

**Colorado Indigent Care Program (CICP) Stakeholder Advisory
Council (SAC)
Department of Health Care Policy & Financing (HCPF) Meeting
Notes
Via Zoom Webinar
October 25, 2021, 1:00 to 2:00 P.M.**

CICP SAC in attendance: Stephanie Arenales, Shawn Bodiker, Stephanie Brooks, Marcia Elstob, Stephanie Fillman, Suanne Kindel, Erik Knudsen and Bethany Pray.

HCPF in attendance: Taryn Graf, Nancy Dolson, Chandra Vital, Vincent Sherry and Karola Cochran.

Others in attendance: Kellie Banks, Sami Diab, Veronica Gonzalez, Dede de Percin, Cindy Smith, Angela Modesitt, Nick Sands, Sara Staley, and M. Reiche and others.

22 Participants in all.

1. Welcome and Introductions

- Stephanie Brooks, Chair, 1:07 to 1:10 Roll call taken. Quorum reached.

2. Meeting Minutes

- Council Discussion, 1:10 to 1:10 - Minutes approved from July meeting.

3. HB21-1198

- Taryn Graf and Nancy Dolson, HCPF, 1:10 to 1:25
- Taryn G provided the following synopsis of the new law that is in effect now, and that HCPF is implementing:
- During the 2021 Colorado General Assembly session, House Bill 21-1198, otherwise known as Health-Care Billing Requirements for Indigent Patients, was passed. This bill creates a safety net program for low-income patients at every hospital and free-standing emergency room, including all health-care professionals who work within those facilities.
- Under this bill, care received at a hospital or free-standing emergency room will be capped at no more than the higher of the Medicaid or Medicare rate for that service. These rates will be set by the Department. Payment plans that are established to cover these bills may not exceed 4% of the patient's household income for the facility charge and 2% of the household income for each health-care professional. Additionally, once a patient has paid the equivalent of 36 payments on their established plan, the remainder of their bill is forgiven.

- House Bill 21-1198 mandates that all uninsured patients must be screened for eligibility for Health First Colorado, the Child Health Plan Plus (CHP+), Medicare, Emergency Medicaid, the Colorado Indigent Care Program (CICP), and discounted health care as described within the bill. Uninsured patients must be screened or formally waive their screening. Insured patients may request to be screened. Additionally, the screenings for the program created under 1198 must be completed using a uniform application, which will be created by the Department.
- Differences between the 1198 and CICP:
 - 1198 does not require proof of lawful presence or Colorado residence
 - 1198 applies to all Colorado hospitals and free-standing emergency rooms, as well as all health care professionals working within those facilities
 - 1198 looks at income only, no liquid resources or other assets are considered
 - 1198 applies to all services at the hospital whereas CICP only mandates that emergency services be discounted
 - 1198 caps charges for all hospital services to no more than the Medicare rates
 - Payment plans for services provided under 1198 may not exceed 4% of the household income for hospital services and 2% for each health care professional. Additionally, once the patient has made a cumulative 36 payments, the rest of their debt is forgiven. Similar to the CICP, there are also stipulations around how and when collections actions may begin against a patient.
- The Department is in the process of putting together a Policy Development Team that will aid in:
 - Providing insights into the impact of changes on operations and outcomes (intended and unintended)
 - Proposing changes to policy language and form design and content
 - Determine how to best integrate feedback from stakeholders
- Taryn G reviewed the timeline and there will be a policy development team (PDT). The PDT is being formed and their first meeting will be happening in the next week or so. In January and February, HCPF will be looking for stakeholder feedback.
- Nancy D added that this applies to all hospitals in the state of Colorado. There will be quite a few new hospitals that aren't used to offering discounted programs, because they aren't CICP hospitals. They will now be required to screen patients for the discounted programs.
- Suanne K - What about the timing around screening the patients? What would be the timeframe that a hospital would have to screen the patient? Would it be when they sent out the first bill?
- Nancy D - We will get back to you on that.
- Erik K - What about patients that refuse to be screened?
- Nancy D - That's part of what the PDT will be working on.



