharing:

Please summarize your group's discussion on pros and cons and any potential changes to the proposal.

Public Comment

- Please ask let the facilitator know if you would like to speak
- Please limit your comments to 2 minutes

Adjourn