



CICP

Colorado Indigent Care Program

MINUTES

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

[Join Zoom](#)

January 27, 2025
1:00 to 3:00 P.M.

1. Welcome and Introductions

- Chair (Bethany Pray), and Taryn Graf-HCPF 1:01 to 1:05 P.M.
- Members Present: Stephanie Arenales, Kelly Erb, Stephanie Fillman, Sarah Irons, Tennie Masterson, Andrew Pederson, Bethany Pray, Mitchell Scott
- Members Excused: Stephanie Brooks
- HCPF Employees Present: Taryn Graf, Mercedes Vieira-Gomes, Chandra Vital, Shannon Huska, Rick Love, Nancy Dolson, Daniel Harper, Nick Pontejos

2. Meeting Minutes

- Council discussion, 1:06 P.M.
- Andrew Pederson made a motion to approve the October 28, 2024 meeting minutes; Kelly Erb seconded; the motion passed.

3. Update to the Disproportionate Share Hospital (DSH) Rule

- Nancy Dolson, HCPF, 1:07 to 1:09 P.M.
- Nancy Dolson reviewed the [slide presentation](#) that was uploaded to the [CICP Stakeholder Advisory Council \(SAC\) website](#).
 - Nancy Dolson explained current requirements for Disproportionate Share Hospital payments and the proposed requirements after the Colorado Indigent Care Program (CICP) sunsets. A new policy is intended to be presented at the February 25, 2025 Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) board meeting.
 - Proposed Disproportionate Share Hospital requirements would require hospitals to have an approved charity care program. A sole community hospital would be eligible to be added to the list of approved hospitals.



Each charity care program must include discounted services for uninsured patients with incomes up to and including 250% of the federal poverty guideline. The program will need a sliding fee scale with a tiered copayment system with at least three tiers. Must include at a minimum: emergency department visits, inpatient stays, laboratory services, imaging services and hospital dispensed pharmaceuticals. The charity care program would have a policy exempting patient debt from any permissible collection action for those who qualify for the program.

- Health Care Policy & Financing (HCPF) welcomes feedback on any proposals of policy and has already received written communication from organizations such as Colorado Consumer Health Initiative (CCHI). Nancy outlined upcoming opportunities for feedback including meetings and email.
- Taryn Graf shared the link to the [Q & A document](#) on the CICP Stakeholder Advisory Council website.

➤ Council Discussion 1:15 to 1:37 P.M.

- Andrew Pederson asked for clarification on proposed Disproportionate Share Hospital requirements regarding collections and going above the 250% FPG.
- Nancy Dolson said that the intent of exempting patients from that debt would only be for patients up to the 250% of the federal poverty guideline and anything in excess of that would be up to the hospital.
- Stephanie Fillman from Colorado Hospital Association recommends to align new proposed requirements as closely to how CICP currently operates for clarity and to decrease regulatory duplication. New requirements would add administrative complexity and not decrease it. They want to keep current copays, service lists and requirements.
- Nancy Dolson asked if the Colorado Hospital Association wanted HCPF to continue to establish a standard copayment amount across the state similar to what CICP currently is versus allowing the hospitals to share their own sliding fee scale?
- Stephanie Fillman said that is correct.
- Bethany Pray asked how HCPF is going to make public the feedback they are getting. There is potential for confusion with CICP sunseting and having different options available at various hospitals.



- Nancy Dolson said they have a Q & A document available and will continue to update it with future stakeholder comments. HCPF is trying to balance Disproportionate Share Hospital funds going toward hospitals that have a more generous charity care program.
- Stephanie Arenales asked if there are more areas of difference between Hospital Discounted Care and the proposed charity care program than just the copayment amounts.
- Nancy Dolson said the copayment amounts are the main difference, and also patient debt would be exempt from collection action.
- Kelly Erb asked about the administrative complexity of having multiple tiers and what guidance or assistance can members or providers expect?
- Nancy Dolson stated that HCPF wanted to maintain policy that ensures Disproportionate Share Hospital funds continue to go to providers with a generous charity care program than those minimum Hospital Discounted Care requirements. HCPF wants to continue to have lower cost care remain available to patients at the safety net hospitals. Hospitals that are currently participating in CACP would not have to create a new copayment scale as their current tiered scale would be sufficient to be able to qualify for Disproportionate Share Hospital payments in the future.
- Bethany Pray asked if this rewrite would qualify more rural facilities for Disproportionate Share Hospital payments without having this copayment scale?
- Nancy Dolson said to be eligible for Disproportionate Share Hospital payments currently a hospital must participate in CACP or be a Critical Access Hospital but are proposing to add a Sole Community Hospital located in a rural county. HCPF has received feedback on this topic and is taking all feedback into consideration. She wants to reach out for more clarification on certain feedback to ensure she is understanding it correctly. HCPF wants to align as closely with the current CACP program for Disproportionate Share Hospital payments and not create new requirements especially for our Critical Access hospitals.
- Bethany Pray asked until what point will emails be accepted for consideration.