- Marcia E - When does screening happen? When they are in the waiting room before services are rendered?
- Stephanie Brooks - Thinking about policy and rules, the Medical Services Board would have to approve in April 2022 for the policy to start in June 2022.
- Any other questions?
- Stephanie A - When would we need to discuss how CICIP rules and policies would be changed to align with this?
- Nancy D - Good question. Per the bill, changes to the CICIP will have to be simultaneous to align with 1198 policies. .

4. SB21-212

- Taryn Graf and Nancy Dolson, HCPF, 1:25 to 1:45
- Taryn G reviewed the SB21-212, which was previously reviewed at July's CICIP SAC meeting.
- During the 2021 Colorado General Assembly session, Senate Bill 21-212 was passed, which directs the Department to seek federal matching funds for the Primary Care Fund to the extent allowable by the Centers for Medicare and Medicaid Services (CMS).
- Additionally, the Joint Budget Committee eliminated the clinic based indigent care line that funds the CICIP clinics. The intent is that the CICIP clinic providers will receive more in total funds by having the matching funds under the Primary Care Fund than they do under the current CICIP funding mechanism.
- The Department submitted a State Plan Amendment (SPA) to CMS in August. The 90-day clock on that SPA ends on November 4. The Department anticipates that the SPA will be approved by CMS at that time, and payments under the new SPA would begin early next year.
- Stephanie B - What happens to the CICIP Clinics if the SPA doesn't get approved?
- Nancy D - Federal funding is secured by CMS. It is upcoming. Patients will still get services at CICIP Clinics. The intent isn't to get rid of CICIP at Clinics. If the SPA doesn't go through, HCPF will go back to JBC to request a change to the 2022 budget to reinstate the line item for CICIP clinics. The stakeholder process is important with this group.
- Stephanie A - Is there a chance that it won't be approved? Or that there will be a delay?
- Nancy D - The closer we get to the deadline next week, the surer we are that this is going to be approved. If we are delayed, we can go back to the JBC to restore the line item.
- Stephanie B - Any other questions?
- Taryn G - This question is to the council - do you have other ways that you would like to receive communications from HCPF? At a glance was suggested as another venue for a blurb. What other information would the council like to hear?
- Bethany P - I would like to hear more about HB 21-1198 alignment with CICIP.

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- Suanne K - Timelines, I agree with Stephanie B.
- Taryn G - Another question, what does the Council want 1198/CICP/PCF updates to accomplish for your facility/patients/etc.? We would like your opinion, and it doesn't have to be now. You can email me with your thoughts.
- Stephanie B - On to public comment.

5. Open Forum for Public Comment

- 1:45 to 1:55
- Dede de Percin: Regarding monoclonal antibody treatment. While it is free, some organizations are charging an administrative fee as high as \$800. This is a barrier to being treated.
 1. Is CICP currently offering any discounts related to COVID treatments?
 2. Is this something that CICP could consider doing: example of the \$800 "administration" fee
 3. Is there any precedent for an approach like this?
 4. Could treatment admin fees for CICP be reduced to zero through CICP or does there have to be a copay?
 5. Does CICP have funding that could be used for this, or would we need to find the funding?
- Taryn G - As far as the Department is aware, there are no CICP providers that are specifically excluding COVID treatments for CICP clients. There wouldn't be any funding that CICP would be able to specifically designate for this due to how the Disproportionate Share Hospital (DSH) payments work. Providers would not be allowed to charge an admin fee on top of the normal CICP copay.
- Chandra V - Is it FDA approved to treat COVID? Is it experimental?
- Dede de P - Maybe there is a way through CICP to reduce the barriers to treatment of COVID.
- Marcia E - The provider relief fund is supposed to make all these treatments free.
- Dede de P - I will dig into this further. Thank you.

6. Next Meeting

- January 31, 2022 from 1:00 to 3:00 P.M. via Zoom Webinar

7. Adjournment - 1:55pm

- Stephanie B - Do we have a motion to adjourn?
- Bethany P - So moved
- Stephanie A - Seconded