- Nancy Dolson said the earlier the better but are willing to take any final comments up to the eve of the final Medical Services Board (MSB) meeting on May 9th, preferably by April 28.

4. CICIP Ending Communication Drafts

- Taryn Graf, HCPF, 1:38 to 1:44 P.M.
- Taryn Graf went over the [CICIP Ending Communication drafted document](#) with information for providers, patients, communication links and a letter template. HCPF is working with the communications team to translate it into Spanish before sending it out.
- Council Discussion 1:44 to 1:56 P.M.
 - Stephanie Fillman from the Colorado Hospital Association recommended keeping the same procedures in place for Disproportionate Share Hospital qualifications to avoid confusing current CICIP patients. They worry that a mass message about CICIP ending would cause confusion.
 - There was a question if copay cards for CICIP should start having an end date of 6/30/25?
 - Taryn Graf said if you end dated the cards you would have to issue new cards in July even though patients would still qualify for discounted care.
 - Bethany Pray asked if besides English and Spanish are there any other languages the hospitals or HCPF would provide information in?
 - Taryn Graf said it would still be required for the hospitals to send out the letter in the patient's preferred language.
 - Tennie Masterson asked if the cards would be updated without CICIP copays if their hospital does not participate in CICIP?
 - Taryn said all the CICIP information is at the bottom of the card and can be cut off if that information is not needed.
 - Bethany asked the hospitals if it is more helpful to issue cards or a letter.
 - Committee members discussed that the cards are helpful.
 - Stephanie Arenales asked if there are other portals that would be set up to relay information to patients.



- Taryn Graf said that would be up to the hospitals since HCPF does not have a list of CICP patients.
- Bethany Pray said transitions between programs can be challenging and more correspondence is helpful. Determination on Disproportionate Share Hospital payments will influence how people receive the drafted letter template. Is there a time-line set for sending out information?
- HCPF would like to send out information as available and will take into consideration undetermined factors related to Disproportionate Share Hospital payments. The Department will work on a timeline and provide more information when available.

5. Summary of SMART Hearing

- Taryn Graf, HCPF, 1:57 to 2:19 P.M.
 - Taryn Graf reviewed the [SMART Hearing handout](#).
 - Some examples of what "Other" could include on page 8 of the handout: Medicare Patients, Otherwise Insured Patients, Patients without Screening Data, or Patients with some other characteristic that would bar them from being counted in another category.
 - Taryn Graf demonstrated how patient demographics are compiled for each hospital. Each hospital will be getting a pdf of their hospital's data in the next few weeks.
 - HCPF is working on providing more data to be available to providers. If there is a specific data set needed, requests can be sent to the data team's email hcpf_HospDiscountCareData@state.co.us.
- Council Discussion 2:20 to 2:26 P.M.
 - Stephanie Arenales asked how HCPF is following through with corrective actions plans.
 - Taryn Graf said each hospital has 90 days to submit their corrective action plans after their audit has been finalized. She explained the audit process after which HCPF will follow up throughout the next year to ensure changes have been implemented.



- Bethany Pray asked about the data collection with the vendor change from the first year.
- Taryn Graf said the data is cleaner this year than the first year. There was data training held in June of last year to ensure proper data collection. There will be more training in June of this year to continue accurate data collection. When new employees are hired at hospitals, training is offered to ensure the correct data is received.

6. Open Forum for Public Comment*

➤ Public comment, 2:26 to 2:33 P.M.

- The meeting was interpreted in American Sign Language and available for public comment as requested.
- Participants were reminded during the meeting to hold public comments until the public comment section. Public comments in chat during the meeting have been forwarded to the appropriate HCPF staff.
- Joshua Ewing, Vice President of Rural Health at the Colorado Hospital Association recommends aligning future Disproportionate Share Hospital requirements with current CICP and/or Hospital Discounted Care requirements to keep the administrative burden to a minimum.

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

7. Next Meeting

➤ Monday, April 28, 2025 from 1:00 - 3:00 P.M.

8. Adjournment

- 2:33 P.M. - Tennie motioned to adjourn the meeting; Sarah Irons seconded the motion.
- Meeting adjourned at 2:34 P.M.

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

